Abstract
This article examines the impact of national context, i.e., cultural beliefs shared in a country and structural factors such as public policies, on individuals' family care decisions, such as the number of children in the family or the time spent with them. I argue that although family care decisions are intimate, they are not private, because they are bounded by what individuals perceive to be possible in their family, workplace, and country contexts. I analyze two interrelated dynamics. First, national culture influences the relative valuation of care compared with paid work, via work devotion schemas built upon a gendered distinction between the public sphere of work and the private sphere of care. Second, culture and structure foster gendered expectations regarding who is expected to engage in care, and the devaluation of care is intimately connected to this gendered division of labor. Altogether, culture and structure contribute to the social construction of care in a country, in which individuals work-family decisions are deeply embedded.

Keywords: Care, Culture, Structure, Work-family, National context

Individuals’ and couples’ decisions regarding whether or not to have children, and regarding the number of children they wish to have, may at first sight appear to be private decisions (Ollier-Malaterre 2017). So are their decisions on the care arrangements they deem appropriate for these children and for their elder, and on the type of employment, career and work schedules they will seek. However, individuals’ work and family decisions and experiences are rooted in deep-seated cultural beliefs that set expectations for the roles of employee and supervisor, husband and wife, and parent and son/daughter (Ollier-Malaterre and Foucreault 2017; Powell, Francesco, and Ling 2009). Culture has been defined as the set of beliefs, values and norms about what is good, right, and desirable in life that are shared by individuals who have a common historical experience (Hofstede 1980; Schooler 1996). Structural factors, too, and in particular labor laws and public policies, shape individuals’ capabilities to achieve work-life balance, i.e. what they ‘can do’ or ‘can be’ (Hobson 2013).

The main objective of this article is to analyze the ways in which culture and structure at the country level contribute to shape work-family decisions (e.g., should I work full time or part-time?) and experiences (e.g., how much conflict do I feel between my work and family roles?). I will first argue that culture influences how important care is viewed compared with paid work, which has implications for individuals’ involvement in care and work roles. I will then turn to a related consideration, pertaining to the ways in which culture and structure foster different care expectations for women and men, which also conditions family life and work patterns. These two dynamics mutually reinforce each other, and together shed light on the impact of culture and structure on the daily and life course decisions of carers across the globe.

THE VALUE ATTRIBUTED TO CARE VERSUS WORK

An increasing body of cross-national research examines the importance given to work and to family across cultures. A first stream of research on the work devotion schema and on the Protestant work ethic suggests that the value attributed to work commitments may be shaped by culture, both at the country level and at the intersection of social class and gender cultural schemas (Dumas and Sanchez-Burks 2015;
Uhlmann and Sanchez-Burks 2014; Williams, Blair-Loy, and Berdahl 2013). A second stream of research on care and on the distinction between the public and the private spheres of life sheds light on the varying ways in which care might be viewed across countries (Fraser 1985; Tronto 1993).

The work devotion schema across cultures

The work devotion schema originated in Protestant communities in Europe and is typical of American workways (Uhlmann and Sanchez-Burks 2014). It refers to the deep-seated belief that work is a moral calling to God and society (Williams et al. 2013). The work devotion schema prescribes that working hard should take a central place in life (Blair-Loy 2003; Dumas and Sanchez-Burks 2015). Sociological analyses in the U.S. have contended that cultural schemas of work devotion are salient both for higher social class individuals, who view work as enhancing self-worth, and for lower social class individuals, who view work as a way to provide for their family (Williams et al. 2013).

Although the work devotion schema construct was coined in the U.S. and there is a paucity of research outside of the U.S., some research suggests that it may be salient not only in Protestant contexts but also when other religions are strong. A study in 39 countries found that Christianity and also Buddhism, Hinduism, and Islam viewed work in a positive light. Specifically, respondents reported strong intrinsic work values in countries where these four religions play an important role, whether or not the respondents themselves were religious (Parboteeah and Cullen 2003).

