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ORIGINAL PAPER

Do Father-Friendly Policies Promote Father-Friendly Child-Rearing Practices? A Review of Swedish Parental Leave and Child Health Centers

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Abstract By reviewing the literature, we looked at how parental leave policies in Sweden have influenced two well-defined areas of early father involvement: participating in parental leave and at visits/activities at the Child Health Centers. Sweden has one of the most comprehensive and egalitarian parental leave policies in the world, permitting parents to take 480 days off of work, receive 80% of their pay for the first 15 months, and divide their leave however they see fit, barring that both parents receive 2 months of parental leave that is exclusive to them. Additionally, fathers are permitted to take the first ten working days off to be at home with his family. Most parents, especially mothers, use parental leave throughout their infant's first year. During the parents' time off from work, nearly all Swedish parents (95–99%) utilize the Child Health Centers between 11 and 13 times during the infant's first year of life. The Child Health Centers help to monitor a child's growth and development, provide parenting support, immunizations, health education, health screenings, and provide referral sources if the child has any special needs. However, fathers only use 22% of all parental leave days. Studies have pointed out that fathers may not use parental leave because of corporate, maternal, and financial attitudes. Despite the Child Health Centers' policy of including both parents, fathers do not utilize the Child Health Centers to the same extent as mothers. Research has shown that fathers may not use Child Health Centers as they are mainly only open during normal working hours, they are dominated by females (staff and mothers), and many conversations during the child's first year are directed towards mothers. Barriers for why father involvement is lower than mothers are discussed.

Keywords Sweden · Parental leave · Child health centers · Fathers · Public policy

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Introduction

Fathers have taken on increasingly more duties and responsibilities to raise their young children compared to past generations of fathers (Pleck and Pleck 1997). In so doing, fathers made important and unique contributions to their child's social, emotional, behavioral, language, and educational development (Flouri and Buchanan 2004; Lamb 2004; Roggman et al. 2004; Sarkadi et al. 2008), which allowed the child to be more competitive in the social world (Geary and Flinn 2001). Involved fathers also enhanced maternal, child, and family health (Cassidy 1999; Gage and Kirk 2002). Therefore, fathers' active participation in rearing their children, especially in relation to their health, is of utmost importance (Massoudi et al. In Press).

Creating family policies have been found to help increase father involvement in their children's lives. Sweden is a world leader with its parental leave program and has an excellent child health program, both of which have been emulated throughout the industrialized world. However, despite creating egalitarian family policies, Sweden still does not have the same level of father involvement compared to mother involvement when it comes to a young child's care. This review looks at how parental leave policies in Sweden have influenced two well-defined areas of early father involvement: participating in parental leave

and at visits/activities at the Child Health Centers (CHCs) (known as Barnavårdscentralen [BVC] in Swedish). The CHCs were chosen because they are a place where parents often visit during their parental leave to learn about their child's development and parenting skills, resulting in parent–child bonding and relationship building, providing a basis for later involvement. Taking part in the child's health care and developmental progress means that fathers learn about their child's health issues and can take responsibility for their child's development as parents in their own right.

A Brief Overview on Parental Leave Policies in Sweden

In 1937, Swedish mothers started to take unpaid time off to care for their young children. Maternal leave expanded in 1955, allowing mothers more maternity leave and a few financial benefits (Seward et al. 2002). In 1974, Sweden became the first country to expand its maternity leave into parental leave, allowing fathers time off of work to care for their young children (Duvander et al. 2010; Haas and Hwang 2009). The main purpose of the parental leave policy was to reconcile the family-work balance and officially recognize both parents as equal partners in caring for their young children (Bygren and Duvander 2006; Thomas and Hildingsson 2009).

In 1976, fathers were granted the right to take up to 2 weeks off of work during the first 2 months of their infant's lives as well as allowed up to 60 paid days to care for their sick child (Seward et al. 2002). In 1990, parents were permitted to have 15 months off of work to care for their child and to divide this time off however they saw fit, as long as both parents did not take parental leave at the same time. Parents received 90 percent of their regular pay during the first 12 months and a low minimum daily rate during the final 3 months (Haas et al. 2000). In 1995, fathers were provided with a "daddy month" that only they could use, unless they signed their month over to the mother (Haas 1996). However, many fathers simply signed over their month to the mothers. Thus, the Swedish government re-evaluated this policy and made the "daddy month" non-transferable, forcing fathers to use it or lose it (Haas and Hwang 1995). In 2002, the Swedish government gave fathers (as well as mothers) a guaranteed, two-months parental leave that only they could use (or lose) (Haas and Hwang 2008, 2009). Today, nearly all industrialized countries have parental leave for fathers (Haas and Hwang 2009), although not to the same extent as in Sweden.

