Primary care decision making among first-time parents in Aotearoa/New Zealand

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Abstract
When a couple has a baby, one of the first significant decisions they make is who will be primarily responsible for care of that baby. Biological considerations, social norms, a range of policies, and various other structural factors have an impact on how parents make decisions regarding the care of their new-born babies, with outcomes that can be significantly gendered. In this paper, I examine the ways in which 12 Pakeha middle class heterosexual couples who were first-time parents made decisions regarding who would be their babies’ primary carer, and how much leave each person would take, when their babies were born. Among those with different income levels, their decisions were rationalised on the basis of this difference. However, among those with roughly equivalent incomes, other reasons were given, including breastfeeding. In all but one case, the couples conformed to normative gendered roles, with the mothers taking extended leave and being the babies’ primary carers for the first year. The effects of this on both mothers and fathers are discussed, with mothers feeling both satisfaction and constraint, and fathers being framed as ‘helpers’ in some instances. I conclude with suggestions as to how parental leave policies might be structured so as to minimise the ‘motherhood penalty’ and allow for greater gender equity in parenting, while also meeting the needs and preferences of parents themselves.

Keywords
paid parental leave, parenting, fathers, mothers, gender, family

Introduction
When dual-earner couples in contemporary western contexts have a baby, it is standard practice for one of them to ‘stay at home’ on a full-time basis with the new-born child for at least the first few months of the infant’s life. The amount of time varies on the basis of a number of factors that the couple usually explicitly take into account, that are both individual and structural. However, decision-making regarding who will be the primary carer during this time can be less ‘conscious’. Factors that influence both decisions – who will primarily care for the infant, and how long they will take out of paid employment to do this – include biological inevitabilities such as childbirth and breastfeeding, and social factors such as discrepancies in incomes, gendered norms regarding parenting, and access to parental leave. Women are overwhelmingly represented as the primary carers of new born babies in both parenting literature (Fox, 2001; Schmidt, 2008; Sunderland, 2000, 2006) and cultural representations in general (Johnston & Swanson, 2003; Pedersen, 2012), and the social norm continues to be that child rearing is ‘women’s work’ (Baker, 2010; Brighouse & Wright, 2008). Statistics show that the vast majority of those who take parental leave are women (Callister, 2006; Morton et al., 2012), and time use data shows that women continue to spend significantly more time involved in childcare than men (Bianchi & Milkie, 2010).

There has been an increasing trend towards a more ‘involved’ model of fatherhood, and the notion of the distant father whose primary contribution to the family was that of being the breadwinner is no longer prevalent (Bianchi & Milkie, 2010; Miller, 2013; Pedersen, 2012; Wall, 2005). However, this has not translated into a significant increase in the rates of men taking parental leave when their babies are born, or spending significant amounts of time in
the sole care of their infants. In most contemporary western states where parental leave (either paid or unpaid) is offered, it is usually available to either parent, and so is ‘gender neutral’ (Miller, 2013; Morgan, 2008), although the way parental leave is structured in contexts such as Aotearoa/New Zealand privileges the mother as recipient of this leave (Callister & Galtry, 2011). However, even if parental leave is structured so that it is entirely gender neutral, if this leave can be shared or lost by parents, it is almost inevitably utilised by mothers (Almqvist, 2008; Arnalds, Eydal, & Gíslason, 2013; Brighouse & Wright, 2008; Miller, 2013; Morgan, 2008; Naz, 2010; Ray, Gornick, & Schmitt, 2010). Thus, the proposed or enacted increases in paid parental leave by all three of the major political parties leading into the 2014 general election in Aotearoa/New Zealand (Bridges, 2014; Green Party of Aotearoa New Zealand, n.d.; Labour Party, 2014) will partially address parents’ desire for more leave on the birth of the babies (Morton et al., 2010), but is also likely to increase the time women spend out of paid employment. The only contexts in which men have taken up parental leave in significant numbers has been in the Nordic states, where a proportion of paid parental leave is a ‘use it or lose it’ period available only to fathers (Almqvist, 2008; Arnalds et al., 2013; Morgan, 2008; Naz, 2010). The continued maintenance of caring for children as ‘women’s work’ not only preserves gendered stereotypes within contemporary culture, but also means that we raise further generations of children for whom the development of gendered identities reproduces the foundations of these stereotypes (Chodorow, 1994).

The continued, and apparently intractable, assumption that women will be the primary carers of infants has a significant impact on women’s economic conditions, which has been referred to as the ‘child penalty’ by some authors (Baker, 2010). The link between women’s status as parents and their statistically lower incomes is such that in 2012, in a report completed for the Ministry of Women’s Affairs, the New Zealand Institute of Economic Research (NZIER) noted that while both men’s and women’s employment is affected by qualifications, only women’s is also affected by their parental status (New Zealand Institute of Economic Research, 2012). One of the areas that the NZIER identified as requiring further research was the processes by which work and childcare are allocated within families, with a particular focus on how mothers decided how long they would ‘withdraw from the workforce to have children’, and how much the decision made by couples regarding childcare is driven by differences in earning capacity and other employment conditions (New Zealand Institute of Economic Research, 2012). Parenting is constantly constructed as one of the most important roles an individual can undertake, with the current model of ‘intensive parenting’ suggesting that the primary carers of infants and children must be fully engaged in maximising the potential of their offspring (Wall, 2005). The intensive parenting discourse extends the ideals of parenting beyond responsibility for physical, emotional, and social development, so that this existent responsibility is intensified and also expanded to include education and social development, with ever-increasing investments of parental time expected to realise these ideals (Craig, Powell, & Smyth, 2014). Although this model extends to fathers (Craig et al., 2014), the burden of intensive parenting is primarily felt by women (Wall, 2005).