Other facets of culture may explain the salience of the work devotion schema in a country. A 20 countries study on heavy work investment, by Snir and Harpaz (2009), sheds particularly interesting light on the work of Schwartz (1992) and of Inglehart and colleagues (Inglehart 1997; Inglehart and Welzel 2010). Snir and Harpaz (2009) found that heavy work investment was greater in cultures where the mastery value is high, that is where people strive to control their environment (e.g., Israel), than in cultures where the harmony value is high that is where people prefer to fit harmoniously into nature and society (e.g., Slovenia) (Schwartz 1992). This study also examined the role played by survival (i.e., emphasis on economic security and order, e.g., Russia, Armenia) vs. self-expression (i.e., emphasis on subjective well-being, quality of life and freedom of self-expression, e.g., Canada, Switzerland) cultural schemas (Inglehart and Welzel 2010). It found that external predictors such as financial needs were more likely to explain heavy work investment in survival cultures, while dispositional predictors (e.g., passion for work) were more likely to explain it in self-expression cultures (Snir and Harpaz 2009). In light of research on the cultural roots of the work devotion schema, it could reasonably be argued that such “dispositional predictors” are in great part stemming from societal norms. This reasoning implies that the work-devotion schema may be stronger in self-expression cultures than in survival cultures. Importantly, Snir and Harpaz (2009) also identified gender differences such that men’s workaholism and devotion to work were more common in masculine cultures, which are focused on achievement, heroism, recognition and material success (e.g., Mexico) than in feminine (e.g., Norway) cultures which are focused on collaboration, modesty, job security and quality of life (Hofstede 1980).

Work devotion schemas are in my view connected with the social construction of care in a culture, to the extent that they participate to the valuation of work over care and that they are themselves built upon the distinction between the public sphere of work and the private sphere of care. I now analyze a second stream of research to extend my argument on the ways in which culture shapes the valuation of care compared to work.

The social construction of care across cultures

Care encompasses activities performed to maintain and repair oneself (e.g., physical exercise, healthy diet, proper sleep), others (e.g., watching a baby, bathing an elderly parent), and the environment (e.g., cleaning out ones’ space, recycling) (Tronto 1993). In the context of the work-family interface, tensions most often arise between paid work and care for family members; I will thus focus on family care.

I use the term paid work to refer to work that is performed in the public sphere (usually but not always outside of the home) and most often than not in the context of a capitalist employer-employee relationship (Marx 1976). By contrast, most care is given and received in the private sphere, at home and in the family, and has been referred to by feminist analysts as unpaid work (Barrere-Maurisson 1992; Barrere-Maurisson, Rivier, and Minni 2001). This opposition of the two spheres is heavily gendered as the public sphere has
been viewed as primarily male whereas the private sphere has been assigned primarily to women (Imray and Middleton 1983; Zaretsky 1986), at least in capitalist societies (Hartmann 1979). Compared with paid work which is valued in capitalist societies because it contributes to the generation of profits (Mitchell 1966), care tends to be devalued because it is considered as back-stage support of paid work and/or because it is mostly performed by women (Hartmann 1979; Slaughter 2015).

I argue that the ways in which national cultures construe the public and the private spheres may change the extent to which care is (de)valued in a country. Comparative work-family research has pointed out that cultural schemas differ in that regard. For instance, care is considered in the U.S. to be primarily a private responsibility to be handled by individuals and families, with a majority of individuals holding that mothers are the best carers for children under the age of six (Bailyn 1992; Kamerman and Kahn 1981). In other countries such as France, however, maternal work outside of the home is well accepted and childcare is largely viewed as a responsibility shared between families and the state; this dates back to the 18th century. Upper-class custom of fostering children with wet nurses, and to the setting-up of nurseries as early as the 19th century (Kamerman and Kahn, 1981; Ollier-Malaterre 2009). Extensive public provisions for early childhood include subsidized daycare centers and family daycare before the age of three, and free public school from the age of three (Ollier-Malaterre 2009). In other countries such as Sweden, municipalities have an obligation to provide public childcare for children who need it within a reasonable amount of time, and central-state regulations monitor the quality of the care provided to the future generation of citizens (Bergqvist and Njberg 2013).

When childcare comes to be viewed as a public mandate, it crosses over the strict confines of the family and is partially assumed in the public sphere, in childcare centers and pre-schools, or by government-regulated and subsidized childminders. Locating childcare in the public as well as the private spheres implies that care becomes more visible and acknowledged; it also implies that part of the care work becomes paid work that is an economic contribution, even if care occupations are generally underpaid (Slaughter 2015). Several motivations may underlie the vision of childcare as a public mandate: the next generation of children may be seen as a common good in a country, to be cared for collectively (Daly and Rake 2003); the culture may promote an egalitarian gender ideology and as such care is needed to enable women to work outside of the homes; or it may be a quest for social justice through equality, fraternity and universalism that mandates public care to overcome social inequalities and child poverty (Bergqvist and Njberg 2013; Lamont 1995).