Swedish parental leave is financed through general taxes, but is connected to the work force. Swedish parental leave supports the dual-earner family model, as both parents have the right to raise their child, while at the same time preserving their career (Sullivan et al. 2009). Assuming that a parent had worked for at least 6 months prior to the birth of their child or for 12 months over the past 2 years (Haas 1992), parents would receive 90 percent of their pay. Starting in 1998, parental leave pay was reduced from 90 percent to 80 percent of each parent's earnings (Haas et al. 2000). By basing parental leave pay on the parents' earning, both parents were encouraged to work. However, if a parent did not meet the working requirements, they were still entitled to parental leave benefits since funding was through general taxes and not through companies, albeit at a low flat rate (Duvander et al. 2010). Each parent's parental-leave pay was capped approximately around $47,000–$54,000 USD, while the last 90 days of parental leave (the low flat rate) was only $26 USD/day (Haas and Chronholm 2008; Thomas and Hildingsson 2009), which encouraged parents to re-enter the work force (Bygren and Duvander 2006).

At present, other than the 2 months guaranteed to each mother and father, parents may divide their parental leave as they see fit (Bygren and Duvander 2006). Total parental leave in Sweden is now 480 days, and both parents are paid to be off of work during the infant's first 10 working days (Fägerskiöld 2008). Previous research has shown that father involvement is greater in countries with longer periods of parental leave, like in Sweden and Norway, than in countries with shorter periods of parental leave, like Great Britain (Sullivan et al. 2009). Employers may choose to add compensation policies to their benefits package, increasing paid leave to 90 percent of the employee's wage, thus, filling the gap between the capped amount and the person's actual salary. Such policies encourage parents with higher income (often men) to take parental leave. Parents may use their parental leave until the child is 8 years old (Mayer and Tikka 2008), and one parent is entitled to work at 75 percent until the child is 8 years old (Thomas and Hildingsson 2009). Sweden, thus, has one of the most comprehensive and egalitarian parental leave programs in the world (Haas 1996; Ray et al. 2010).

Policies versus Practice: Parental Leave

Despite Sweden's best efforts to make parental leave egalitarian, its practice is far from being evenly distributed between parents. Swedish fathers believe that participation in child care is important (Almqvist 2008) as evidenced by having 90 percent of all Swedish fathers taking some parental leave (Haas and Chronholm 2008). However, mothers take 78 percent of all parental leave days (Haas and Chronholm 2008). Nyman and Pettersson (2002) found similar results, with fathers typically taking one to 2 months of leave, while mothers used about a year of leave. This uneven distribution could affect not only the

father-child relationship, but also the marital relationship as those couples who more evenly share their parental leave are more likely to be in satisfactory marital relationships compared to those couples who unevenly take parental leave (Amilon 2009).

Although there are no definitive studies on why more men do not participate in parental leave in the early months of parenting, studies have pointed out some possible reasons. One reason why mothers take more parental leave than fathers has to do with mothers being seen as gatekeepers, as mothers usually determined if fathers took any parental leave (Haas 1992). However, if the mother was working, then fathers used more parental leave (Almqvist 2008; Chronholm 2002). Another reason for such gatekeeping might have to do with the social pressure placed on "good" motherhood in Sweden, where mothers were expected to stay home and take care of their infants (Elvin-Nowak and Thomsson 2001). Since Swedish parental leave policy promotes long durations off of work to care for their child, there is a strong social pressure to stay at home to care for their infant. Swedish mothers who returned early to work saw themselves as "masculine" and "selfish" and felt like they had increased pressure on them to be good mothers since they did not fully utilize their parental leave packages when the children were infants (Rönnbäck 2008).