In spite of recognition of the increasing demands of the current model of intensive parenting on women, and the economic implications of women being the primary utilisers of parental leave, there is little research on how the parents of new-born infants decide which of them will be the child’s primary carer. Anna-Lena Almqvist (2008) undertook interviews with 35 Swedish and 20 French couples and found that the lower incomes of the mothers was the most commonly cited reason for the mothers utilising the majority of the available parental leave. In a 2006 evaluation of parental leave in Aotearoa/New Zealand, Paul Callister found that the vast majority of those utilising parental leave were mothers, and that biological, social,
and economic rationales were used by parents in relation to decisions around both who took parental leave, and how long leave was taken for (2006). While this evaluation echoes many of the findings in the current research, the focus was on parental leave, rather than primary caring, and the data were primarily (although not solely) quantitative. Other research is predominantly focused on the less usual situation of fathers as primary carers. For example, Noelle Chesley (2011) conducted research with 21 families with stay-at-home fathers, and cited the job conditions of the father (e.g. being made redundant) as the most prevalent factor influencing the caregiving decisions. Pedro Romero-Balsas, Dafne Muntanyola-Saura and Jesús Rogero-García (2013) explored the reasons given by Spanish fathers for the length of leave they took after the birth of their babies, although it appears that these fathers took leave simultaneously with the mothers, and hence were not sole carers. Larger quantitative studies (e.g. Naz, 2010) are able to identify specific factors associated with specific parental leave patterns (e.g. workplace type, gender patterns within the workplace), but these studies are not able to speak to how the parents themselves articulate or understand the decisions they have made.

In this paper, I explore how a sample of 12 first time Pakeha middle class heterosexual parents decided who would be the primary carer of their new-born babies. In order to facilitate this, I first divide the couples into three groups, based on the relative incomes and other demographic characteristics of each person in the couple. I then briefly outline the local policies regarding parental leave and breastfeeding, in order to provide some context for the couples’ discussions. The role of ‘primary carer’ is predominantly signalled by which parent takes parental leave, but is discussed by the parents in relation to a range of contexts. In my analysis, I have drawn on data regarding the decision as to who would be primary carer, how much leave each parent intended to take, and some of the consequences of these decisions were for each parent in the first three months.

Method
The data for this paper come from qualitative interviews I conducted with first-time Auckland-based parents in 2008. The focus in this research was on how first-time parents made decisions regarding the feeding of their babies, reflecting a broader interest in how parenting is a gendered activity, and the effects this has for both parents and children. While the impact on employment was not initially an intended question, and hence the data collection in this area was not as thorough as it might have been, it became apparent whilst analysing the data that this was an area worth exploring, especially in light of the more recent suggestions by NZIER discussed above (New Zealand Institute of Economic Research, 2012).

I recruited only Pakeha couples so as to minimise the effect of cultural differences on the differences in narratives and experiences. As I am interested in gendered differences, I also only sought heterosexual couples. I recruited couples expecting their first babies, so that expectations based on prior experience would be more similar. Recruitment methods included a small piece in a community newspaper, advertisements in libraries, speaking at ante-natal classes, personal networks, snowballing, and bulletin boards, internet sites, and newsletters. The final sample comprised 13 parents, who fitted the recruitment criteria. These parents also all intended to follow the Ministry of Health guidelines regarding breastfeeding (see below). This was unintentional, but possibly the result of my research being framed as about ‘infant feeding’, which many understood to primarily mean ‘breastfeeding’. All but one couple earned over $100,000 per annum. The couple who earned under $100,000 per annum were also somewhat younger than the other 12 couples. In order to maintain consistency regarding age and class across the sample, I have thus excluded that couple’s data from the analysis, leaving
me with a sample of 12 heterosexual first time middle class parents, with the mothers having an average age of 30 (range = 25-38), and the fathers an average age of 32 (range = 27-40).

Two semi-structured qualitative interviews were conducted with each couple, interviewing both parents at the same time. The first interview occurred prior to the birth (the timing varied); the second approximately three months after the birth. All couples chose to be interviewed at their homes. Information sheets, consent forms, and forms collecting demographic information were provided and, as relevant, completed prior to the first interview. Each participant chose their own pseudonym from a list, and koha of a children’s clothing voucher was given to each couple for each interview. The interviews ranged in length from 23-70 minutes, and were all conducted by the author. They were transcribed, and the transcripts returned to the couples for checking. No participants asked for data to be changed or removed.

For the purposes of this paper, the 12 couples can be loosely divided into three groups on the basis of their income, which appeared to be the most significant factor in determining their decision making process regarding who would be the baby’s primary carer in the first year.

1. **Group 1**: five couples who had what I term a ‘traditional’ structure – the man earned more than the woman, was usually older, and was usually employed in a ‘better’ job than the woman.

2. **Group 2**: one couple, in which the ‘traditional’ structure was reversed – the woman was employed in a managerial position, and earned more than the man, who worked as a tradesperson (although he was older than her).

3. **Group 3**: six couples who were almost totally equivalent in terms of incomes, roughly equivalent in terms of job status, and often also within a year or two of each other in age.

For the purposes of this paper, I sought to answer a number of questions:

1. Which parent would be the infant’s primary carer in the first year of life, and hence take extended leave from their paid employment, and how was this decided?
2. How much leave did each parent intend to take, and how was this decided?
3. What were the consequences for each parent of being either the primary carer or the primary income earner during this time.

Interview transcripts were read through to isolate material relevant to each question. Before presenting the analysis of these data, I will briefly outline relevant policy context in Aotearoa/New Zealand, as this contributed to both the decision making process and experiences of the couples in this research.

### The policy context in Aotearoa/New Zealand

#### Paid parental leave

At the time of conducting the interviews, and at the time of writing, the government policy regarding parental leave in Aotearoa/New Zealand was the same, although as noted above, leading into the next election the two major opposition parties have included increases to paid parental leave in their policies (Green Party of Aotearoa New Zealand, n.d.; Labour Party, 2014), while the National-led government has announced an increase in the length of paid parental leave from 14 to 18 weeks, and a widening of the eligibility criteria. However, this increase was to take effect on a staggered basis, starting the year after publication of this paper (Bridges, 2014). To this end, I refer to the leave conditions in the past tense, as it is clear that they will be changing in the near future.

