(Grand)parental Support and Adult Child's Entry into Parenthood: Evidence from Central and Eastern European Countries

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Background

In recent decades, a number of studies have emerged exploring the role of (grand)parental support in adult children's fertility decisions, complementing the rich literature that exists on formal childcare and fertility.

However, most existing studies of (grand)parental support and adult children's fertility analyse the transition to second and higher-order births and findings have been mixed (Aassve et al., 2012; Kaptijn et al., 2010; Rutigliano, 2023; Schaffnit & Sear, 2017; Tanskanen & Rotkirch, 2014; Thomese & Liefbroer, 2013; Waynforth, 2012). Very few studies examine the role of *anticipated* (grand)parental support in the *entry* to parenthood despite the fact that the transition to first birth is key, constituting the start of the family building process (Morgan, 2003). This is because whereas for studies of higher order births actual (grand)parent transfers for existing children can be used as a predictor of future (grand)parent support, this is not possible for future (grand)parent support.

Secondly, most existing studies of (grand)parental support and adult children's fertility focus on Western Europe or the United States (Aassve et al., 2012; Kaptijn et al., 2010; Pessin et al., 2021; Rutigliano, 2023; Schaffnit & Sear, 2017; Tanskanen & Rotkirch, 2014; Thomese & Liefbroer, 2013; Waynforth, 2012). Central and Eastern European countries by contrast remain largely understudied, despite being an important context, with low fertility rates and a strong cultural value placed on intergenerational relationships and interdependence (Nesteruk, 2009; Robila, 2004). Moreover, rates of childlessness have been gradually rising in Central and Eastern European countries (Sobotka, 2011), making studies of the entry to parenthood all the more timely.

Thirdly, existing studies of grandparenting and fertility have to a large extent focused on instrumental transfers, principally childcare provision, as the main form of support (Aassve et al., 2012; Kaptijn et al., 2010; Rutigliano, 2020; Thomese & Liefbroer, 2013). However, other forms of grandparental support such as emotional support have been shown to play a role in fertility intentions and transition to second and subsequent births (Schaffnit & Sear, 2017; Tanskanen & Rotkirch, 2014; Waynforth, 2012), and may also be important in influencing adult children's entry to parenthood in CEE countries.

Finally, owing to data limitations, most past studies have tended to focus on the role of (grand)parental support for adult daughters only, but theoretical perspectives suggest potential differences according to (grand)parent gender as well as adult child gender and (grand)parental lineage (i.e. maternal or paternal grandparents) (Coall et al., 2014; Pessin et al., 2022). (Grand)mothers are more likely to provide support to their children and grandchildren because caring is typically seen as a more normatively female and maternal role (Hagestad, 1986). As for the gender of the adult child, the cost of becoming a parent is generally higher for women than men since it is women who are most likely to perform more childcare and related domestic tasks (Fanelli & Profeta, 2021).

Objectives and hypotheses

In this study, we aim to address these aforementioned gaps by analysing the impact of both childcare and emotional support from would-be (grand)parents on adult children's entry to parenthood in a sample of five CEE countries with available data: Bulgaria, Czechia, Lithuania, Poland and Russia. We analyse these relationships for four dyads based on the gender of the (grand)parent as well as the gender

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of the adult child, namely: adult daughters-(grand)mothers and adult daughters-(grand)fathers, and adult sons-(grand)mothers and adult sons-(grand)fathers.

We hypothesise that in our sample of CEE countries, for each adult child-(grand)parent dyad the relationship will be positive since an expectation of receiving (grand)parental support is likely to make it easier to have a first child. We also hypothesise that the positive effect will be strongest for the adult daughters – grand(mothers) dyad.

Data and Methods

We use data from waves 1 and 2 of the Generations and Gender Survey (GGS) for a sample of five CEE countries: Bulgaria, Czechia, Lithuania, Poland, and Russia. The GGS is a cross-nationally comparative longitudinal survey that collects nationally representative data on family dynamics and relations for individuals aged 18-79 years.

We employ a novel two-step regression approach, first developed by Rutigliano (2020), and subsequently used by Pessin et al. (2021) in the United States to analyse the impact of anticipated childcare and emotional support from would-be (grand)parents on adult children's entry to parenthood. We pool all five countries due to the small sample size and control for country at each step.

In Step 1, for a sample of people who already have children, we examine how various (grand)parental characteristics predict (grand)parental childcare and emotional support. In Step 2, we use the predictions of the (grand)parental characteristics from Step 1 to develop two indicators (one for childcare, one for emotional support) of the *predicted propensity* for (grand)parental support for adult children who are childless at wave 1. We then analyse the effect of these propensity indicators on the childless adult children's probability of first birth between waves 1 and 2.

