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**“I DON’T THINK THERE’S ANY NEEDS AT
THE MOMENT. AND IF THERE WERE, MAYBE
MOMMY COULD HELP.”**

Children’s conceptions of care and how they understand the
division of care in families

ABSTRACT

Siiri Korhonen : “I don’t think there’s any needs at the moment. And if there were, maybe mommy could help.”: Children’s conceptions of care and how they understand the division of care in families

Master’s Theses

Tampere University

Faculty of Education and Culture

October 2023

It is determined in several studies that the responsibility of care labour in families is unequally allocated between men and women. Care in families consists of all the practices done to maintain the family members lives the best as possible. Multiple dimensions of competencies are required when carrying out care. Previous studies concerning care in families focus on the distribution of care actions between men and women, and on how care labour is defined in families. This study aims to find out how young children conceptualize care in families and how they understand the division of care. This study reports 17 interviews of children 6 to 9 years old. The interviews were semi-structured and included questions on how the children conceptualize care, how they were socialized to care and their experiences of being care receivers. This study follows qualitative research paradigm and the method used to analyse the data was abductive thematic analysis.

The results show that children conceptualize care as a phenomenon occurring in relationships between people. Additionally, care is perceived as practices that transmit care. The results show that the traditional division of care still exists in families in Finland, but also that in multiple cases the care labour is divided between parents equally. Difference is shown in how mothers and fathers provide care for their children. Mother’s care is extensive, and it includes all the aspects of how the children conceptualize care in families. Father’s care is narrower and it focuses on spending time together with the children.

Keywords: Care, household labour, children, mother, father, division of care, children’s conceptualization

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1 INTRODUCTION

Tronto (2013) states that the term care is a complicated word to define. When observed it holds both private and public value and takes on many meanings. In a broad sense, care refers to all the activities undertaken to ensure the well-being and maintenance of our lives. In this study care is referred to as all the daily care practices done in a family context. There are numerous ways a family can be defined; ultimately every family has the autonomy to establish its own definition. This study concentrates on families consisting of two parents engaged in heterosexual partnerships. This context holds importance within the context of this research, as it investigates the distribution of caregiving practices through the lens of gender equality.

Previous studies conducted in the United States on household labour (Coltrane, 2000; Daminger, 2019) suggest that the division of labour between men and women in heterosexual two-parent families is unequal. According to Coltrane (2000) women do on average two to three times more household work than men. To improve equality between genders in the allocation of household labour, we need to direct our attention to children; how to raise them through socialization to take egalitarian responsibility of household labour and raising of children. Previous research on family care focuses on how household labour is allocated between men and women (Coltrane, 2000; Daminger, 2019; Käsälä & Oinas, 2019; Miettinen, 2008). What seems to be lacking in the research field is how children conceptualize care and understand the division of care in families.

Purpose of this study is to find out how children conceptualize care within the family, for example, what do they understand by the term care, and how they identify practices of care in daily situations. Additionally, this study examines the socialization practices of care labour and the allocation of roles and responsibilities among family caregivers. It will also be interesting to see if there is any inequality to be seen in the children's answers on how the caring responsibilities allocate between caregivers in the family.

Finland is perceived as a country that promotes gender equality. Finland is known of its long parental leave that allows parents to care for their infants before returning to work (Lammi-Taskula, 2008). Recently Finland has been taking steps towards more equally shared parental leave. New law concerning the division of parental leave came into effect on 1.8.2022 and the intent in this reform is to encourage parents to share parental leave more equally (Kela, 2022). Also, Finnish schools formally teach care in the means of how to carry out every day practises required to live independently e.g., cooking food and cleaning (Haapala et al., 2014). Yet, there is a question of how equal Finnish society really is, under all these laws and social guidelines. What kind of unwritten norms are there and what kind of messages do they send to the children about who is responsible of care in families.

This thesis will be conducted as a part of a research project: “From care receivers to caregivers: a developmental and cross-cultural approach to how we learn to care (2021-2023)”, coordinated by Assist. Prof. Juliene Madureira Ferreira. The project has an overall aim to understand how care is conceptualized across different age groups and cultural experiences. This thesis will contribute to the part that focuses on Finnish children aged 6-9 years old and how they conceptualize care within the family.

2 CARE IN FAMILIES AND HOW IT IS DIVIDED

The concept of care is introduced in order to better understand how care manifests in a family context. This part of the theoretical framework consists of theory on care. It is determined how care can be understood as care practices done in a family environment in addition to what kind of competencies is required in providing care. Additionally, it is discussed how care labour is divided in the society. A feminist approach is taken when dealing with the allocation of care labour in the society.

Studies that are discussed here have mainly been conducted in the United States. Fortunately, there are also studies conducted in Finland that concern the division of care. These studies have been included in the theoretical framework as well. Previous studies mainly focus on how household labour is allocated between men and women in families. Studies concerning how children conceptualize care and how they perceive the allocation of care are lacking in the literature. To address this gap in the research field, this study will investigate Finnish children and their conceptualization about the practices of family care work and the division of labour in families.

2.1 Defining Care

Tronto and Fisher (1990) in their work have created a definition for what the term care compounds. According to their definition care involves all the activities done to maintain people's lives the best possible way. This broad definition of care serves well for a general description, but it should always be specified to suit the context in which care is being observed (Tronto, 2013).

To fit the context of this study a more specific definition of care is presented. The term care is defined as involving all the everyday care practices

done in home environments. When discussing care in families the literature uses terms household labour, care work, care labour, domestic work and care practices (Coltrane, 2000; Daminger, 2019; Käsälä & Oinas, 2019; Lachance-Grzela & Bouchard, 2010; Miettinen, 2008; Sinno & Killen, 2009). This study will also use these terms when discussing theory on care practices in family settings. There has been a debate in the literature about whether the term household labour consists of both maintaining home and taking care of children (Lachance-Grzela & Bouchard, 2010). Miettinen (2008) defines in her work the term domestic labour to consist of all the unpaid caring and maintaining activities done in homes, that can be divided into three categories: Financial, social and cultural care. According to studies conducted in the research field of household labour the work done in homes involves complex and altering patterns of social relations. Household labour cannot be understood without realising its connection to gender, family roles, interactions occurring in families, and market economies (Coltrane, 2000). When care practices are discussed in this study, they involve all the tasks required when taking care of home and people living there.

Our society relies on the everyday practices done in homes to maintain a clean and safe environment for the people living there. These practices are the unpaid care activities carried out to provide food, shelter and care for children and adults living in a family unit. (Coltrane, 2000; Lachance-Grzela & Bouchard, 2010.) In the literature there can be seen a two-dimensional way of viewing care labour in families including both physical and mental labour (Tronto, 2013; Daminger, 2019). According to Daminger (2019) the physical dimension of care labour consists of the concrete care activities done in families that can be examined by timing the amount of time it takes to execute them, for instance cooking food or folding clothes. The mental care labour can be seen occurring when parents in some ways regulate their children's emotions. For example, when they maintain a cheerful atmosphere or comfort a child who is upset. What is left out when describing care practices this way is the cognitive effort required to execute these activities.