Etic research on cultural values may also shed light on the social construction of care. The GLOBE project in particular, identified two cultural dimensions of interest to care, gender egalitarianism and humane orientation (House, Hanges, Javidan, Dorfman, and Gupta 2004). It is possible, although this is speculative in the absence of empirical research, that these two cultural values are associated with greater valuation of care. Gender egalitarianism is the extent to which gender role differences and discrimination are minimized in a society (Javidan, House, Dorfman, Hanges, and De Luque 2006). The GLOBE project distinguished between cultural values (i.e., the ways people think that things should be) and cultural practices (i.e., the ways people think that things actually are). Countries that have high egalitarian values include, for instance, Sweden and Ireland; countries that have high egalitarian practices include Hungary and Russia (Ollier-Malaterre and Foucreault, In press). Gender egalitarian practices, arguably more reflective than values of individuals’ experienced realities, may reduce the gendered division of labor between the public sphere and the private sphere and the “confinement of women to a separate sphere” (Fraser 1985:102). In doing so, gender egalitarian values may lessen the devaluation of private sphere contributions including family care.

Humane orientation, another cultural dimension identified by the GLOBE project, is the extent to which kindness, altruism, fairness, and generosity are encouraged in a society (Javidan et al. 2006). Countries that have humane orientation values include, for instance, Nigeria and Finland; countries that have high egalitarian practices include Zambia and the Philippines (Ollier-Malaterre and Foucreault, In press). Because the values associated with family care are closely related to the humane orientation ones, it is possible that cultures higher in humane orientation practices put more emphasis on care for children, elder, and handicapped adults.

The trickle-down effects of cultural schemas on work and care

Cultural schemas pertaining to the importance of work and care have pervasive effects on individuals’ capabilities to achieve work-life balance (Hobson 2013).
Cultural schemas “trickle down” to employers, supervisors, and individuals (Greenhaus and Powell 2017) through cultural processes and structural processes. An example of a cultural trickle-down process is how the work devotion schema contributes to forging ideal worker identities that become engrained in employees’ “implicit psychological infrastructure” (Williams et al. 2016: 517). As a consequence, individuals abide by tacit social norms regarding professionalism, which include working long hours for managers and professionals (Reid 2015), being readily available for work shifts scheduled with little notice (Lambert and Henly 2009; Swanberg, McKechnie, Ojha, and James 2011), and avoiding “unprofessional” displays of personal and family identities at work (Uhlmann, Heaphy, Ashford, Zhu, and Sanchez-Burks 2013). Such ideal worker norms trigger the much lamented time famine for professionals and managers (Perlow 1999; Schor 1991) as well as chronic work-family conflict, stress, and care failures for low-income workers (Henly and Lambert, 2014; Swanberg et al. 2011). Ideal worker norms contribute to pushing women out of the workforce (Kossek, Su, and Wu 2016). At their extreme, they may incite young workers to delay parenthood, as is implied by the notion of “social freezing” that is the offer to subsidize egg freezing made by several fast-paced U.S. firms to their “career driven millennials” (Moore 2017).

An example of a structural trickle-down process is how cultural schemas that acknowledge the social and economic value of care, in Nordic countries for instance, materialize in public provisions that guarantee affordable quality care and paid parental leaves that can be shared by fathers and mothers. Such provisions have direct implications for individuals in terms of family size, daily schedules, and careers (Ollier-Malaterre 2017). They change the meaning of work-family articulation by framing it as a collective rather than an individual issue. In Hobson’s terms (2013), public provisions such as job-protected and paid parental leaves equip individuals and families with commodities that is resources that open up new possibilities and can be transformed into functionings, for instance being able to simultaneously engage as a mother and as a professional.

I have argued, thus far, that culture influences the relative value attributed to care versus work, and that, consequently, it shapes the daily and anchoring decisions (Radcliffe and Cassell 2014) that individuals, couples and families are able to make as well as their daily and life course experiences of conflict between their work and family roles. Because the devaluation of care is intimately connected to the gendered division of labor, I now turn to an analysis of the impact of culture and structure on gendered roles. In the next section, I argue that culture and structure are the primary drivers of the gendered expectations regarding who is expected to engage in care.

GENDERED CARE EXPECTATIONS

Gender-role ideologies are a key construct to understand why and to which extent men and women are able to choose their degree of involvement in work and family roles (Strandh and Nordenmark 2006). The gendered division of labor assigning care to specific categories of persons, specifically women, stems from functional Parsonian views (Pfau-Effinger 1998). These views contend that the public and the private spheres are inherently different and that society is better off when they are neatly assigned to men and women, respectively (Pfau-Effinger 1998). Several typologies of gender cultures and arrangements (Pfau-Effinger, 1998) and of the male breadwinner model (Lewis 2001) have been offered. According to Lewis (2001), for instance, some cultures are best characterized by a strong male breadwinner model (e.g., the UK), others by a moderate male breadwinner model (e.g., France) and yet others by a weak male breadwinner model (e.g., Sweden). The stronger the male breadwinner model is, the most pronounced the gendered division of labor.