A second reason why mothers may have taken more parental leave involves financial reasons. Parents are not paid a direct monetary amount when utilizing their parental leave, but instead they are provided with a percentage of compensation based off of their salary. For the majority of parental leave, parents are paid 80 percent of their salary (Haas et al. 2000); therefore, it makes financial sense to have the parent who is making the most money continue to work, which is typically the father, leaving the mother to take most or all of the parental leave days (Almqvist 2008). However, and this leads to the third possible reason, men may experience implicit discrimination from their workplace if they were to use parental leave (Haas and Hwang 2009; Haas et al. 2002). Companies have different attitudes towards fathers using parental leave and it affects the amount of time fathers actually take off from work. For example, fathers in management positions received more support when taking parental leave compared to those in non-managerial positions (Haas and Hwang 2009). Haas and Hwang explained that this was due to having more women working in the public sector, making parental leave part of the culture. Similarly, Bygren and Duvander (2006) found that fathers working in the private sector, at a small business, in a male-dominated workplace, were less likely to use parental leave compared to other private sector businesses. Men may have felt more pressure to continue working when they felt the company was relying on their skills and when other fathers in the company were not taking time off of work for parental leave.

In addition to fathers taking less parental leave, they also have different patterns than mothers do. A majority of mother's breastfeed until the child is 6 months of age and will therefore, stay home for this time period (Fägerskiöld 2003; Wallby and Hjem 2009). In general, Swedish fathers are supportive of breastfeeding and take parental leave starting when their child is 6 months or older (Seward et al. 2002). In fact, on average, Swedish fathers took their parental leave when the child was between two and 3 years old (Sullivan et al. 2009). According to official statistics (Försäkringskassan 2010, latest data available is from 2008) men tend to take their leave in connection with summer and winter holidays, thus, prolonging the time they can spend off work in connection to their ordinary leave. Another pattern that breaks off from fathers taking less parental leave has to do with taking time off of work to care for a sick child– a duty they share nearly equally with mothers (Försäkringskassan 2010). Thus, there is an imbalance in time taken for parental leave early on in the child's life, whereas when both parents are back to work they seem to share time off for sick children equally.

Child Health Centers

The Child Health Centers (CHCs) are coordinated by specialized nurses with an additional year of education in paediatric or public health (Fägerskiöld et al. 2000) who work to reduce infant mortality and morbidity (Fägerskiöld et al. 2000; Socialstyrelsen 1981), prevent or detect disabilities early in a child's life (Fägerskiöld et al. 2000; Hallberg et al. 2005), promote child safety (Baggens 2004), children's health (Arborelius and Bremberg 2001), and to educate the parents, so that they can cope with any parenting difficulties (Baggens 2001; De Bernardi 1995; Hallberg et al. 2005; Nyström and Öhrling 2004). The CHCs provide immunizations, health education, and regular child-health examinations. CHCs also perform screening tests to evaluate children's eyes, ears, and language-development skills (De Bernardi 1995; Magnusson et al. 2000). They also offer parent education classes so that parents can interact with other parents and with the Child Health (CH) nurse (SOU 1997).

Since the 1930s, Swedish CHCs have served children aged zero to six (Fägerskiöld et al. 2000; Sundelin et al. 2005). In the late 1940s, regular health check-ups for children were added to the list of services offered (Magnusson et al. 2000) and were a free service (De Bernardi 1995; Magnusson et al. 2000). Over the decades, CHCs have evolved from a medical, cure-focused model to a social-based model, which emphasized needed environmental

changes and facilitated beneficial social changes (Arborelius and Bremberg 2001). Despite the CHCs being voluntary (Fägerskiöld 2003), 95–99 percent of parents of young children utilize their services (Arborelius and Bremberg 2001; Fägerskiöld et al. 2000; Sundelin et al. 2005), making it a societal institution (Baggens 2004).

The Swedish Child Health (CH) program is one of the most admired European models of social democracy, since it is a free and effective service that measures the health of the nation's children (De Bernardi 1995). Part of the success of the CHCs is due to Sweden's nurse-infant-parent relationship, whereby nurses provide preventive care for infants. During an infant's first year, a CH nurse typically sees the young child 11–13 times and a physician three times (Fägerskiöld et al. 2000). By comparison, infants usually have regular health examinations six times per year in the USA, five in Canada, four in the UK, and two in New Zealand (Magnusson et al. 2000). After infancy, children in Sweden typically see the CH nurse another 4–9 times before they are 6 years old, provided there are no serious health problems (Arborelius and Bremberg 2001; Baggens 2001). Aside from routine check-ups and vaccinations, the child also has four developmental check-ups after the first year of life: at 18 months, two-and-a-half or three years, and four years (De Bernardi 1995). The six-years check-up is provided by the school heath care system to where the child's health records are transferred.