When these couples were interviewed, the primary types of leave were ‘maternity’ and ‘extended’ leaves, which were both made available to the mother of a new born baby. Eligibility
for both these types of leave was based on the recent work history of the mother, including the length of her employment with her current employer and the average hours worked per week. Maternity leave lasted for 14 weeks and included state-funded remuneration with a maximum payment of $488.17 per week (Ministry of Business Innovation and Employment, n.d.-b). At this time, the most recent figures for median weekly income in Aotearoa/New Zealand, for the June 2013 quarter, was $844 (Statistics New Zealand, 2013), meaning that for many parents, time spent on maternity leave would necessitate a drop in income. Unpaid extended leave, with the same eligibility criteria as maternity leave, could be taken for up to 52 weeks, less any maternity leave taken (Ministry of Business Innovation and Employment, n.d.-b).

Eligibility for any paid parental leave first rested with the mother – if she was not eligible for maternity leave, then neither was her partner. However, an eligible mother could transfer some or all of her maternity or extended leave to a partner, if that partner met the same eligibility criteria (Ministry of Business Innovation and Employment, n.d.-b). A partner who met the eligibility criteria was also entitled to the 52 weeks extended leave, regardless of maternal entitlement, although any maternity and/or extended leave taken by the mother was subtracted. There was also two weeks of unpaid paternity leave available to the partner (Ministry of Business Innovation and Employment, n.d.-b).

Breastfeeding policy
Public health in Aotearoa/New Zealand is primarily the responsibility of the Ministry of Health (MoH). MoH recommendations regarding duration of breastfeeding are informed by the breastfeeding recommendations of the World Health Organisation (WHO) (National Breastfeeding Advisory Committee of New Zealand, 2009). MoH recommendations were the same at the time of the interviews and the time of writing. These recommendations are that women exclusively breastfeed their babies for six months, and continue to breastfeed until the child is at least one year old (Ministry of Health, 2008). Health workers are instructed to guide feeding practices ‘by encouraging and facilitating breastfeeding and providing objective and consistent advice to mothers and families about the superior value of breastfeeding’ (Ministry of Health, 2007, p. 14). Contemporary public health discourses regarding breastfeeding have been critiqued in previous publications (Schmidt, 2008), and further analysis of the data from this project in relation to the experiences of the parents in relation to feeding their babies is intended. For current purposes, it is simply noted that six months of exclusive breastfeeding is the priority for health professionals. That this is commonly accepted as the best practice among parents is evident in the fact that all the participants in the current research intended to follow the MoH guidelines, at least in regards to the six month period of exclusive breastfeeding. This concurs with recent quantitative data from the first report from the longitudinal study Growing Up in New Zealand, based on interviews with over 6,000 pregnant women and over 4,000 of their partners (Morton et al., 2010). 96% of the women interviewed while pregnant intended to breastfeed their babies, 94% of the women intended to breastfeed for at least six months, and 96% of the women felt that six months or more was the ideal duration for breastfeeding (Morton et al., 2010). The intentions and understandings of the participants in this research can thus be understood as typical of parents of infants in contemporary Aotearoa/New Zealand.

Deciding who would be the primary carer

Group 1
In Group 1 (fathers earning higher incomes), the mothers were all intending to be the babies’ primary carers in the first year of life, although in one case this was not entirely clear cut.
For three out of the five couples, the reason given for the mother taking parental leave was financial – two of the couples offered this as an immediate response to my question about the reason for this decision.

Well, it has to be financial, does it? I mean, Oscar’s just earning so much more than me … (Eve)

I’d be quite happy to let him do it, but it just comes to down, he basically earns twice as much as me, so … (Hannah)

Vaughn and Violet had a slightly more extended discussion, in which they noted that they had just always assumed Violet would be the one taking parental leave. When asked for an actual reason for this assumption, Violet said: ‘… I suppose because Vaughan earns more, yeah’. While Vaughan initially countered this by saying that economic factors were not really a consideration, he later said:

… had Violet earned substantially more money than me, I think we might have looked at some kind of different arrangement.

The other two couples in Group 1 did not mention financial considerations. However, for Warren and Prue, the differences in their job status were clearly a consideration. Prue worked in an administrative position, and was at the point where she was ready for a ‘break’ in her job. Warren, on the other hand, had been recently promoted. Career considerations were also a factor for Violet and Vaughan – Violet suggested that as well as Vaughan earning considerably more than her, it was also a consideration that she was not particularly ‘driven towards a career path’. However, this was a somewhat circular observation, as she was aware that she always had family ‘in the back of her mind’, and thus had not taken opportunities to advance in her profession.

Faith and Callum had an extended discussion during the interview about how they had arranged their lives so that they both had considerable flexibility in their work. Although Faith was ‘officially’ taking six months leave, Callum worked very close to home on a freelance basis and expected to be on hand during that time. The impression they gave was that they intended to co-parent as much as possible, and that Faith was only taking leave because the nature of her work necessitated this.

These rationales are in line with existent research that has found that, in situations where there are income differentials, the mother’s lower income is the decisive factor in her taking all or the majority of the transferable leave available to the parents (Almqvist, 2008). However, while financial reasons were given as motivating the decision of most of the couples in Group 1 for the mother to be the baby’s primary carer, this was often ‘supplemented’ with other rationales. Some couples in this group talked about being quite ‘traditional’ in their perspectives on gender roles – for example, Oscar said: ‘It’s the man’s job to bring home the money and the woman’s job to bring up the kids’. Although he was half-joking, there was a certain element of seriousness to this statement. On the other hand, Callum and Faith appeared to have few ‘traditional’ conceptions regarding gender roles, and both seemed completely open to the idea that either of them would be capable carers of a new-born baby.

As relevant as what the couples did talk about were the things that remained unsaid. No couple in Group 1 explicitly said that the mother was staying at home with the baby because she would be a better parent (although this was possibly implied in the statements that reinforced the ‘traditional’ roles). Although the interviews were about infant feeding, and all couples intended to follow the MoH guidelines regarding breastfeeding, only one couple in Group 1 mentioned breastfeeding as contributing to their decision.
Group 2
For the one couple in Group 2, it was intended that the father would be the baby’s primary carer for the first year. When asked about how this decision was made, this couple also cited financial factors as the most significant.