Daminger (2019) has created dimensions of care to describe the multidimensional nature of care labour that consists of components of cognitive labour. They are as follows: 1) anticipating needs,

2) identifying options for filling them, 3) making decisions among options, and 4) monitoring the results. Anticipating needs describes a process of recognising upcoming needs, possible problems or opportunities. This requires an attentive look and being constantly aware of changes in the environment related to other people's preferences. Options can be identified when a need has been detected and the process starts to generate different options for fulfilling the need. This requires cognitive effort from the individual whether the process is quick or an extensive one. Decision making is quite self-explanatory, it's when the individual decides among the options selected before. Monitoring results is when the individual foresees if the made decision carried out to a preferred outcome, did it fulfil the need in question? By this definition of care, it comes to light that the care work done in families are not just mechanic activities, but they require complex mental and cognitive effort, and labour.

Ferreira & Midgette (2023) have created a theoretical model on the psychological steps that people take when practicing care. This theoretical model is based on previously mentioned theories on the cognitive labour of practising care (Damingler, 2019 & Tronto 2013). The theorized steps of caring are 1) anticipation of and recognition of need, 2) responsibility to and deciding how to address the need, 3) competence in and acting out care and 4) assessing care delivery. Ferreira and Midgette (2023) have explained further the psychological processes under these steps of delivering care. With this theory they have explained the things that need to happen in an individual's mind in order to be able to carry out care; the cognitive effort that is required when caring for someone.

According to the theorized steps of caring by Ferreira and Midgette (2023) the first step, anticipating of and recognition of need, requires from the caregiver to bring their attention to the other being cared for. They need to be able to detect by observing the other or through a dialogue what is happening to them and what they might need in a certain moment. To observe and to be conscious about the other's whereabouts and needs at any given moment requires constant mental effort from the caregiver. To recognise a need the caregiver has to also reflect to previous information about the other, what is already known? Important aspect in recognising the needs of others is empathy. Caregiver must be able to acknowledge the feelings of others and the reasons

behind these feelings. This requires knowing the other, which is an intersubjective process dependent on experiences shared together and the availability to be fully present with the other. Ferreira and Midgette (2023) call this cognitive empathy. All these aspects compound create the caregiver's conceptualization of the needs. The needs of the other are known based on all these aspects.

According to Ferreira and Midgette (2023) the second step, responsibility to and deciding how to address the need starts with the caregiver ascertaining response to the other's need. The need has been detected in the previous step and now the caregiver should decide whether to address the need. Important part of this step is also ascertaining the responsibility to address the need. Who should and can address the need? To whom the responsibility is laid on or who takes it on is based on our society's social reality, the norms that guide our conceptions and our behaviour. These social norms produce the rules for social behaviour and for roles people take in social situations, in this case in the practice of care. This can be considered as the moral part of this theoretical model. After this comes the question does the individual want to do the things required to address the need? Does this individual have the motivation to care for the other? If the answer is yes, then a plan must be made, which consists of making a strategy for proceeding to address the need. Caregiver must dive into the information that he/she has and from that extract a plan to execute the actions to address the need. To make the response to the others need effective there must be responsiveness and communication between the caregiver and the receiver of care. The question 'what do you need' already tells much.

Following Ferreira and Midgette (2023) the third step, competence in and acting out care, is about the competence the caregiver believes he/she possesses in caring for others and the confidence in acting out care. The caregiver must comprehend the skills that are required to carry out the care action and if any assistance is required. Final step, assessing care delivery, is taken when the care action is made, and the caregiver assess the care delivery. Did the other receive adequate care and is there something that could have gone differently. There is no other person that knows if the care need was met adequately better than the care receiver. This part is rarely addressed in relationships, other than between parents and small children. It requires strong

trust bonds between people and a genuine interest in how the care was received.

The concept of the ethics of care has been raised in some literature which discusses care (Tronto, 2013; Rogers & Weller, 2012; Robinson, 2011). The ethics of care describe how care can be perceived morally including both personal level care and institutionalized care (Tronto, 2013). According to Robinson (2011) in the ethics of care there are two dimensions to caring; the ethics of care and the practices of executing care. Moral is included in the actions of providing care for others. This manifests in relationships; people have a responsibility to one and the other. For the relations of care and its quality, it is essential to consider the moral aspects of caring. According to Tronto (2013) care work is not only the daily care tasks executed in private situations, but a part of larger construe of institutionalized care practices. The framework of the ethics of care has been used in many different fields of study. Also, in the context of this study it is important to acknowledge the aspect of moral in the care practices.

2.2 Feminist approaches to family care

Studies (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Sinno & Killen, 2009; Tronto, 2013) mainly conducted in the United States declare that despite the increasing number of women working outside home in paid employments the care practices in home environments are still commonly seen as “woman’s work”. It is confirmed in these studies that women do significantly more household work compared to men in heterosexual partnerships living as a family unit (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Sinno & Killen, 2009; Tronto, 2013). According to Miettinen (2008) in Finland there can be seen a same kind of allocation concerning household labour; studies concerning the time used to execute household tasks suggest that women perform two thirds of the household labour in families. This although men in Finland have been increasing their involvement in household labour in the past decades at the same time as women’s involvement in the work market has increased and their time used in household work has decreased.

Miettinen (2008) states that unequal allocation of care labour can also be found in the way household labour tasks are divided between men and women. Fathers involve themselves more in the care activities that are considered fun, for example taking part in children's hobbies and not so much in the more ordinary repetitive household tasks. Lammi-Taskula and Salmi (2009) use the term "mother's double-burden", when describing the workload that is carried by women who work outside of home in addition to doing most of the household tasks at home. In Daminger's (2019) study on the cognitive dimension of care labour it is being confirmed that in families women take on most of the cognitive burden of caring for the family's needs. It is presented in these studies that most of the duties concerning the care practices being executed in the home environment fall on women more than men. Why and at what cost? Feminist approaches to the theory of care intend to acknowledge this dimension of inequality in society.

Tronto (2013) argues that the way the responsibility of care is shared in a society is a political matter that shreds beyond private care situations. Long have the people in marginalized positions been burdened with majority of societies' care work and that has been only beneficial to the ones unburdened. The profound assumption that caring is natural and the ones that are naturally caring are also the ones responsible for care makes women take on the weight of caregiving in society. When caring is seen as feminine it has the same effect on how and to who the burden of the care work is laid upon. This same mechanism can be found when observing care work in families. Miettinen (2008) suggests that because household tasks are socially and culturally allocated into tasks that are perceived to be feminine and others masculine, it can be difficult to choose to execute tasks that through societies lenses project things that you don't consider yourself to be.

According to Anttila (2012) the societal ideas and rules concerning household labour are divided into feminine and masculine, and this allocation has been created through historical development. These rules that have been developed and created are the socio-cultural structures and contracts that define how the gender is ordered today. In these contracts it is defined what is women's work and what is men's work. Usually, household work is based on silent contracts between family members, and they draw from the societal way

work is divided. It is included in this division, that men's work is more valued than women's work. This can be seen how the household work is divided between men and women; women usually do the invisible, repetitive and continuous work which is seen less valuable. According to Tronto (2013) caring in our society is gendered and therefore care is seen as women's work. Ideologically to be feminine is to care and to be masculine is to not care. This ideological assumption that is involved in the stereotypical understanding of sexes doesn't mean that men do not care or that all women know how to care well, it only exemplifies how the gendered vision of care presents itself in our society and ultimately in our actions. This way of thinking gives men a pass from the responsibility of care and maintains the image of women being naturally good at caring.