The **Step 1** sample consists of male and female adult children at wave 1 who are living with a partner and have at least one biological or adopted child under age 14 years in the household (sample sizes of between 2,582 and 5,134 dyads for the four childcare and four emotional support dyads). The outcomes variables are: receipt of grandparental childcare (Yes, No) and receipt of grandparental emotional support (Yes, No). Childcare from the adult child's parents is measured by the question *'Do you get regular help with childcare from relatives or friends or other people for whom caring for children is not a job… From whom do you get this help?'*. Emotional support from the adult child's parents is measured by the question *'Over the last 12 months, have you talked to anyone about your personal experiences and feelings?... Whom have you talked to?'*. In each case, if the respondent answers 'Yes' to the first question and lists their mother or father as a support provider, we give them a score of 1 for (grand)mother or (grand)father childcare or emotional support respectively; otherwise we give 0.

The explanatory variables are various characteristics (or 'predictor' variables) of (grand)mothers and (grand)fathers as well as adult children's family structure that may be used as proxies for the degree of grandparental childcare and emotional support. These include: *(grand)parent age* (linear and quadratic), *disability or every day activity limitations of the (grand)parent* (Yes, No), *geographical proximity* (measured by time taken to get to the *(grand)parent*'s residence from adult child's residence: 0-10, 11-30, 31-60, 61-120, >120 minutes), *grandparental educational attainment* (lower secondary or lower, upper secondary or post-secondary non-tertiary, tertiary), *number of siblings alive* (0, 1, 2, 3, 4+), and *satisfaction of relationship with (grand)parent* (scale of 0-10 with 5 as the reference as well). We implement a set of binary logistic regression models, separately for each of the four adult child-(grand)parent dyads and separately for childcare and emotional support. Each model returns a series of coefficients for each of the predictor variables for that particular dyad and outcome support type.

In **Step 2**, the sample includes women aged 17-44 and men aged 17-49 who are present at waves 1 and 2, and who at wave 1 are living with a partner, have never had any biological or adopted children, and who are not pregnant in the case of women (or whose partner is not pregnant in the case of men) i.e. those who might enter parenthood between waves 1 and 2. We exclude cases with any missing values

that are not 'appropriately missing' (see explanation below), which gives a sample size of 349 for adult daughters-(grand)mothers, 312 for adult daughters-(grand)fathers, 373 for adult sons-(grand)mothers, and 364 for adult sons-(grand)fathers.

We first apply the coefficients from Step 1 to the same set of explanatory variables in the Step 2 sample to create propensity indicators for (grand)parental childcare support (PPS-C) – named following Pessin et al (2021) - and emotional support (PPS-E) at wave 1 (Step 2a). Cases where the child's parent is dead or absent are a special case of missing data and are defined as 'appropriately missing' because grandparental childcare or emotional support does not apply to, and therefore does not have a meaning for, these cases. For these values, we implement the dummy variable adjustment approach recommended by Allison (2002). This involves creating an additional dummy variable that takes the value of 1 if the data are appropriately missing and 0 otherwise; then observations with appropriately missing data are given the value of a constant for the PPS, which we set as the mean PPS-C or PPS-E for each dyad. Where data are appropriately missing, this dummy variable adjustment approach provides non-biased estimates (Allison, 2002).

We then examine the relationship between each of these PPS at wave 1 and whether or not the adult child respondent had a first child between wave 1 and wave 2 with logistic regressions for each dyad (Step 2b). To compute the outcome variable, we subtract the number of biological children the respondent ever had at wave 1 from the number of biological children the respondent ever had at wave 2 and give a value of 1 if this value is positive, and 0 otherwise. We control for a small set of control variables: (grand)parent's age (we repeat the dummy variable adjustment as described above for cases where the (grand)parent is dead or absent), adult child's age, adult child's educational attainment (as a measure of socioeconomic status), as well as country.

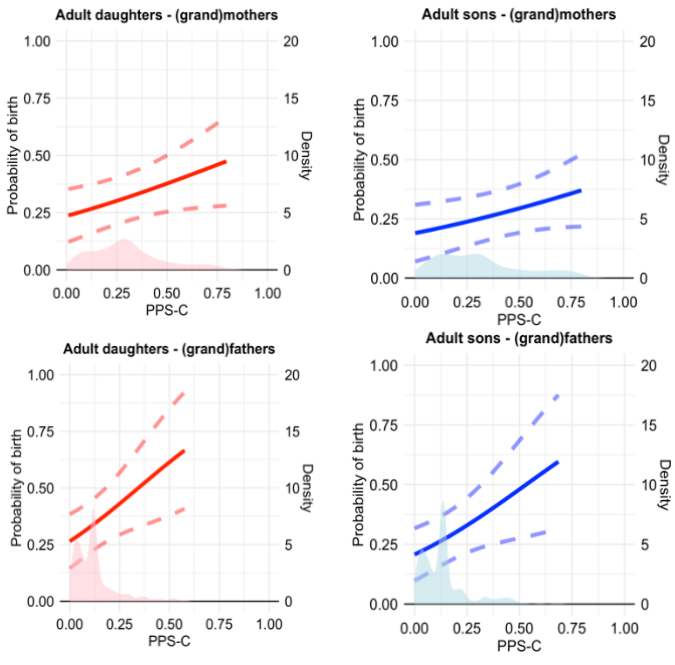
Following the debate about reporting results from nonlinear models (Mood, 2010), for each dyad and type of support, we compute and present plots of the predicted probabilities of having a first birth between waves 1 and 2 for the observed values of the PPS-C and PPS-E. We also display the density of the PPS in the plots to take into account the distribution of the PPS for a more meaningful interpretation.