It’s a reality, she earns twice as much as me, so it’s just the smart thing to do, rather than trying to go back to work and struggle. And I work 45, 46 hours a week and still earn half as much as she does on a 35 hour week.
(Luke)

Career position was also consequential – Luke did not enjoy his job, and was intending to retrain while parenting the baby, whereas Vicky was passionate about her current role and ongoing career.

While this couple did evidence most of the same tendencies as the couples in Group 1, Vicky did intend to take the entirety of the state-provided paid maternity leave, and spend the first 16 weeks at home with the baby, even though she was the primary earner. No reason was given for this when I asked about rationales for their decision. However, as with all the couples in this study, Luke and Vicky were committed to exclusively breastfeeding their baby for the first six months. It thus seems reasonable to assume that Vicky’s use of the full paid parental leave entitlement was at least partly motivated by wishing to both recover from the birth and to establish breastfeeding before she returned to work and started expressing milk.

Group 3
Only three of the six couples in Group 3 were explicitly asked how they decided who would take parental leave and be the baby’s primary carer. However, there were marked similarities among these three couples. Given that the couples in this group had roughly equivalent incomes, this choice was not immediately obviously made on financial grounds, and thus it might be expected that these couples would have engaged in discussion of their decision. However, it instead seemed that ‘it was just assumed’ (Bridget). When asked about the rationale for this, all three couples initially cited breastfeeding as the primary reason for the mother staying at home with the baby:

Author: And can you tell me how you made that decision, who would be staying at home and who would not be staying at home?

Neville: Well, if I could have the baby (laughter) and breastfeed, I’d probably stay at home (laughter).

Given that these couples were part of a study about infant feeding, the immediacy with which this was offered as the primary factor in their decision making is possibly not surprising – except that it was barely mentioned by the couples in Group 1.

Other reasons given by couples in Group 3 included Bridget feeling it was the right time to make a move with her career, and hence it was sensible to take a break before she did that, and Hazel talking about the strength of her ‘maternal calling’, stating that she had always wanted to be a mother. This was the only apparent suggestion in the data that either desire or parental skill might have been a factor in deciding who would be the baby’s primary carer.

How much leave was taken
It is clear from the way that almost all the parents in this research talked that keeping their baby in parental care for as long as possible was a priority, and there was a clear feeling among all the couples that the older their infant was, the better both parents and child would ‘cope’ with using non-parental care. Five of the mothers intended to stop working for a year. Some had paid parental leave entitlements in addition to the 14 weeks provided by the state. Bridget had resigned
from her job, and intended to take up a new position after a year, ‘maybe slightly longer’. She raised the possibility of doing short periods of contract work once the baby was six months old ‘if things get really tight’, although both parents were reluctant for the baby to go into daycare this early. Hazel similarly observed that she may need to return to work earlier than the planned year for financial reasons. Both Prue and Violet talked about only returning to work part-time after their year’s leave, Violet noting that she would have taken longer, but her employer’s nine week paid leave entitlement was dependent on her returning at the end of the 52 week leave period.

For another five of the mothers, it was only financially viable to take six months leave, although all would have preferred more. Rose and Hazel talked about this being the minimum – Rose hoped to extend it to nine months if they could take a ‘mortgage holiday’; Nellie suggested doing some home-based work might extend her time at home. Lola and Adam had originally intended for Lola to only take three months leave, for financial reasons, but in the days before the first interview had decided to extend this to six months. Both Hannah and Faith suggested that if they did return to their existent jobs after the six months leave they intended to take, it might only be part-time.

Of the remaining two mothers, Eve had resigned eight weeks into her pregnancy because of extreme morning sickness. She had, however, intended to resign at some point during her pregnancy, and expected to be a stay-at-home mother until the child started school, which seemed very much driven by her partner Oscar’s belief that this was best for the child. Vicky would be taking 16 weeks of leave (14 weeks state funded maternity leave, and two weeks annual leave), and upon her return to work, Luke intended to leave his job. They expected that he would remain at home for three years, retraining for a new career in that time.

Financial considerations were the primary drivers in the decisions around how much leave the mothers would be taking – economic considerations were either the reason less leave was being taken than the parents would have preferred, or were intended to be how the couple would ultimately work out when the mother would return to work. This corresponds with other local research that shows that ‘financial pressure’ is the rationale given by most mothers in Aotearoa/New Zealand who do not take the full 12 months of leave available to them (Callister, 2006). Underlying this was a tension between meeting the family’s economic needs and beliefs regarding the age at which it was appropriate for a baby to be put into daycare or some other form of non-parental care. All the couples wanted to wait until the babies were at least six months, and virtually all wanted to leave this for as long as possible. At the second interview, most of the mothers’ expectations regarding leave had not altered, although Nellie had started working on a very part time basis from home, in order to extend the amount of time she could spend at home by another two months.

Luke was the only father intending to spend any significant amount of time at home. Of the others, five talked about taking some weeks’ leave, ranging between one and six weeks – in all cases, this was annual leave, rather than parental leave. Eight of the fathers talked about having flexible work hours and/or the ability to work from home and/or the upcoming Christmas break in ways that indicated it was not necessary for them to take ‘official’ parental leave. The longest amount of time any of the fathers expected to be at home was four months, where this involved working from home on a flexible basis. With the exception of Luke, none of the fathers suggested that they might be baby’s primary carer at any point – their leave or period of flexible work coincided with the mother taking parental leave, meaning that only Luke intended to be alone at home with the baby for more than a few hours. In most cases, the fathers spent the expected time off work – in three cases this was extended by an additional week or two, usually due to issues the parents were having with the babies, such as reflux or problems establishing breastfeeding. These gendered expectations regarding leave reflect
those found in other research. For example, Callister (2006) found that mothers were taking an average of six months leave and would have preferred 12 months, while fathers were taking an average of two weeks’ (usually annual) leave, and would have preferred four weeks. Similarly, in the first report from the Growing Up in New Zealand longitudinal study (Morton et al., 2010), the mothers expected to have an average of eight months’ leave, and would have preferred an average of 12 months, while the fathers expected to take an average of two weeks’ leave, and would have preferred an average of one month.