It is important to consider what consequences this unequal allocation of care has on families. According to a study by Lammi-Taskula and Salmi (2009) that investigated how the division of household labour is perceived in families suggests that women are more discontent in the allocation of household tasks than men. It was also confirmed in this study that women's dissatisfaction increased conflicts between partners in families. Conflicts considering household labour have straightforward effect on the satisfaction in partnerships that also contributes to the overall state of the well-being in families. Experiences of fairness and equity in romantic partnerships is an important factor that contributes to the feeling of contentment in those relationships (Coltrane, 2000; DeGroot & Vik, 2020). Anttila (2012) states that the fact that working women also do most of the household labour in homes burdens women and takes up a big part of their free time. This allocation can also have a different kind of effect; the way women adopt a role of a doer and a decision maker in families leaves men to remain as passive receivers of care services.

3 CHILDREN AND CONCEPTUALIZATION OF CARE

This study focuses on how young children conceptualize care. We have now shown that care is a complex concept consisting of multiple different kinds of theoretical areas. There is little information on how children conceptualize care and from that point of view this type of research could be argued to be crucial. Further in the theoretical framework of this study, there will be an attempt to shed light on how children understand and explain abstract concepts and how they comprehend moral issues in the context of caregiving, e.g., how children tell apart right and wrong in social interactions. The aim of this type of theorization is to argue that children do know how to reflect and understand social constraints and make moral judgements as well as create concepts based on their experiences. The next part of the theoretical framework consists of theory on socialization and social learning, moral development of children and children's capacity to conceptualize abstract matters.

3.1 Children and social learning

3.1.1 Defining socialization

Keel (2016) defines socialization using two main paths of research from the past decades. Socialization can be seen as the way individuals are integrated to the existing social world and to its behavioural rules. This way of understanding also involves the idea of how individuals through socialization learn to reproduce social norms in their own lives. Socialization occurs through social, economic and cultural environment that influences individual's development. Socialization directly affects the development of an individual and how the individual integrates into the given societal reality. The second path of

investigation takes on a more active way of seeing the individual. In addition to merging into the existing norms of the society and social interaction individuals reconstruct the social world through dynamic interactions. Emphasis is on the agency of individuals and how they by their own contribution build their lives.

Settersten and Owens (2002) also see this two-path way of conceptualizing socialization in the research field of socialization. The origins of the research concerning socialization and its concepts are in psychology, anthropology and sociology. According to these the main paths of research a successful socialization happens either through adaptation and conformity or construction of identity. To adapt and conform in society one must internalize the formal and non-formal rules of social interaction that exist in certain groups of people. By doing this an individual can gain a sense of belonging, and the groups culture can then be transmitted to the next generation. In the opposite side of conceptualizing socialization is seeing individual as an active agent in their own lives constructing their identity and self-concepts via social settings. Yet either gently guided or forcefully ruled socialization uses social control to maintain social order in a society. So, socialization should maintain predictability in a society by both restricting and giving options to an individual which remains as a contradiction in the societal world.

According to the literature examples (Keel, 2016; Settersten & Owens, 2002) given above socialization is the main path of transmitting rules of behaviour and culture to the next generations. Ideas differ in how the individual is seen, as a conformer to social norms or a holder of self-agency. These both conceptualizations of the individual may exist concurrently in our historic time but only having varying forms of emphasis. For this study it is important to explain how children learn and internalize the existing constructions of behaviour.

3.1.2 Children learn through social interaction

It is important to recognise that human experience occurs in a social context (Settersten & Owens, 2002). So, as learning is a part of human life, it needs to be observed through the lenses of social interaction. Settersten and Owens (2002) also note that the social context in which the human experience happens

can be a non-formal situation or an organized one. Children learn social, emotional and cognitive skills as a result of integration of multiple different social systems, them being for instance family and school context as well as general cultural guiding streams of society. A social context that aims to teach social norms through formal and organized situations can for instance be a school environment (Omi et al., 2014). In the Finnish schooling system, there is a formal teaching of care as a form of teaching adolescence how to cook and maintain a clean home, and how to take care of themselves (Haapala et al., 2014). Also, the efforts that Finland contribute to teaching and supporting new parents on taking care of their baby are a form of formal teaching of care. The attendance to this formal teaching of care provided by the state is enacted in the law.

According to Omi et. al. (2012) a term family means a unit of people connected by relationships. The relations can be formed by blood ties, marriage or adoption contracts. Important for the definition of a family is that a family unit shares biological, educational, social and protective functions that influence the family members development and welfare. Family is seen as a system that carries out interactions between its members. These interactions involve different kinds of aspects of social roles and power as well as structural hierarchies. A non-formal social context is viewed when observing care in families and how children learn to care.

Children learn through social interactions the values a family shares and the contents that construct the family culture, and from which they extract matters into their own behaviour (Omi et al., 2014). For this study it is important to theorize how do children learn to care through these social interactions that occur in families. According to Rączaszek-Leonardi et al. (2013) children learn and form internal models by imitating and internalizing other's actions. By learning through social interactions children also learn to predict other's intentions. This way children learn the important cooperative skills that are required when aiming to purposefully interact with others. To learn to engage with others in meaningful actions, children need help from their caregivers. Rączaszek-Leonardi et al. (2013) argue in their research that by taking part in shared events where the child's actions are being incorporated in a dialogical incident between a mother and a child, they are being made a part of a

purposeful entirety. With these same mechanisms that occur in social interactions children learn the norms of taking care of someone and internalize the action models that are required in caregiving. Omi et. al. (2014) states that there are multiple actors in children's lives that contribute to the learning of the skills required in everyday life. They can be parents, grandparents, siblings, friends or teachers, and the learning can happen in many different scenarios. Through these learning experiences children develop an understanding of the surrounding world and how to live in it.

Sinno & Killen (2009) have studied how children perceive stereotypical roles concerning gendered division of labour in families. They intended to find out how fixed the stereotypical views on caretaking and working outside of home are from the children's point of view. According to Sinno & Killen (2009) more flexibility was seen in how the children perceived their mother's involvement in the work market and less in the father's role as a caregiver. Caregiver duties were laid more to mothers because of this perception of fathers being less competent as caregivers. Additionally, Schuette & Killen (2009) discovered that young children use social-conventional reasoning concerning household tasks. Gender stereotypical views on household labour turn more dominant when children grow older. Concerning this the early ages of childhood are important when teaching children about the gender roles and tasks involved in those gendered perceptions.

3.2 Children and moral development

According to Nucci (2001) morality can be understood as the knowledge of right and wrong. Moral action requires from an individual some kind of cognitive process that resolves into acting out of a will to do the right thing. It has been debated if a heroic action is a moral deed if the action occurs as a result of an accident or a reflexive function. Volition can be perceived as an important aspect when determining whether an action is moral or not. Also, emotions play great part in morality as people often perform emotionally loaded actions. Emotions guide people into moral actions. Moral debates and morally charged considerations start from early childhood as creating these thought processes begins, and these continue to old age.

