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Adolescent caretaking of younger siblings

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ABSTRACT

Sibling interactions play important roles in socialization; however, little is known about sibling caretaking in contemporary families. This study examined the prevalence of adolescents providing care for younger siblings and the quality of care as associated with a broad spectrum of individual, microsystem, and macrosystem factors. Relying on nationally representative time diary data from the American Time Use Survey, we found that factors at multiple levels (individual, microsystem, and macrosystem) were associated with sibling caretaking. Gendered patterns in caretaking emerged. The caretaker's sex and the ages and sexes of younger siblings correlated with the incidence and quality of sibling care. Boys more often cared for younger brothers, and girls more often cared for younger sisters. In addition, boys more often played with younger siblings while girls more often provided physical care and talked with younger siblings, mirroring gendered patterns seen in parents.

1. Introduction

Research on family processes and patterns has, for the most part, neglected the role of siblings. In the past several decades there have been roughly 45 published studies on parenting for every study on siblings (McHale et al., 2012). Recent data suggests, however, that most youth today grow up in a home with one or more siblings (McHale et al., 2012), and those siblings play important roles in one another's development (Kim et al., 2006; Whiteman et al., 2014). In the past, one of the critical roles that siblings filled was that of caretaker. As mothers and fathers worked to provide for and support the family, older siblings cared for their younger siblings, even those just barely younger (Morrow, 2008; Weisner, 1987; Weisner and Gallimore, 1977). Older siblings would feed, clothe, teach, monitor, and play with younger siblings. Termed sibling caretaking, these interactions were critical in the development of both the sibling being taken care of and the sibling providing the care and contributed to overall family welfare. In current society, some have suggested that sibling caretaking may still provide benefits to the sibling providing care (Kuperminc et al., 2009; Stewart and Martin, 1984) and the family (Dodson and Dickert, 2004), whereas others suggest in some cases it may be detrimental to adolescents (Gager et al., 1999; Zick and Allen, 1996). We know very little, however, about how often sibling caretaking occurs and the quality of the interactions during sibling caretaking in current Western society. Indeed, only a handful of studies have examined contemporary sibling caretaking (e.g., Cain and Hofferth, 1989; East and Hamill, 2013; Howe and Rinaldi, 2004; Hsueh and Gennetian, 2011), and the extant research has focused on racially and economically homogenous samples. In order to understand the possible benefits or drawbacks of sibling caretaking, it is first critical to understand both the frequency and quality. Thus, the goals of this study were to examine the percentage of adolescents that provide care for young siblings, the quality of that care, and factors associated with sibling caretaking.

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1.1. Prevalence and quality of sibling caretaking

The experience of sibling caretaking in the past was nearly ubiquitous (Weisner, 1987; Weisner and Gallimore, 1977), but current societal attitudes and contexts have changed. Whereas adolescents in the past may have been viewed much more as adults (Morrow, 2008; Weisner and Gallimore, 1977), youth today are more likely to be seen as dependent on parents and not ready for caretaking tasks. Additionally, changes in economic environments and societal norms may have altered the need for sibling care within families. For example, improved economic conditions of the 1940s were associated with compulsory education, and these societal developments diminished the role of sibling caretaking as children spent more time in educational settings (Morrow, 2008). Recent work on sibling caretaking has focused on its prevalence in smaller regionally based, homogenous samples. Recent data from low income, welfare recipient families provide estimates for sibling care prevalence; between 16% and 27% of parents have asked an adolescent child to provide care for a younger sibling in the past month (Hsueh and Gennetian, 2011). To date, however, no study has looked at the current prevalence of sibling caretaking in a large nationally based sample. The first aim of this study was to provide a better perspective on how common or rare sibling caretaking was among adolescents. Therefore, our focus was on adolescents. Several states have laws regarding the minimum age a child can be left home alone or left to tend younger siblings; Illinois currently has the oldest set age at 14 (Illinois Legislative Reference Bureau, 2016), and thus, in this paper we focused on care provided by 15–18-year-old adolescents.