It is notable that although five couples felt that it was financially viable for them to live on one income for a year, there was no discussion of the possibility that the father might be the primary carer for any of this period – even for the three of these couples who had roughly equivalent incomes, and thus little financial motivation for the father being the only income earner.

The consequences of these decisions within the first three months

Mothers at home

Some mothers clearly enjoyed being the primary carers of their babies. In many instances, having a network of people around seemed to contribute to this – for these mothers, Hazel’s response to my question about how she found being at home was entirely typical in this regard:

*I think because I had family here, it was a great help. And we would, we’d all go to the shops together, we’d pop out and see a friend, or people’d come here. But there are only one or two days in the week where I am actually home all day … So, and I like those days, ’cause you need those down days to rest.*

In other cases, enjoying this time at home was something of a surprise, some women having mentioned in their first interviews that they expected to find this difficult. While Eve talked about the risk of feeling ‘shut in’ in her first interview, by the second interview she talked about how she didn’t feel bored because ‘I’ve had so much to do anyway’, and said that ‘I’m happier than I’ve ever been in my whole life, to be honest. I’m happier than ever.’

However, for some women – sometimes even those who talked about enjoying being at home – this was framed as a period of being ‘trapped’. Some may have felt like this for only a short period of time, either because the situation changed or the way the woman felt changed. Eve talks about how she felt unable to leave the house for the first two weeks after the baby’s birth:

*I had bought a new car right before he came, and I just wanted to get in my car and just drive my new car. That’s what I wanted to do and that was, it was just a dream, just to hop out, just to do that, just to go to the supermarket or something.*

She then went on to note that now the baby was three months old, they were out of the house all the time, and she no longer felt like this. For Bridget, rather than the circumstances changing, her feelings about the situation altered:

*I didn’t like it at first when it was really quiet, like a quiet earth, and I felt really off the first day [that she was home alone with the baby], but now I probably prefer the quietness, and just him and I being home all day.*

Some women were ambivalent about their feelings. For example, in her first interview, Hannah said:

*the thought of being stuck at – well, not stuck at home, but at home for six months with this thing I’m supposed to know how to look after is a little daunting. … I consider myself to be quite a selfish person, where a lot of stuff I do is for me, whereas now I’m going to have this dependent.*

However, by the second interview, her feelings had shifted somewhat:
I do quite enjoy [being at home with the baby]. I think I probably enjoy it more than I thought I would, but there are some days where you feel like you have achieved nothing.

She suggested that returning to work part-time would prove a good balance to this frequent feeling of achieving nothing:

I think if I go back to work part time I might strike that happy medium where I get enough intellectual stimulation at work, and then I can come home and enjoy her in the evenings, and I’m not just a milking cow kind of thing. … I think it will help relax me, rather than being stuck with her for 24 hours a day kind of thing, on call.

Hannah’s reference to being a ‘milking cow’ made explicit how, for many women who expressed a feeling of being ‘trapped’, this was in part related to the fact that they were breastfeeding. Lola and Adam had problems with both feeding and sleeping with their baby. Lola talked about how Adam had returned to work, and his mother, who had been staying with them, moved out.

So that was kind of, that was hard, ’cause I still hadn’t got him, we hadn’t done the routine thing yet. … so I was still doing the thing of like sitting on the couch feeding all day, but I was alone, so I didn’t have anyone to bring me food or water.

Of all the mothers, it was Vicky, the mother who intended to return to work when their baby was 14 weeks old, who found being at home with the baby the most difficult. ‘And I hated being at home, I hated it, ’cause I don’t like being at home myself.’ Luke referred to this time as ‘home detention’ for Vicky.

**Fathers as ‘helpers’**

The fact that the mothers were primary carers had a number of other consequences. These included that the mothers often did more of the domestic labour, were the ones who undertook routine tasks such as taking the baby to the doctor, and were the ones most likely to get up in the night for the baby. Rose explains how this meant that even when Jason was home, she tended to almost unthinkingly do most of the baby ‘maintenance’:

In the weekends sometimes I might – I used to a bit more, but not so much now, get [Jason] to change him if he needs a change in the night, but because during the week when he’s working, I do it anyway, I just sort of have got into the habit.

Even though all the couples in this research were committed to parenting as a shared endeavour, this sort of pattern seemed to result in the fathers’ action being seen as ‘helping’.

Miles kind of helps a lot with the bathing … the bathing and stuff and that’s, obviously, Miles loves kind of bathing him and taking him in the shower … (Isabelle)

… Jason’s really good at watching him for me if I want to go out in the evenings or weekends or something. (Rose)

The fathers also often framed what they did or intended to do as ‘helping’ the mother. For example, in their first interviews, Ben suggested that ‘if Hannah’s stressed to the point where she can’t manage stuff, then I’ll fill in’, while Mitchell talked about a seminar he’d been to about being a father, and how the presenter had stressed the need to be ‘involved’ and ‘let the mother have a break away from it as soon as possible, and try and take charge’. This echoes the ways in which, in parenting magazines and in the ways parents themselves talk about their roles, fathers are often referred to as predominantly undertaking ‘non-essential’ tasks or ‘helping’ the mother (Pedersen, 2012; Rehel, 2014; Sunderland, 2000, 2006).

However, not all talk about ‘helping’ could be framed in the same way, especially for those parents who had problems establishing breastfeeding. Mitchell and Bridget had ongoing issues
with their baby in the first few weeks, with the baby not latching on and Bridget contracting mastitis. The language Mitchell used to describe this time could be understood as ‘helping’, saying things like ‘I just tried to make it as comfortable for Bridget as possible’, or how he liked to give the baby some bottles of expressed milk ‘because I can see that it would be good for her to have a break every now and then’. Yet, in this interview, the couple very much talked about these first few weeks with a sense of being embattled, with the emphasis being on Bridget’s situation because of her illness, and because she was the one feeding the baby – in this context, Mitchell wanting to make her ‘comfortable’ carried somewhat more weight than simply wanting to help, and was more part of attempting to deal with a trying situation that they were very much both involved in.