Nucci (2001) argues that when philosophically considering morality, there needs to be a consideration of an intent. Prescriptivity and universality are the two related ideas that compose intent. They together generate an understanding of moral which carries an objective perspective. This means that morality holds objectively general rules for all people to follow. Morality is not plainly something that can be defined from an individual's subjective perspective. Despite these philosophical ideas people differentiate in how they reason moral situations and how they evaluate moral actions.

Even young children produce moral considerations for instance about issues of fairness in their peer relationships (Nucci, 2001). According to Nucci et. al. (2017) Piaget's research on the development of children's moral judgements is the starting point to investigating how children's moral develops. Children's morality develops through three stages that are premoral stage, heteronomous moral thinking stage and autonomous moral thinking stage. In early childhood children judge moral conflicts through heteronomous moral thinking, meaning children see moral situations as fixed. Things can be either right or wrong, and the base for their reasoning is authority and rules set from above. Rules for morality in this stage don't separate harm or fairness from the social norms and authority. Children don't make judgements based on person's intentions but based on the outcome of a situation. This can mean for example that children judge a harmful deed done unwittingly to be more wrong than a purposeful one, even when the latter's outcome can be seen as less harmful.

According to Nucci et. al. (2017) when children continue towards the autonomous moral thinking stage their way of making moral judgements evolves into considering aspects of equality, fairness and people's intentions. Moral situations are not seen as fixed anymore and the outcome's fairness and impact for welfare triumphs social rules and authority. According to Piaget the stage of autonomous moral thinking starts in late childhood or early adolescence. However, the understanding of children's moral development has evolved.

According to Nucci et. al. (2017) the way children are perceived as judgement makers has changed. The domains of judgement develop alongside each other, and even young children know how to make distinctions between what is fair and what is a social norm. It has been proven in studies that children

as young as 4 to 6 years old don't use fixed rules or social conventions as the base of their moral judgement. Young children don't make their moral judgements from just one point of view as Piaget suggested in the description of heteronomous stage of moral thinking, they take into consideration welfare, justice and people's rights. When looking at children as judges of moral scenarios it might be considered that they are incapable of taking into consideration the intentions behind actions and the aspects of moral behaviour as they should include fairness, justice and consideration of good life. According to Midgette (2020) children actively make judgements about issues of fairness and justice concerning household labour distribution in families. Children judge the division of household labour as fair or not fair in different kind of distribution examples. These study examples bring to light that even young children know how to distinguish morally justified actions from socially conventional behaviour.

Previous study examples that were discussed above (Nucci, 2001; Nucci et. al., 2017; Midgette, 2020) suggest that children can comprehend the morality that is included in how the care responsibilities are divided between parents in families. Children are proven to be capable of making moral judgements. This increases credibility that children can be seen as narrators of care work in families. Thus, children can be assumed to be capable of assessing the fairness in household work distributions.

3.3 Children, abstract concepts and reasoning

According to Borghi et. al. (2018) abstract concepts vary in the degree of abstractness but when compared to non-abstract concepts they have a great deal in common. It is usually challenging to attach a single image to describe an abstract concept as they contain multiple layers of different dimensions. Abstract concepts generally refer to complex situations that include many different objects and entities.

The focus on this thesis is on the term care and as it has been concluded earlier, it consists of multiple dimensions and complex entities. Thus, the term care can be considered as an abstract concept. When compared for example to a word "chair" that has a single image to be associated with, the term care doesn't have just one. How do children understand the term care that holds

complex entities and cannot be attached to just one image? To be able to comprehend abstract concepts sophisticated thinking feats are required (Barrouillet & Gauffroy, 2013). How children manage these complex thought processes is being investigated further in the next chapters.

According to Barrouillet and Gauffroy (2013) it has been proven in studies in the field of psychology that children as young as school-aged, preschoolers and even toddlers obtain an unexpected capacity to reason and create knowledge. These studies have risen from the Piaget's research tradition, that focused to investigate how we as humans learn to make sense of the surrounding world. Contrary to Piaget's legacy it has been confirmed in multiple studies that even young children possess abilities for instance to think counterfactually, reason analogically and conditionally reason abstract matters.

According to Barrouillet and Gauffroy (2013) thinking counterfactually refers to a thinking process that occurs when people imagine alternative possibilities for the existing reality. People tend to think of alternatives to already occurred events; what could have been if something would have happened differently. This counterfactual thinking can be used for example to create "if only" thoughts or to imagine what could have been if something bad didn't happen. Along with adults, also children know how to imagine alternative realities by adding or removing something from the existing reality in their minds. This requires imagining two possibilities for the way things are.

Meehan and Byrne (2013) have studied counterfactual thinking from a developmental point of view. They have investigated that the mental shift towards counterfactual thinking begins early in the children's lives. Three- to four-year-olds can already envision an alternative reality by adding something to it and a four-year-old knows also how to remove something existing from the reality. Counterfactual thinking results to children being able to make conclusions of given situations, for instance when given a description of an event and then asking how the event could change if something was removed from it.

Also, analogical reasoning was thought to occur later in children's lives when looking into Piaget's research (Barrouillet & Gauffroy, 2013). Goswami (2013) argues that children obtain the skill of thinking analogically as young as three years old. Analogical reasoning occurs when connections are created

between items and incidents. Then analogies are generated from the created perceptions. In Piaget's research on item analogy, he studied children aged 5 to 12 years old by giving them pictures of items to sort into pairs. To be able to successfully carry out this task children needed to be aware of the causal and the functional relations between the given items. Based on his study Piaget concluded that analogical thinking doesn't begin until early adolescence when reaching the stage of formal operations.

Goswami (2013) argues that because the children weren't familiar with the functional and the causal relations between the items on which the analogies on the experiment were based on, they struggled to create correct item pairs. If the experiment had been designed to test item analogies using items that are highly familiar to the young children, they would have been able to create correct relations between the items. The capability to solve item analogies doesn't rely so much on the capacity to manage operations than it does to being familiar with the relational structure between the items (Barrouillet & Gauffroy, 2013).

Markovits (2013) argues that abstract conditional reasoning is a human ability to conduct inferences based only on verbal knowledge. Opposed to analogical reasoning it has been found in several cases that even highly educated adults sometimes struggle with abstract reasoning and end up making fallacies. Abstract reasoning means a capacity to make logical inferences from abstract premises and it is one of the most important factors of advanced reasoning. Abstract reasoning allows people to make inferences even when processing knowledge that they are not already familiar with and that is beyond their local context. In the modern world this type of reasoning is necessary because it involves many abstract concepts that exist beyond our daily living environment.

According to Markovits (2013) the ability to perform the simpler and more concrete forms of conditional reasoning begins in the ages between six to eight years old. By adding a minor premise to address if P then Q premises children can arrive to a logical conclusion. Schemas created on concrete level aid children to operate on more abstract levels. With knowledge of the categories of the presented premises of P and Q, children can create schemas that help them in reasoning more correctly. For example, a premise of "if an animal has four legs, then it is a dog" may cause a child to consider the premise to be true, but

a child who has knowledge about the category of four legged animals manages to consider if the animal was for instance a cat. The ability to reason conditions that are fully abstract develops in early adolescence but the capacity to entirely avoid fallacies is not self-evident even to highly educated adults.