Beyond measuring the prevalence of sibling caretaking, it is also important to consider the quality of care being provided, and the extant research has yet to explore variations in the quality of care. Caretakers may provide direct care with a high level of interaction involving play, feeding, and other developmentally healthy activities. Other times, they may provide low-intensity care, where caretakers supervise younger siblings or simply keep an eye on them. Direct care, as opposed to supervisory care, may be more or less likely to occur for different types of adolescents. While we know that mothers and fathers devote equal proportions of care time to developmental care over a child's life (Zick and Bryant, 1996), we are not aware of any research addressing the quality of care provided to children by siblings. Thus, the second aim of this study was to examine factors associated with providing direct or low-intensity care. Given the novelty of this approach, this analysis was exploratory.

1.2. Correlates of sibling caretaking

In examining the prevalence and quality of sibling caretaking it is critical to understand the correlates and factors associated with providing care for younger siblings. Bronfenbrenner's ecological model suggests that family patterns and processes are influenced by factors at several different levels (Bronfenbrenner and Ceci, 1994; Bronfenbrenner and Morris, 2006). Most commonly, scholars focus on Bronfenbrenner's explanation of different levels of systems, from the microsystem up to the macrosystem. At the center of Bronfenbrenner's framework, however, individual characteristics also play an important role in developmental processes. To date, the sibling caretaking literature has largely focused on the macrosystem and adolescent's individual characteristics (East and Hamill, 2013; Hsueh and Gennetian, 2011; Morrow, 2008). To broaden the research on this topic, our analysis included factors from these levels as well as the family microsystem.

1.2.1. Individual characteristics

Central to Bronfenbrenner's ecological model (Bronfenbrenner and Ceci, 1994) is the individual. Individual characteristics in part determine how an adolescent interacts with the larger environments of the ecological framework, and the consideration of individual characteristics is critical to understanding family processes and patterns. These factors are specific to the individual person rather than those in the family microsystem.

An adolescent's sex plays a role in their experiences within the family. Gender roles at home can develop when expectations of involvement depend on being male or female. Explanations of gender differences in adult home duties, such as time-availability or relative resource theories within couples, do not fit well for adolescents, because these theories are based in long-term couple relationship dynamics. The emergence and persistence of gender differences during adolescence is most consistent with theories of differences emerging from traditional socialization and accompanying attitudes and beliefs at home (Mooney et al., 2016). Parents tend to view caretaking as a task for a mature, responsible and nurturing child and in many cases parents tend to see daughters as having those characteristics more than sons (Weisner and Gallimore, 1977). Additionally, sociocultural bias of many American families suggests that girls and women are more fit for caretaking tasks (East et al., 2009; Zukow-Goldring, 2002). Empirical work suggests that sex is a critical individual characteristic in adolescent time spent in home duties; girls spend more time in home duties than adolescent boys (Gager et al., 1999; Wikle, 2014), and girls are more likely to provide care for younger siblings than are boys (East and Hamill, 2013; Howe and Rinaldi, 2004; Hsueh and Gennetian, 2011). Thus, we expected that across many contexts, adolescent girls would provide care more often than adolescent boys.

We know little about adolescent gender differences in the quality of care provided to children. If in fact girls are more mature, responsible, and nurturing, we might expect the relative level of direct care to be higher among girls compared to boys. We know little about gender differences in direct and low-intensity care among adolescents caring for siblings. Thus, we examined whether direct or low-intensity care varied by the adolescent's sex, and given the absence of research on this particular facet of sibling care, the analysis was exploratory.

We also examined whether age was associated with sibling care. On the one hand, older adolescents likely make better caretakers, given the maturity required (Weisner and Gallimore, 1977). On the other hand, adolescents increase in autonomy with age and tend to spend less time with family members (Larson et al., 1996). Given conflicting theoretical arguments for age related to sibling care,

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