Similarly, when Lola and Adam started supplementing breastfeeding with formula top ups, Adam talked about this as meaning not so much that he was ‘helping’, but more that he was able to be ‘involved’:

Yeah, well, ’cause you’d feel a little less hopeless, ’cause up until then it was kind of ‘Baby needs to be fed, have to get mum to feed baby’. Whereas at least then it was, kind of like, ‘OK, well I can do something about this as well’, which was a lot easier.

While these fathers talked in a way that could be understood as ‘helping’, there was no real sense that they fitted into the paradigm identified by Daphne Pedersen when she noted that, according to the hegemonically gendered norms of parenting, mothers ask for help, while fathers ask to help (Pedersen, 2012). Callum – who was part of the couple who probably most fully realised the concept of ‘shared parenting’ as was possible when Faith was breastfeeding and he was working – explicitly rejected this concept of ‘helping’:

…it would be incredibly easy to slip into a position where you’re saying ‘I’m helping, I’m helping Faith and her baby’, but it’s like, it’s not, it’s not, it’s my job too and it’s my baby …

‘Managing’ the father-baby relationship

Related to the theme of the father ‘helping’ the mother was the feeling of a need to earmark specific time for the father to spend with the baby, in a way that was never discussed in relation to the mothers. For example, Warren said:

I quite like my alone time with him every now and then. I’ll take an hour walk, and I’ll take him to the park, and yesterday I took him, no, last night and then this morning, and I just quite like to chill … and I can just walk around with a bit of pride, you know?

Most of the men talked about enjoying some sort of ‘special’ time in the day when they had exclusive, focused, or just relaxed time with the baby. However, there were some notable instances in which the mothers seemed to suggest that they saw this relationship as something they were responsible for promoting. Miles talked about the need to have ‘dad time’, for example, giving the baby a bath at the end of the day. Isabelle then picked up on this:

I guess women naturally become the main kind of caregivers, especially with the males at work. … I’ve seen kind of cases where the father just hasn’t really had, or the mother’s kind of been so protective that the father hasn’t had any kind of role, and it’s, you know, that the child ends up not wanting any kind of, as you say, you can’t leave the baby with the father and not want him to have anything, which was a bit scary seeing that. So I think it’s important that we both kind of spend individual times and bonding with him.

This type of relationship ‘management’ has been observed by other parenting researchers, such as Bonnie Fox, who noted that among the couples in her research, women worked to construct a ‘role’ for the fathers, and to allocate specific tasks or times for the father to interact with the baby (Fox, 2001). Parenting literature may also implicitly or explicitly admonish mothers to not ‘monopolise’ the baby (Sunderland, 2000).
Fathers returning to work

All of the fathers took some time off work at the birth of their babies. Although the length of this time varied, all had returned to work at some point before the second interview. Most felt that having a new baby changed the way they worked or how they felt about work in some way. Here, Mitchell described how it was for him returning to work:

You know, not too bad. I mean, I think about it, I’m probably – I’ve got photos here at work, and I probably start looking at them at three o’clock. So yeah, that kind of prompts me to want to leave ... maybe I start looking at photos at two, actually. So in the morning I’m sort of, I’m full of energy still and so I’m focused on work, but then by afternoon I’m ready to sort of come home, I can’t wait to get home ... Work’s nowhere near as important. (Mitchell)

For many fathers, flexibility seemed to be the key to managing their return to work. While Miles said that going back was ‘fine’, he managed this in a way to maximise his time with his new family:

I’m sort of quite flexible, so I’d sort of nip back during the day and just, you know, drop in here and there to see if everything’s OK and everything’s going alright ...

Callum worked as a freelancer, at his own office, which was located very close to their house – when he returned to work, it was on very reduced hours, and he was able to come home whenever it seemed useful. Although this meant that their parenting was more a shared endeavour than with most of the other couples, Faith interestingly suggested that this might not have been the best arrangement:

I think there are times when I probably phoned him up and went, ‘Help, I’m not coping’, or where he hadn’t left for work yet and he’d see me struggling and he’d stick around a bit longer and help out, when I wonder if actually I might have been a bit better off on my own sometimes ... there might have been times I probably would have pulled myself together a little then.

The first few weeks of parenting

For many mothers, their partner returning to work made them particularly anxious, because they often did not feel confident in being the baby’s sole carer. When interviewing Hannah, I asked her how it was when Ben was at home just after the baby was born:

Oh, it was nice having Ben around. Just somebody you chuck her to so that, you know, you can go and hang the washing out or go to the toilet or have breakfast kind of thing ... have a shower, kind of thing. I found that quite hard early on, especially when she was crying all the time and just wanted to be held. Oh, and you just don’t get a chance, there was a couple of days when I didn’t get a shower the entire day, kind of thing, just because you don’t get a chance. So yeah, it’s nice having just really somebody around for adult conversation.

I then asked how things had gone when Ben returned to work:

Hideous. [Laughter.] Yes, not so good. I actually ended up with postnatal depression.

Although this diagnosis was ‘on the border’, it was clear from the interview that Hannah attributed this to having to take sole charge of a baby suffering from acid reflux who was constantly crying and difficult to feed.