What can be conducted from the assessment of these cognitive processes is that from the developmental standpoint it can be argued that the developmental starting point occurs earlier than perhaps previously presumed. Relatively young children manage to perform quite complex reasoning processes if the context is familiar enough (Barrouillet & Gauffroy, 2013). To gather information on how well children process complex matters it is to be noted to use concepts that are known for the children. Considering this theoretical notion, care in families should be approached from a context familiar to the children that are the target of this study.

4 FINLAND, A FORERUNNER ON FAIR DIVISION OF CARE?

In the context of this study, it is relevant to delve deeper into the Finnish social environment concerning how care work is allocated in families. Many states in European Union have statutory paid parental leave, but Finland, among other Nordic countries, has been a forerunner on providing employed parents a paid leave to take care of their infant baby since the year 1970 (Lammi-Taskula, 2008; Eerola et al., 2019). According to Lammi-Taskula (2008) the aim of the parental leave has been to provide an opportunity to both parents to be involved in taking care of their baby at home, but statistics show that mostly women take the leave. When compared to other Nordic countries Finland's progress towards equally shared parental leave has been slower, despite the high participation rates of women's involvement in the labour market and their high education levels. Recently the aim of the development of parental leave in Finland has been making changes in the legislations so that fathers would start using more of their share of the leave.

According to Lammi-Taskula (2006) Nordic countries have tried to increase father's involvement in taking care of their offspring through legislation changes. The choice for how the parental leave is divided is not for the parents to decide fully anymore; a part of the leave is reserved to fathers use only. This part of the parental leave is called father's quota and since its introduction the levels on fathers taking the individual paternal leave has risen (Lammi-Taskula, 2006; Eerola et. al., 2019). According to Lammi-Taskula (2006) the intent is to affect the way men and women position themselves in work market and at home. One of the problems that the paid parental leave has had in Finland is how the leave is financially compensated compared to the wages. In Finland the compensation has been 70 % of the total wage and this has affected how much

fathers use the leave. Men earn typically more than women in Finland. This may guide mothers into taking more of the leave than fathers.

Miettinen (2008) argues that when investigating how household labour is allocated in Finland between heterosexual partners in a family unit it should be noted that Finnish women participate in the work life nearly the same as men; in the 21st century women's attendance in the labour force between ages 20 to 44 years old was 80%, when men's in the same ages was 88%. When compared to many other European countries majority of Finnish women return to work field comparatively quickly, when their child is 1.5-2.5 years old due to the Finnish welfare system's providence of mothers-leave, parental leave, and state sustained day-care system.

According to Miettinen (2008) it has been noted in studies that when women's participation in work life increases and the general educational levels rise, the allocation of household labour should become more equal. In Finland this putative development towards more equally shared household labour has been slower than expected. Why could that be? Like it has been declared before in this thesis the underlying social and cultural rules of gender roles and norm compatible behaviour affects the way people live their lives. Miettinen (2008) argues that the concepts of what is expected of women and men in a society are different and these concepts are internalized early on in life and have an effect to the choices people make in their adult lives. It has been confirmed in studies that even young girls participate in household tasks more than boys. All these concepts of what is expected of girls and boys, women and men, impact the way people in their lives contribute to maintaining a household and how they choose via their actions to care for their family.

When considering all the aspects introduced above it seems that Finland has come a long way when reaching for equally allocated domestic labour. Yet, there still exists social norms and roles about who is more responsible to carry out all the unpaid labour done in homes. Hiilamo (2006) argues that how well a state manages their family policy issues is a question of equality. Perhaps by adding more changes to the legislations that guide how parental leave is divided in families and by raising awareness about the attitudes concerning care work, Finland could improve the allocation of care work towards equality.

It has now been discussed what care is in families and how it includes many issues that tie it to questions of equality, and what aspects affect children's conceptualization of care and its division in families. Additionally, it has been discussed how Finland can be perceived through the lenses of equally shared care labour in families. The study examples explain how care is defined as practices that occur in a family context (Coltrane, 2000; Lachance-Grzela & Bouchard, 2010) and that the responsibility to carry out these practices is not equally shared between parents (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Sinno & Killen, 2009; Tronto, 2013; Miettinen, 2008; Lammi-Taskula & Salmi, 2009). Children learn to care through socialization that occurs in formal and non-formal contexts (Settersten and Owens, 2002). It has also been argued that children have the capacity to understand the concept of care and make moral judgements about it, when care is observed in a familiar context for the children (Barrouillet & Gauffroy, 2013; Nucci, 2001; Nucci et. al., 2017). In this instance care is being investigated in the context of families in which the interviewed children live in.

Based on the theoretical areas introduced in the theoretical framework, it is suggested that children could have something important and interesting to say about care in their families and how the care work is divided from their perspective. Their perspective as care receivers could contribute to how care is understood to occur in families and how the division of care work manifests itself.

5 OBJECTIVE

The research on the division of household labour suggests that even to this day mainly mothers carry the weight of care responsibilities in families both in the United States and in Finland (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Lammi-Taskula & Salmi, 2009; Miettinen, 2008; Sinno & Killen, 2009; Tronto, 2013). The research on the division of household labour has been carried out by studying adults that share the care responsibilities in a family environment. The research field lacks studies that focus on how young children conceptualize care and how do they perceive the division of care. Because of this gap in research this study's aim is to find out how children conceptualize care within the family and how the responsibility of care work is divided in families from the children's perspective.

Research questions this study aims to answer are:

1. How do children conceptualize care within the family?
2. Who do the children say is responsible for the care within the family and how do they see the division of household labour in their family?

6 METHODOLOGICAL FRAMEWORK

This study follows qualitative paradigm as its target is on the meanings the children make of care within the family. Qualitative research studies meanings people create in a specific context and aims to generate knowledge derived from them (Braun & Clarke, 2022). This study focuses on finding out and describing the meanings children give to care and how they perceive care practices in family context.

This study is conducted as a part of the research project: “From care receivers to caregivers: a developmental and cross-cultural approach to how we learn to care (2021-2023)”, coordinated by Assist. Prof. Juliene Madureira Ferreira. This study will be using data that has already been collected as a part of the ECEPP care-project. As an analysis method this study uses abductive thematic analysis to draw out themes from the database (Thompson, 2022). The themes created in the analysis process will answer the research questions that have been set for this study.

6.1 Qualitative research

According to Cohen et. al. (2018) qualitative research understands humans as subjects that make meaning from their individual experience of the world. Through interpreting for example aspects of social encounters people construct meanings that are derived from those encounters. People use these meaning constructions to understand phenomena occurring in their lives. The world of meaning can hold multiple existing realities at the same time. Eskola & Suoranta (1998) state that people understand the surrounding world through meaning making processes and meaning constructions.

This study follows qualitative research paradigm that offers a profound understanding of people’s behaviour, attitudes, intentions and meanings they

make about surrounding phenomena (Cohen et. al., 2018). According to Braun and Clarke (2013) in order to successfully conduct qualitative research, one must obtain a qualitative sensibility. Meaning that the researcher should approach information critically, reflecting and questioning the knowledge received and being genuinely interested about the meanings under investigation. At the same time, one should be aware of their own role as the researcher and of the possible pre-assumptions that might affect the study, are important aspects of doing qualitative research.