It is important to analyze the allocation of care responsibilities in a country, in conjunction with gendered cultures, because cultures differ in the extent to which they view care as a family matter, or as public concern. To do so, the research stream focusing on welfare state classifications is useful as it sheds light on who is expected to care for family members in a country. Beyond family, or governmental provisions, another way of caring for children or elderly involves the market that is private daycare or eldercare centers and houses. The gendered division of labor is particularly important in cultures that devolve care to the family, however it also impacts women in cultures that entrust part of the care to the market or the state, since this devolvement of care is only partial and needs to be secured and maintained (e.g., secure a place in a desirable public child care center or find private daycare, maintain relationships with childminders, drop and pick up children, care for them when they are sick, and so forth).
Welfare state classifications rely on an analysis of the countries’ structure (i.e., major insurance and assistance programs, such as health care, unemployment, sick pay, and public pensions) rather than of their culture; importantly, culture and structure interact in a systemic way (Oliier-Malaterre and Foucreault 2017). On one hand, it has been found that culture and social institutions are independent predictors of work centrality (Parboteeh and Cullen 2003), and they are often in tension, with institutions lagging behind or being ahead of cultural change (Pfau-Effinger 1998). On the other hand, culture and structure may present consistent patterns, with public provisions reflecting historical schemas, gender arrangements, and citizens’ "sense of entitlement for support" (Lewis and Smithson 2001). For instance, the provision of public childcare and preschools in France, albeit not quite able to meet the demand, is a good match to the deep-seated cultural distrust in the market and to the antagonist employee-employer relationship that undermines employer-provided childcare (Oliier-Malaterre 2007; 2009). It is also well aligned with professed gender egalitarian values implying that women should be able to return to work shortly after giving birth (Crompton and Lyonette 2006). By contrast, short school hours in Germany and Switzerland, which in practice require one parent to care for children in the afternoon, may be a reflection of the pervasive male-breadwinner/female part-time carer gender arrangements that assume that mothers are available to pick up the children (Pfau-Effinger 1998).

Welfare state classifications

A large body of comparative institutionalism work was initiated by Esping-Andersen (1990, 1999), and, to date, no less than 17 other typologies based on his work have been put forward and compared (Arts and Gelissen 2002; Bambra 2007). I will focus here on Esping-Andersen’s well-known typology of the three worlds of welfare capitalism: the liberal (as opposed to regulated), the conservative, and the social democratic.

According to Esping-Andersen (1990), countries differ in the degree to which they grant social rights to their citizens independently of the family, which he termed defamilization, and of the market, which he termed decommodification. This observation has important implications for care. Families, and more specifically women, are the main carers in familialized regimes, which Esping-Andersen terms the conservative-corporatist world (e.g., Austria, Germany). However, families may expect to outsource some care to the market by paying for private care in the liberal world (e.g., the UK, the U.S.), and to the state in the social democratic world (e.g., Norway, Sweden). These very important differences in the structural organization of care stem from the countries’ objectives regarding welfare. Social policy in conservative welfare regimes aims at the preservation of traditional status differences (Esping-Andersen 1990). Society in these regimes is stratified, and welfare is based on work history, occupation and status. By contrast, social policy in liberal welfare regimes values individual freedom and relies on the market to cover for social risks such as unemployment, sickness, and for care responsibilities. Welfare in liberal regimes is limited to people in need and only provides minimum subsidies (Esping-Andersen 1990). Finally, social policy in social democratic welfare regimes seeks equality between citizens through nonmarket mechanisms; therefore, governmental agencies manage social benefits such as parental leaves, childcare centers and preschools (Scruggs and Allan 2008). Esping-Andersen’s initial three-cluster typology was extended to include a fourth cluster, the Mediterranean (Esping-Andersen 1999; Ferrara 1996), also referred to as the Latin Rim (Leibfried 1992) or Southern cluster (Bonoli 1997; Ferrara 1996). In the Mediterranean cluster, there is only partial state involvement, as in the conservative cluster; however, employment rates for women tend to be lower, and the family – particularly the extended family – is the main provider of care (Léon 2005).