Hazel explained how ‘when Neville went back to work, I was a bit anxious – “Oh crikey, we’re on our own today”.’ However, this was ameliorated by the fact that friends and family who knew that Neville was returning to work made a point of visiting Hazel during the first week, ‘so by the second week, you were back at work, I spent some time, just me and the boy, and I was more confident then’. Neville would regularly check in through the day to see how things were going. We then talked about how difficult the early weeks were, when I suggested that people were often unprepared for this:
I don’t think anything can prepare you for that though, Jo … No matter what people tell you … Until you do, until you experience it, you never really, really know what it’s going to be like … you really should expect it to be hard, but you still don’t know it’s gonna be that hard. (Hazel)

Almost all the couples talked about the first few weeks being especially difficult. Bridget and Mitchell had significant problems with breastfeeding, with the baby not latching correctly for two weeks, and Bridget contracting mastitis in the first week. The discussion conveyed a real sense that attending to feeding virtually took over both their lives during this time. In order to accommodate this, Mitchell took close to an additional month off work, and Bridget said ‘I couldn’t of coped without him’.

Vicky and Luke were particularly explicit about the difficulty of the first few weeks. When I asked about whether they were thinking about having any more babies, Vicky responded:

Nah … We both hated the first six weeks, absolutely hated it. Nah, we’re definitely not having any more.

The problems faced by couples included a range of issues, usually in some combination, and commonly included the physical recuperation of the mothers, the mothers dealing with issues such as mastitis or post-natal depression, establishing breastfeeding, learning to settle the baby to sleep, and the parents’ own lack of sleep.

Discussion

In order to address the gendered inequities in both parenting and paid employment in contemporary western contexts, it is apparent that this would necessitate that both paid employment and parenting are equally socially valued and equally accessible to both women and men. In terms of the feminist approaches which address this issue, the ‘earner-carer’ model outlined by Rebecca Ray, Janet Gornick, and John Schmitt (2010) would seem to be the most effective. Rather than addressing current gendered inequities in the home and the workplace by either supporting women’s employment opportunities and achievements, or by recognising women’s roles as carers as a ‘right’, and deserving of remuneration, the earner-carer model:

- envisions a society in which men and women engaged symmetrically in both paid work and unpaid caregiving (…); its proponents call on the state to strengthen women’s ties to employment and men’s to caregiving. The ‘earner-carer’ model also envisions that parents will take primary responsibility for the care of their own very young children (…); this requires state interventions that support parental caregiving during the children’s earliest years (Ray et al., 2010, p. 198).

As well as being more equitable at an individual level, qualitative research among ‘stay-at-home’ fathers has also suggested that the experience of men who spend some time as primary carers to their children alters their views on parenting, and thus influences their practices when they return to paid employment in ways that are beneficial to working parents – especially if those fathers have hiring and/or supervisory responsibilities (Chesley, 2011). This would also facilitate the sort of parenting discussed by Erin Rehel (2014) when she observed that fathers who spent an extended period of time at home after their babies’ births developed parenting skills and a sense of responsibility in much the same way as mothers, resulting in a more balanced division of all the labour related to parenting. Utilising the ‘earner-carer’ model in the policy context would also create a situation in which effects on individual earning power would be more evenly spread, and eventually discourage employers from operating in ways that have created the ‘motherhood penalty’ within the employment arena (Baker, 2010). A shift in gendered norms around primary caring for children could thus have a range of beneficial effects at both the micro and macro levels.

At first glance, it appears that one means of achieving the ‘earner-carer’ model would be to make parental leave provisions gender neutral. At the time of the interviews and the time of
writing, this was not quite the situation in Aotearoa/New Zealand. As noted earlier, entitlement to (paid) maternity leave rested on the mother’s employment situation. However, maternity leave could be transferred in part or in entirety to a similarly eligible partner. This did mean that in the absence of maternal eligibility, a technically eligible father would not have had access to paid parental leave (Ministry of Business Innovation and Employment, n.d.-b), but if the eligibility threshold was met by both parents, there was no reason why the father of a child could not take advantage of the paid leave that was provided and protected by the state. However, in Aotearoa/New Zealand, as elsewhere, any model of parental leave that is either partially or fully ‘gender neutral’ has been shown to be utilised in very unneutral ways. In my research, the only circumstances in which the father took extended leave was when the mother earned more than him – and even in this instance, he actually left his job, with all the available paid maternity leave being used by her. This echoes the findings of researchers such as Chesley (2011), who found in the majority of the couples she interviewed, the decision for the father to stay at home with the children was based on his employment situation. Similarly, Ray et al (2010) noted that when the mother earns less than the father – as is usually the case in dual-earner heterosexual couples – there is a strong financial incentive for the mother to utilise the entirety of any transferable leave. In his report on parental leave, Callister (2006) also noted that the birth of a child tends to reinforce traditional gender roles, even in couples otherwise committed to gender equality within their relationships, so much so that 72% of the mothers interviewed said that they would not consider transferring any of their parental leave to their baby’s father, the reasons for this including the importance of maternal bonding, the need to breastfeed, the need to recover from the birth, and economic reasons.

Some authors have suggested that the gender imbalance in the uptake of parental leave could be redressed by creating a non-transferable ‘use it or lose it’ or ‘daddy only’ leave entitlement for fathers, which has been referred to as ‘fatherhood by gentle force’ (Arlnaugh Leira (2000), cited in Ray et al., 2010, p. 199). At the time of writing, this model was in effect in Sweden and Norway, where six and seven weeks paid parental leave respectively were specifically allocated to the fathers (Arnalds et al., 2013; Ray et al., 2010), while Iceland was offering three months to women and three month to men respectively, with an additional three months of leave that could be shared as the couples see fit (Arnalds et al., 2013; Gunn, 2013; Morgan, 2008). In this instance, almost all men were taking their leave allocation, although the transferable three months was still being used almost exclusively by mothers (Arnalds et al., 2013; Gunn, 2013; Morgan, 2008). However, even with this disparity in the amount of leave taken, there is some evidence that fathers being primary carers for any significant period might result in a more ‘child-oriented’ version of masculinity (Almqvist, 2008). Callister’s 2006 research suggests that at least half of contemporary fathers in Aotearoa/New Zealand would be likely to use a specifically allocated paternity leave (Callister, 2006).