Qualitative research is a process that consists of setting the framework for the study, choosing an appropriate method for data collection, collecting data, and then analysing it (Cohen et. al., 2018; Braun and Clarke, 2013). However, conducting qualitative research is not a straightforward process as it often requires the researcher to go into different directions in order to gain the intended information (Braun and Clarke, 2013). In this study qualitative research method was implemented to investigate how children conceptualize and understand care in families. To reach this objective, it needed to be understood how care is perceived and how does it look like in the data provided by the children. The concepts the children gave to care are based on their experiences of the world. These concepts are the interest of this study. Cohen et. al. (2018) states that concepts are important tools for research. Experiences that people have come to mean something through concepts. The perceptions are determined by concepts people use, and this can vary between people.

Critical theory is used to describe how the researcher positions themselves through the research process. Although it cannot be said that this research is done by using critical theory as a methodological framework, it is being utilized to showcase how this research approaches the issues of equality that are connected to the objective of this study. According to Cohen et. al. (2018) critical theory seeks to unravel the power constructs that exist in society and to reform these unequal social constructs. In this study the inequality involved in care labour in a society is recognized and understood as a matter that effects the way care is inspected. This study doesn't aim to change the way care responsibilities are laid in the society, but to bring awareness and new ideas to how care is understood and how it is divided in families. In this same sense it is to be noted how feminist approach to research effects how the

objective of this study is viewed. Cohen et. al. (2018) state that feminist research focuses especially to investigating issues concerning differences in how genders are treated in the society. Feminist research seeks to give voice to the ones in marginalized positions. This study is influenced by feminist research as it views care through gendered vision.

6.2 Data

The data consists of databank collected in Tampere area for the ECEPP care-project. The interviews were collected from children between 6-17 years old. Recruitment process was carried through open calls advertised in local schools in Pirkanmaa area and through open info services at Metso Library, Tampere University Library, and different local youth centres. The interviews were scheduled according to families' requests, and children participating in the study were compensated for their time with a voucher for a movie ticket. The interviews followed protocol that had been constructed using focus group pilot study and it included three main topic areas: 1) how they conceptualize care, 2) how they were socialized to care and 3) their experiences of being care-receivers. The interviews were semi-structured. 17 interviews were selected from the databank to be analysed in this study. The data (=17) consisted of 107 written pages of text.

6.3 Participants

All interviewed children were from two-parent households and all, but one had parents in heterosexual relationships. The one differing child had parents in same sex relationship. The databank collected for the ECEPP care-project contained 55 interviews and some narrowing down was done to make the data more manageable and to specify the study sample. Interviews that were selected from the data to be analysed in this study (=17) were interviews of children aged between 6 to 9 years old. This type of narrowing was carried out of personal research interest that was to focus on children under age 10 as they might have somewhat different ideas of care in families that children closer to adolescence might have. There were 18 interviews of children 6 to 9 years old.

When conducting the analysis process, it became clear that one of the interviews was not usable due to the child being unable to answer any of the interview questions. This interview was not taken into consideration in the analysis and the final sample size in this study was 17 interviews.

What should be considered when studying children and the conceptions they give to certain phenomena? According to Christensen and James (2017) long have children's experiences on life were investigated through the understanding of adults. Today it is seen that children possess important information concerning their own experiences of the events in their lives. The methods used should be considered when gathering information from child participants. What type of a way of communication resonates with children enough to be able to understand them fully. In this case the interviews were held in an environment of their families' choosing. Most of the interviews were held in the children's homes. The interviews advanced in a pace that was controlled by the children in a way that they could determine if they wanted to answer certain questions and if they wanted to proceed to the next ones.

6.4 Abductive thematic analysis

This study follows abductive thematic analysis process to analyse the gathered data and to answer the research questions set for this study. According to Thompson (2022) abductive research settles to middle ground when compared to inductive and deductive research design. When using an abductive approach to analysing gathered data the researcher doesn't view the data with prior assumptions nor examines it through some specific theoretical lens determined beforehand. When using an abductive methodological approach, the theoretical variables that are to be scrutinized have been discovered through a theoretical understanding of the themes being investigated when viewing the collected dataset. The gain from following the abductive way of viewing the data is that it prevents the researcher from getting caught up in irrelevant information for the study's objective.

In this study the function for abductive research approach is exactly that, previous research on the subjects in the theoretical framework of this study guide the analysis process. According to Thompson (2022) previous research

gives a baseline from which can be defined what the researcher should be looking for in the data and what is interesting. Also, the freedom that abductive approach gives to the researcher to carry out the analysis and to create new knowledge is useful when compared to deductive approach in which the analysis is conducted through the lenses of already created theoretical understanding. By being free from preset theoretical frames more possibilities are given to create results that truly express the data. For this study and its research questions, this type of structured freedom is useful because of the nature of the themes that are being investigated.

Thompson (2022) has created a step-by-step guide for abductive thematic analysis, which is being followed in the analysis of this study. The steps are 1) transcription and familiarisation, 2) coding, 3) codebook, 4) development of themes, 5) theorising, 6) comparison of dataset, 7) data display and 8) writing up. Each step is now explained further and described from this study's point of view.

Following Thompson (2022) the first step, transcription and familiarisation, means a process in which the collected data for example interview audio recordings, are being transcribed in full. Researcher can choose to do the transcription themselves or use auto transcription tools. Transparency when conducting the transcription is crucial and it should be considered in all the stages of the analysis process. When the transcription has been successfully done, the next step is to get familiar with the data. This requires active reading through the data to understand the meanings behind the narratives. During this reading the researcher can already begin to outline meaningful lines and this way notice potential patterns and codes in the data. Braun and Clarke (2022) describe familiarisation by using terms immersion and critical engagement. Immersion takes place first and it means the process of the researcher developing a profound understanding of the content of the data. After this the researcher must begin to develop more critical engagement towards the dataset. This process requires time, and it should not be presumed to happen without effort. The third stage Braun and Clarke (2022) mention to be part of the familiarisation process is making notes related to the dataset. This study uses pre-collected interview audio recordings that have been transcribed by the ones who conducted the interviews. Due to this the analysis process in this study

starts with familiarisation. Braun and Clarke (2022) mention that the stage of familiarisation is especially important when the researcher has not collected the data themselves. The familiarisation should include multiple re-reading through the dataset to really get immersed with it. This being the case in this study the familiarisation could have been the most crucial part of the analysis process in order to truly understand the dataset.

Second step taken in the analysis of this study was coding (Thompson, 2022). The study used ATLAS.ti 23 analysing tool to analyse the dataset. By coding Thompson (2022) means highlighting certain sentences or paragraphs to make into codes. Codes are the smallest unit of the analysis process and from them the researcher will create the themes that will depict the data (Braun & Clarke, 2022). Thompson (2022) argues that when coding the researcher should go through the data multiple times. This will help with going deeper into the analysis as it becomes clearer each time what kind of codes will emerge from the data. In the context of this study the coding was done in multiple rounds of making the codes to the dataset. The first round made it more clear what kind of codes there was to be coded in the dataset and the following rounds were carried out to make sure everything relevant was taken into consideration when creating the codes. In the end of the analysis process there were 223 codes to be considered in the next steps of the analysis process of this study.