Preliminary results

Childcare

For all four dyads, there is a positive effect of increasing PPS-C levels on the adult child's likelihood of having a first birth (Figure 1), and in each case this is significant (not shown). Assessing the role of (grand)parental gender by comparing the responsiveness of adult children to childcare from would-be (grand)mothers and (grand)fathers reveals nuanced findings. When we look only at the predicted probability plots, it seems that the effect of PPS-C from would-be (grand)fathers is stronger than that from (grand)mothers for both adult daughters and sons (higher probability of first birth for a given PPS-C). However, the density plots show that the distribution for (grand)fathers is highly skewed, with most respondents having very low PPS-C values for (grand)fathers and minimal cases having a PPS-C greater than 0.5. By contrast, for (grand)mothers the PPS-C is more evenly distributed and spread over a wider range of

Figure 1: Predicted probability plots, dyads (with PPS-C density in background), childcare



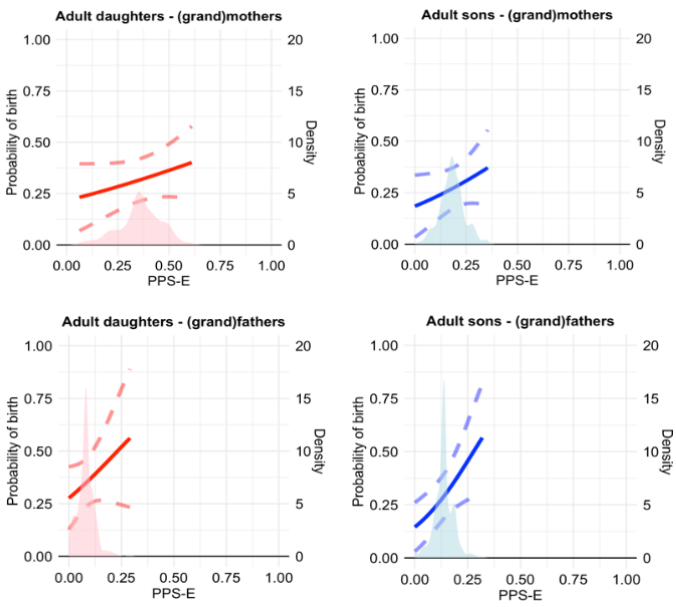
values, including higher values. In other words, even though the effect of anticipated future grand(father) childcare seems to be stronger than that from (grand)mothers, the amount of childcare that is anticipated from (grand)fathers is comparatively very small and is therefore less likely to be meaningful. Moreover, the fact that the effect for (grand)mother care is spread over a wider range of values means it is more reliable.

Turning to the gender of the adult child, for (grand)mother childcare, the density of PPS-C is similar for adult daughters and sons, so it is easier to make comparisons between the predicted probability plots. Adult daughters are more responsive than sons to PPS-C from would-be (grand)mothers: there is a higher probability of first birth for a given level of PPS-C. For would-be (grand)father childcare, the density of PPS-C is also similar for adult daughters and sons, and again in the predicted probability plots, adult daughters are more responsive than adult sons to (grand)father childcare. Overall, therefore, we can say that of all four dyads, the greatest impact of, or responsiveness to, future (grand)parental childcare support is seen for adult daughters for help from would-be (grand)mothers (adult daughter-(grand)mother dyad).

Emotional support

For emotional support, the results are more nuanced than for PPS-C. There is also a positive effect of increasing PPS-C levels on the adult child's probability of having a first birth for all four dyads (Figure 2). Analysing the gender of would-be (grand)parents, similarly to childcare, the predicted probability plots seem to show a stronger effect for would-be (grand)fathers compared to would-be (grand)mothers for both adult daughters and sons. However, the density plots for (grand)fathers show less variation than for (grand)mothers and are again heavily skewed towards low values, meaning that the average PPS-E from (grand)fathers is very low. Analysing the gender of the adult child, it is difficult to say from the predicted probability that one adult child gender is more responsive to such anticipated support than the other. However, examining the density plots for each graph shows that the positive effect of emotional support is most constant and spread over the widest range of PPS-E values for the adult daughter-(grand)mother dyad. It is this dyad again, therefore, where the impact of, or responsiveness to, (grand)parental support seems to be greatest. However, only the adult son-(grand)father dyad is significant (not shown). These results will be explored further and potential explanations for the findings discussed.

Figure 2: Predicted probability plots, dyads (with PPS-E density in background), emotional support



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