In addition to income discrepancies, parental decisions regarding primary care of their infants are commonly motivated by biological factors, in particular the desire to meet public health recommendations regarding breastfeeding. In recent years, a considerable literature has emerged that casts a critical eye towards the contemporary western imperatives regarding breastfeeding (e.g., Blum, 1999; Lee, 2007a, 2007b, 2008; Wolf, 2011). Empirical research has also demonstrated the significant time and economic costs borne by women who exclusively breastfeed in contemporary western contexts (Smith & Forrester, 2013). At the time of writing, research had just been published suggesting that many of the longer term benefits commonly associated with breastfeeding were more likely to be attributable to socio-economic status (Colen & Ramey, 2014), thus calling into question many of the benefits that are commonly assumed to balance out the costs associated with breastfeeding.
There is not space in the current paper to discuss the relative pros and cons of breastfeeding, and this is not immediately relevant to the concerns of the present analysis. Rather, the fact that all parents in this research were committed to meeting the MoH recommendations, and that this was the rationale provided by parents in Group 3 for the mother being the primary caregiver are the salient factors here. To this end, it is important that any parental leave policy ensures that parents are supported in meeting the public health guidelines for breastfeeding. Although current policy in Aotearoa/New Zealand includes the requirement that employers provide the opportunity for mothers to either breastfeed their babies at work, or express milk (Ministry of Business Innovation and Employment, n.d.-a), exclusive breastfeeding is best promoted by the mother being in immediate proximity to the baby for most of the day, and hence not engaging in paid work either away from home or on an extended basis. Current parental leave in Aotearoa/New Zealand only allows for 14 weeks paid maternity leave (to be increased to 18 weeks over the next two years (Bridges, 2014)). Although all the couples in this research were able to afford for the mothers to be out of paid employment for six months (which in some instances involved the mother undertaking some work from home), it is less likely that parents from lower socio-economic sectors of society would be able to do without the mothers’ income for as long as these parents. Current legislation thus privileges parents with high socio-economic status in terms of their babies accessing the repeatedly reitered benefits of breastfeeding.

In terms of supporting parents in meeting the WHO recommendations regarding exclusive breastfeeding (which are commonly followed in public health discourses in all contemporary western contexts), while also allowing for the implementation of the ‘earner-carer’ model of parenting, the Icelandic paid parental leave policies would, at the time of writing, appear to be the most successful. As discussed above, this system of ‘three months maternity leave, three months paternity leave, and three months transferable leave’ (Arnalds et al., 2013; Gunn, 2013) allows the mother to be the baby’s primary carer for the first six months, should the parents wish to exclusively breastfeed during this time, and then for the father to engage in three months primary care.

While the data I collected for this research provide insights into the decision-making processes of a specific group of parents, it should be noted that the sample of couples is considerably heterogeneous, especially in relation to indicators of socio-economic status, and thus I am only able to comment on the situation for middle-class heterosexual Pakeha parents. Given the significance of economic factors in the decision making processes, there are likely to be particularly salient differences on the basis of socio-economic status within the wider population, or within other specific subgroups. All of the couples in this research were able to weather at least a few months of having only one income – an option that is likely to be less feasible for families with lower socio-economic statuses. Furthermore, other aspects of these parents’ experiences are likely to be class-specific – for example, the various flexible working arrangements available to most of the fathers are more likely to be accessible to those working in ‘good’ jobs marked by, among other things, a higher level of employee discretion regarding hours worked (Strazdins, Korda, Lim, Broom, & D’Souza, 2004) – the sorts of positions most commonly held by the middle classes. Eligibility criteria for paid parental leave in Aotearoa/New Zealand also means that there is a relationship between socio-economic status and the ability to access this leave (Callister, 2006).

Conclusion
Among the current policies and propositions related to paid parental leave in Aotearoa/New Zealand, the National Party (currently in power) is increasing the length of paid parental leave
from 14 to 18 weeks over the next two years (Bridges, 2014). The Labour Party proposes to increase paid parental leave to 26 weeks (Labour Party, 2014), and the Green Party to 13 months (Green Party of Aotearoa New Zealand, n.d.). Both the Labour and Green Parties explicitly state that these policies are primarily directed to women, Labour even suggesting that this will stimulate the job market ‘in the areas of the economy that women work’ (Labour Party, 2014). Extending both paid and unpaid parental leave would address some of the issues raised in this research and elsewhere, in that parents would be able to keep their infants in parental care for longer, and would be better supported in meeting the MoH recommendations regarding breastfeeding. However, the experiences and understandings of these parents reinforce the findings of a range of previous research which suggests that simply providing more parental leave is not the optimum solution to the various issues of gendered inequities created by the demands of parenting, and of 21st century capitalist society. Extending paid parental leave using systems of transferability between partners can actually increase gender inequality, with women overwhelmingly utilising any ‘gender neutral’ allocation of parental leave, and thus spending more time out of the workforce (Brighouse & Wright, 2008; Morgan, 2008; Ray et al., 2010). As a result, the gender imbalance within the home in relation to both parenting and domestic labour also remains unaddressed (Morgan, 2008), and women’s experience of the ‘child penalty’ in the sphere of paid work (Baker, 2010) may well increase.

To this end, it is apparent that the ‘earner-carer’ model outlined by Ray, Gornick and Schmitt (Ray et al., 2010), supported by a parental leave structure similar to that currently in place in Iceland (with the possible addition of fathers having two weeks of leave immediately following the birth), where fathers are encouraged by specific policy initiatives to be more involved in the care of their infants (Arnalds et al., 2013), would be the most likely to address the various issues related to the current gender constraints both in the home and the workplace. While such an arrangement does not meet the requirements of ‘strong gender egalitarianism’ suggested by Harry Brighouse and Erik Wright (in which the division of labour in the domestic sphere and engagement in paid employment are utterly unaffected by gender) (2008), it is likely to be more palatable to the public and financially viable for the state. An arrangement along these lines would allow for full-time parental care of the new born infant for at least nine months, for the first two weeks (and longer if partners continue to utilise annual leave in the ways they currently do) after the birth to not be the sole responsibility of one parent, for the MoH breastfeeding recommendations to be met, and for a greater degree of gender equality in parenting, and hence also in employment.

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