According to Thompson (2022) third step of the abductive thematic analysis process that this study follows was making a codebook. Codebook is created to clarify the criteria used to create the codes when analysing the dataset. What this meant for this study was that during first round of creating the codes, the codes were simultaneously made into a codebook. The purpose of making the codebook is that it offers guidelines when to use a certain code and when not to use it. This step was especially helpful when coding the data as it ensured that same coding rules were implemented throughout the analysis process.

Following Thompson (2022) fourth step in the analysis process was the development of themes. Themes are created to portray the data in meaningful ways and without them, the story behind the data would not be fully understood. Braun and Clarke (2022) explain that themes are created by combining codes

through interpretation and reflection over the data. Also, creating a mind-map of the patterns across the dataset can help to identify and to create meaningful themes for interpreting the data. Making mind-maps and doing rounds of creating first initial themes, followed by arriving at the final themes tell the story of the dataset in a meaningful way.

Following Thompson (2022) after the development of the themes, it was time to glance over the theoretical framework of this study and to see what kind of connections the empirical data and the theory had. Through cognitive engagement with the themes and the theory it can be concluded that there either are overlaps and connections between them or new theoretical areas may be revealed to examine. There were certain theoretical themes that emerged from the data and connected well with the theory of this study. Also, new viewpoints and theoretical areas were discovered in the analysis process and some careful adjustments were made to the theoretical framework.

Comparison of the dataset is the next step when following Thompsons (2022) guide to abductive thematic analysis. Additionally, quantification was added in the analysis process in order to understand how many times some element of the dataset was mentioned (Saaranen-Kauppinen & Puusniekka, 2006). According to Eskola and Suoranta (1998) a form of quantitative research can be applied into qualitative research as quantification. Straightforwardly it is counting mentions in the dataset to understand the relationships between different aspects of the data. Comparing different kinds of aspects of the data and counting the quantities made the analysis process and the creation of the results more reliable.

According to Thompson (2022) last steps of the analysis process were displaying the data and writing up the themes and the theorization as the results of this study. A figure was chosen for the data display and the themes, categories and sub-categories added to it. The written results section explains the results of this study and connects them to the theory. Selected quotations were added to help in providing explanation to the empirical findings.

Original transcript

T: Right. What about- otherwise, within the family, what might it look like in general?

P: Like, cleaning up someone else's mess, and filling the dishwasher-

T: Yeah.

P: And taking out the garbage.

T: So, doing some housework too, and sharing them a little bit. Good, well said. And what about, what- what would good care be like, or bad care, in your opinion?

P: Well, bad care is like, if you give only a little food or something. Like, you don't really take care properly. Then good care is, like, to change the hamster's bedding completely.

Codes	Definitions	Examples
Household chores	Household chores expressed as equivalent to what care is	"Filling the dishwasher." "Taking out the garbage."
Taking care well of someone	Taking care well expressed as equivalent to what care is	"Change the hamster's pedding completely"
Not feeding someone	Not giving food expressed as equivalent to what bad care is	"If you only give a little food."
Not caring properly	Not caring properly expressed as equivalent to what bad care is	"You don't really take care properly"



Codes	Subcategories	Categories	Theme
Household chores	Daily routine	Care practices	Children's conceptualization of care
Taking care well of someone	Doing things for others	Care as relational process	
Not feeding someone, not taking care properly	Neglecton of children's needs	Bad care	

Figure 1: Illustration of the analysis

Theme 1 "Children's conceptualization of care"									
Categories	Care as relational process			Care practices			Bad care		
Sub-categories	Doing things for others	Physicality of care	Intentionality of care	Daily routine	Non-requested care	Boundaries and restrictions	Neglect of children's needs	Ignoring children	Children's rights are missed
Codes examples	Helping someone, caring for someone	Hugging, doing things together	Being kind, care taker is happy	Feeding, household work	Finding if lost, surprises	Giving permissions, setting restrictions for screentime	Not feeding, not letting outside	Leave outside of things	Doesn't take to doctor, not letting to go to school
Theme 2 "Children's understanding of division of care labour"									
Categories	Mom and dad care together		Dad as caregiver		Mom as caregiver		Additional caregivers		
Sub-categories	Equal division of care	Both parents as capable caregivers	Care as time spent together	Dad the fun parent	Caring extensively	Mom's care is given	Siblings as caregivers	Pet as caregiver	
Codes examples	Mom and dad answer to all caring needs	They have known me for long time, adults take care more	Spend time together, support in hobbies	Agrees to suggestions, fun activities, rough play	Feeding, worrying, helping, caring	Always helps the most, sees everything	Defends me, comforts me, plays with me	Comforts me, plays with me	

Table 2: Results

7 RESULTS

The results of this study consist of two main themes that are “children’s conceptualization of care” and “children’s understanding of division of care labour”. These themes are further divided into categories and sub-categories. Theme 1 is divided into three categories that are “care as relational process”, “care practices” and “bad care”. Theme 2 is divided into two categories that are “perceived division of care labour” and “best practices of care”. The categories are further divided into sub-categories that explain the results.

7.1 Children’s conceptualization of care

7.1.1 Care as relational process

The first category “care as relational process” (table 2) explains the children’s ideas of care, how they perceive care, how do they know someone is caring for them and what meanings the term care has from their perspective. According to the analysis the children perceive care as a relational process that occurs between people.

The first sub-category “doing things for others” explains children’s answers where they describe caring as being something or doing something for others; helping others, being there for others and caring for others. Answers provide insight to what care is to the children. There were thirteen answers that described care as helping, caring and being there for others in the dataset.

"Maybe it's about helping someone and, for example, giving food and taking care of them."54:1 ¶ 12 in 7 years old

"Well, just that you take good care of them."49:1 ¶ 13 in 9 years old

The second sub-category is “physicality of care”. Shared feelings of closeness are included in the relational process of care. This closeness that exists in relationships between people can be expressed through showing affection along with doing things together like playing. These actions of affection and care are manifested in the data as hugging and being close to one and other. People get physically close to each other to show that they care. Care occurs in relationships between people, and it is created in meaningful interactions that people take part in together by doing things with each other. This way they show that they enjoy each other’s company and doing things together. In the data there were ten mentions of this type of physicality of care that occurs as care in the families.

"Well, maybe by doing things with me"54:11 ¶ 36 in 7 years old

"There can also be, for example, hugging- hugging and being close to one another, and that is also- you can also show caring in that way, for example."54:19 ¶ 69 – 70 in 7 years old

The third sub-category is “intentionality of care”, and it explains the answers in which the children describe how they can tell if someone is caring for them. According to the answers in the centre of the caring actions are people’s willingness and eagerness to do things for others, to take part in actions that provide aid, care, meaningful experiences and warmth for others. In the answers regarding the conceptualization of care it came to light that children feel like they can see if the one taking care of them really wants to care. The receiver of care can sense the state of willingness to care in the expressions and in the behaviour of the caregiver. In the answers the children provided being kind as an important notion of what care is. The caregiver must want to care, and this is manifested the caregiver’s state of mind. Good caregiver is happy and kind. There were nine answers that described intentionality of care in the dataset.