CH nurses take a family-focused view when providing care to young children. For example, during the first five business days after a child's birth, the CH nurse visits the parents and infant at their home (Fägerskiöld et al. 2000). Based on the belief that the entire family should be involved in the child's care (Baggens 2004), the CH nurse makes the home visits not only to establish a relationship with the family and infant, but also to offer advice and support, become familiar with the family dynamics and to lay the foundation for future interactions (Magnusson et al. 2000). During the initial visit, the CH nurse emphasizes the key roles both parents play (Baggens 2004).

In the 1970s, nurse-led parenting classes were introduced at the CHCs, focusing primarily on infants' growth and development during the first year (SOU 1997). About three-quarters of first- time parents attended these classes (Fabian et al. 2006). The parenting classes increased social networking among new parents, provided information on child development and health issues, imparted parenting advice, helped strengthen couples' relationships, helped build parent–child relationships, provided breastfeeding information as well as information on healthy diets, tobacco risks, and accident prevention (Fabian et al. 2006; Fägerskiöld and Ek 2003; Nyqvist and Kylberg 2000). CH nurses and parents used the parent group times in different ways, however. While parents saw the parenting groups as a way to interact and share experiences with other parents, nurses saw the classes as a way to provide information and strengthen the parent–child relationship (Hallberg et al. 2001).

Policies versus Practice: CHC Inclusion of Fathers

Staff Attitudes and Practices at the CHCs

Although it is the written policy of the CHC to include the whole family, it is often the mother who builds and maintains a relationship with the CH nurse (Fägerskiöld et al. 2000). By meeting so often during the first year, the CH nurse formed a close relationship to the parent who visited them (Fägerskiöld 2003; Fägerskiöld et al. 2000). Typically, this was the mother, since most mothers took parental leave during this time, especially because of breastfeeding (Fägerskiöld 2003). This primarily mother-nurse relationship continued and grew as the child aged, allowing mothers to readily utilize the CH nurse as a resource (Fägerskiöld 2003).

Parent group meetings at the CHCs also have limitations on father involvement. Since the parent group meetings only meet during the infant's first year (Fägerskiöld 2003), typically during the early afternoon (Scowen 2009), many fathers have not attended as often as mothers (Premberg and Hellstrom 2008), who are on parental leave, while fathers were at work (Fägerskiöld and Ek 2003; Nyqvist and Kylberg 2000). Petersson et al. (2003) found that 63 percent of mothers and 20 percent of fathers attended at least one parent group meeting. Of those attending the six sessions per year, mothers attended, on average 5.7 sessions, while fathers attended 2.8 sessions.

In reviewing CH nurses' roles to encourage parents to reduce or stop smoking, Carlsson et al. (2010) mailed a questionnaire to all of the CH nurses ($N = 196$) in two Swedish counties. The CH nurses stated that it was difficult to reach fathers, immigrant families, and socially vulnerable groups. Despite this, CH nurses did not develop any special approach to reach these groups.

Fathers' Perspectives of the CHCs

Erlandsson et al. (2008) interviewed 15 fathers about their new experiences of being a father, while the mother recovered from giving birth. Fathers described their first hours with their infants, seeing themselves as guides and protectors of their infants and stated their willingness to adapt to their infants' needs. However, despite fathers' feelings that they were necessary for their infants' life, fathers felt that the hospital staff did not fully appreciate and recognize their roles. Fathers also added that they did

not feel as though the hospital staff worked closely with them. Similarly, but with respect to the CHCs, Fägerskiöld (2006) interviewed 20 fathers to see what they needed in order to have an effective meeting with the CH nurses. She found that fathers needed to have regular meetings with the CH nurse in order to receive support from the nurses. However, some fathers preferred to consult male colleagues and friends about parenting concerns, and did not feel comfortable talking with CH nurses, as they were mostly all female. Fägerskiöld concluded that fathers believed that the nurse-mother relationship was better, since they communicated well together due to having more contact and experiences with mothers than fathers. Many fathers were unaware of what CH nurses could do for them. However, fathers who did not have male colleagues or friends to consult often sought consultation from CH nurses for advice on parenting (Anderson 1996).