Consequences for working carers

Gender cultures have profound impacts on the division of care and paid work among men and women. For instance, the primary involvement of men in work and women in care roles in Italy and Portugal originates in a culture of male breadwinner-female homemaker gender roles (Lewis 2009). Gender cultures may also foster forms of conscious or unconscious resistance on the part of women, who may go on womb strikes and decide to forego parenthood and its subsequent entrapment in the private domestic sphere (Silver 2007).
Whether a culture assigns care to families, the market, or the state, has practical implications for individuals and in particular for their ability to care for their family members, and to engage in paid work outside of the home. In familialized regimes, parents, mostly mothers, are expected to care for their children and elder in person. This setting necessarily reduces women’s ability to engage in paid work (Letablier and Jönsson 2005). In regimes in which private care is acceptable and available, women may be more able to engage in a demanding career, although only those who can pay for such services may do so, which fosters important social inequities (Kossek et al. 2016). Lastly, in regimes in which public subsidized care is funded by public taxes, parents have greater options to weave work and family commitments together, with non-parents agreeing to financially support the raising of the next generation (Bergqvist and Njberg 2013).

The consequences of gendered care expectations regarding work-family conflict, that is the tensions arising from incompatibilities between the work and family roles (Greenhaus and Beutell 1985), are not quite clear. The most consistent finding seems to be that gender differences in perceptions of work-family conflict are less pronounced in egalitarian cultures— for a detailed review, see Ollier-Malaterre 2015. However, the impact of gender cultures is difficult to capture, because differences between high and low egalitarian countries can be attributed to social policy, to the division of household labor, or to the types of jobs and working hours of women (Steiber 2009). In addition, few studies consider the directionality of work-family conflict (Steiber 2009); however, this directionality matters as it has been hypothesized that women would experience greater family-to-work conflict and lower work-to-family conflict than men in low egalitarian cultures (Powell et al. 2009).

Lastly, I wish the draw the reader’s attention on another important interaction between culture and structure that is the extent to which gendered expectations reduced or heightened by the structure of families.

Nuclear vs. extended families

Construals of the family vary widely across the globe. Whether families tend to be nuclear or extended shapes the care demands as well as the social support that is available to meet them (Lu, Gilmour, Kao, and Huang 2006; Somech et al. 2013). Although there is a paucity of research on the importance of family structure on work and family experiences, I cautiously propose the idea that extended families may be settings that heighten unequal gender care expectations when compared to nuclear family settings.

On one end of what can be seen as a continuum, societies organized around nuclear families, as the U.S. or Norway, for instance, present lesser family demands because the family is reduced to the parent(s) and the child(ren). Nuclear families also offer lesser social support since no aunt, niece, or cousin is readily available to offer regular or back-up care. In this setting, the influence of tradition and religion, usually put forth by elders of the families such as grand-parents or stepmothers in cultures in which the wife leaves her family to live with her husband’s family, is likely weaker than in extended family settings that see several generations living under a roof. It is therefore reasonable to argue that traditional gender arrangements may be less stringent cultural schemas in nuclear vs. extended family settings.

On the other end of the continuum, societies organized around extended families, such as in Sub-Saharan Africa or Hong-Kong, help to care for children, which is a resource that women mobilize (Aryee 2005). However, extended families also convey gendered cultural expectations that the daughters will care for the older generation, and that family ties will be abided by in the form of providing care for extended family members who need it. In extended families, other collateral and gendered social expectations may exist, pertaining to daily life and to the life cycle. For instance, women in the Indian communities of South Africa are expected to prepare complex meals cooked according to tradition even when they are highly educated and hold a professional position outside of work; this “food work” that women perform in the early hours of day before leaving to work contribute to their work-family conflict (Jaga 2014). Another example pertains to social obligations around funerals. In cultures in which these obligations may extend to several hundred persons, attending funerals and visiting the family in mourning may conflict often with work obligations; this further hinders women’s ability to engage in a career, since these obligations mostly fall on women (Hailu Gudeta and Van Engen 2014).

CONCLUSION
Although many people believe that work and family decisions are taken by individuals in the privacy of their homes, I hope to have convinced the reader that intimate decisions do not equate private decisions. People’s choices and freedoms, to use Hobson’s language again, are bounded by what they perceive to be possible in their family, workplace, and country contexts (Hobson 2013). Each one of these contexts is deeply structured by cultural beliefs as well as structural constraints that inform people’s intimate decisions and make them profoundly embedded in their national context. The fact that many of these cultural beliefs and structural settings are gendered has drastic consequences for men and women as they strive to articulate their work and family commitments.

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