Even though it is the stated policy of the CHCs to involve all members of the family, fathers may feel uninvolved with the services for several reasons. First, CHCs are only open during normal working hours (Fägerskiöld 2006), neglecting any parent who is unable to take time off from work. Second, the CH nurses, not the parents, structure and direct the home visits (Baggens 2004), which may result in the parents not fully expressing themselves or asking all of their questions (Baggens 2001). Third, when fathers do come to the CHCs, they may feel unwelcome because the CHCs are dominated by women (Olsson et al. 1998). Fourth, many conversations during the child's first months are about mothers and breastfeeding (Fägerskiöld 2006), leading fathers to not understand a suitable role they can play in the care of their infant (Fägerskiöld 2008). Fathers may feel this way because even though they consider themselves to be a significant influence in their child's life, fathers may feel insignificant due to the biological need to breastfeed, which they cannot participate in directly, making fathers feel like secondary parents from the beginning (Fägerskiöld 2008). CH nurses even see the mother as the primary parent and the father as a secondary parent (Massoudi et al. In Press; Nyström and Öhrling 2004). This view is changing, as fathers want to share the responsibility for raising their child (Ahmann 2006; Fägerskiöld 2006), but the system has not fully integrated fathers to be equal partners in their child's health care.

Discussion

The aim of this review was to see how Swedish parental leave policies have influenced father involvement in terms of participating in parental leave and at visits/activities at the Child Health Centers (CHCs). Sweden was the first country in the world to create an egalitarian parental leave policy which allowed both parents the flexibility to take time off of work to care for their children. Sweden also created the CHCs, which is a societal institution that is highly regarded and helpful in providing parenting advice and support for managing their child's health care. In spite of these direct and indirect family policies, fathers still do not participate in their child's health and care to the same extent as mothers. Mothers continue to utilize the majority of the parental leave and visit the CHCs much more often than fathers.

Receiving paid parental leave has been beneficial, but not complete, in garnering paternal involvement in their child's health care. Father-friendly policies have helped produce social change (Sullivan et al. 2009), as more fathers are taking time off of work than in the past (Almqvist 2008). Fathers started to use even more parental leave once the "daddy months" were created (Haas and Hwang 1995; Sullivan et al. 2009). There has been a slow, but steady trend over the past decade where the fathers' part of the total parental leave days has increased by an odd percent per year (Försäkringskassan 2010). However, despite these changes and the policies in place, fathers still take less parental leave compared to mothers, as parental leave is affected by social arrangements over which fathers have little control (Haas and Hwang 2009), such as company attitudes, financial circumstances, and the attitudes of mothers.

The research also points to two main barriers on why the CHCs may not effectively promote father involvement: the CHCs hours of operation and the CH nurses' attitudes. Fathers' needs are not being met, as most CHCs are only open during normal working hours, when most fathers are also working (Fägerskiöld 2006), and CH nurses are doing little to directly encourage active participation from the father during the infants' first year of life. However, when fathers' active participation is sought out, fathers do become actively engaged in their child's health care (Fletcher 2008). Directly communicating with the father, encouraging his participation for the sake of his child, and requiring commitment for certain programs or sessions have been effective in increasing father's participation in child health services (Fletcher 2008). This model could easily be used in Swedish CHCs as well. The CH nurses need to have positive interactions with both parents in order to fully support their parenting styles and offer continuous guidance (Fägerskiöld et al. 2000). CH nurses can also utilize new technology to encourage father participation. Nyström and Öhrling studied mothers (2006) and fathers (2008) as they used the internet as a parent support group. They found that mothers' loneliness decreased and that fathers enjoyed sharing and hearing other perspectives on fatherhood from other fathers. Fathers wanted to continue having parent group meetings

throughout the entire childhood period, not just during their child's first year of life.

Future Research

There is a need for longitudinal research in Sweden focusing on the predictors and correlates of father involvement. The use of parental leave and visits at CHCs are some possible measures. However, different ways of fathers' involvement should also be included, such as visiting open preschools (playgroups) with the child or participating in activities, such as baby massage, fathers groups or other sources of involvement identified through qualitative studies.

Conclusions

Swedish parental leave is highly sought after and emulated, however, it does not solely bring about change in father involvement, measured by the proportion of parental leave days and attendance at the CHCs and parent group meetings. There are some important systems and policies in place, but attitudes take a long time to change. Employers, staff and parents all need to promote father involvement to produce social change. One could say that the lesson to learn from Sweden is that official policies are a necessary, but not sufficient condition to bring about social change in the involvement of fathers in the care of their young children. Nonetheless, a visitor to Sweden will note that fathers with young children in strollers are by no means an unusual sight and there is a whole new generation of fathers soon entering parenthood whose own fathers had taken parental leave. They might be the ones bringing about the real change.

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