"The way that I can see it their faces and that they care of me."14:1 ¶ 15 in 7 years old

"Maybe when they're kind and caring."54:5 ¶ 20 in 7 years old

"From that when they are like happy and cares for me."14:7 ¶ 37 in 7 years old

This result of caring being a relational process goes together with the definition of the psychological process of caring (Ferreira & Midgette, 2023). They argued that an important part of recognising the needs of others is cognitive empathy. This means that the caregiver must be able to acknowledge the feelings of others, and this requires knowing the other and spending time with them in full presence (Ferreira & Midgette, 2023). According to the analysis of this study care being a relational process involves the caregiver and the care receiver spending time together. The results of this study also argue that the children can tell if the one providing them care is doing it genuinely. "I can see it their faces", meaning that the child can see the willingness to care in the expressions of the caregiver.

7.1.2 Care practices

The second category of theme 1 is "care practices" (table 2). It explains how the children conceptualize care as different kinds of practices that are involved in caregiving. This category of practices aims to report how the children perceive care as practices carried out in families and what these practices are.

The first sub-category "daily routine" involves children's perception of care as daily occurring care activities done by their caregivers that aim to fulfil the children's basic needs and the maintenance of their home environment. Important part of this conceptualization of care as practices in the answers was that together with executing these practices of care was the consecutive aspect of executing them, meaning the upkeep of certain routine in the family members

lives. Children report that their caregivers ensure that they eat and sleep at certain hour of the day and that their caregivers take care of their home environment regularly by cleaning, washing dishes and clothes, and for example by mowing the lawn. In this sense care is perceived to be the maintenance of daily routine as a form of care work that ensures that the children's basic needs are met. This conceptualization of care practices as daily routine was very significant from the point of view of this study's dataset. There were 30 answers describing care practices as actions aiming to fulfil children's basic needs and as maintenance of their home environment in the whole dataset.

"Mom [mows] lawn."20:2 ¶ 15 in 6 years old

"Gives food if I am hungry."26:13 ¶ 49 in 8 years old

"Like, cleaning up someone else's mess, and filling the dishwasher- And taking out the garbage"55:2 ¶ 19 in 9 years old

"For example, going to sleep when is needed."49:9 ¶ 52 in 9 years old

This same kind of conceptualization of care as practices occurring in families to provide and maintain healthy and safe living environment was seen in the theoretical framework of this study (Coltarne, 2000; Lachance-Grzela & Bouchard, 2010). Tronto (2013) defines broadly that care is all the activities done to maintain people's lives in the best possible way. The care practices done to achieve this involve both physical and mental aspect of care (Tronto, 2013; Daminger, 2019). This same partition can be seen in the answers provided by the children; the physical care activities that the children reported their caregiver doing were for example washing dishes and cooking food. The caring requiring mental effort in the answers can be seen as the maintenance of daily routine. The caregivers ensured that the caring actions followed a given schedule to maintain the children's lives in best possible way.

Second sub-category “non-requested care” concerns the conceptualization of care. In the interviews the children are asked if they have ever received care without asking. Most of the answers state that they have received care without needing to ask. This adds to the way children conceptualize caring in the family; caring can occur without needing to ask for it.

*"Yes, I have been taken care of, although I haven't asked for it. Mom and dad take care of me, although I don't ask."*3:8 ¶ 45 in 9 years old

The children don't perceive this kind of non-requested care as anything bad, on the contrary, in the answers the children reason this type of care as something given, they don't need to ask for their parents to give them food or to find them if they get lost. The care they receive from their parents is self-evident. Parents are the ones providing care without the children needing to ask and the children seem to understand why that is important. In addition to ensuring children's safety and the attendance to their basic needs, the care received without asking consisted of also the children being surprised with getting to do something fun, for instance suddenly getting to watch TV. Caregivers provide care without needing a request for it.

"... then I got lost in the train-

R: Oho!

*P: And then my mom searched like crazy and then she found me."*31:12 ¶ 55 – 57 in 9 years old

*"...lately it's been taking a bit long for me to fall asleep, so mom asks if everything's all right, because it takes me so long to fall asleep..."*52:15 ¶ 62 in 9 years old

*"... I say I'm not hungry, and mom still cooks."*55:12 ¶ 55 in 9 years old

"Well, all kinds of surprises happen always, that all of a sudden we can watch TV or something like that."5:9 ¶ 41 in 9 years old

This connects to the psychological process of care (Ferreira & Midgette, 2023) as the first step anticipation and recognition of caring need. Caregiver must always be aware of the care receiver's whereabouts and knowingly observe the care receiver to conclude what is needed in a certain moment. Also, by viewing previous information of the care receiver the caregiver must decide what is needed. Through this cognitive process the caregiver can provide care without the care receiver needing to ask for it (Ferreira & Midgette, 2023).

Third sub-category "boundaries and instructions" adds to the way the children conceptualize care in families. When asked what care looks like within the family the children answered that their caregivers took care of them by setting restrictions, giving instructions and by being worried about them. Restrictions were set for screentime and for the content the children were allowed to consume from electronic devices.

"And also looks that I watch for example in my screentime something appropriate what is for me – for example Ukrainian and Russian war videos, those I am not supposed to watch. And I don't."26:23 ¶ 89 in 8 years old.

"That you can't watch TV for too long so that your eyes don't start to hurt, or that your head doesn't start to ache or anything else."6:13 ¶ 31 in 7 years old.

Instructions were given to children by their caregivers regarding for instance what the child should do as morning activities before leaving for school when doing them alone. It was also shown in the answers that the children see the care they receive to also consist of their caregivers being worried for them and for their whereabouts.

"For example when I left home alone in the morning, my mom had already made me a list of my morning activities, cause I had to leave home alone to walk to school."54:17 ¶ 42 in 7 years old.

"Well, for example, if I walk home alone, she makes sure that I remember to turn on the sounds of my phone and let her know when I'm home."54:18 ¶ 68 in 7 years old.

Setting boundaries as a practice of care is important as it ensures children's safety and well-being. The fact that the children acknowledge this part of care gives the impression that children know in some ways how to separate things that they want and the things that they need, and that the caregivers (parents) job is to ensure the children receive what they need.

7.1.3 Bad care

The third category of theme 1 is "bad care" (table 2). The children were asked in the interviews what does bad care and good care look like. The first sub-category "neglect of children's needs" describes answers where children's basic needs are not met, including both physical and mental needs. Children's physical needs are neglected when caregivers don't provide children with food, don't grant them access to play outside, or attend to hobbies. Children's need for food is a default assumption because nourishment is needed to live. Therefore, the needs for outdoor playing and hobbies are somewhat different but also very important for children's well-being. Being able to play outside adventurously is proven to prevent children's mental health issues (Dodd, Nesbit & FitzGibbon, 2022). Act on child custody and right of access states that children need to be offered with stimulating environment to grow in (1983/361). There were eleven mentions of not attending to children's physical basic needs in the dataset.

"Not feeding when they need to and not letting outside."49:5 ¶ 27 in 9 years old.

"Well like when you don't remember to feed and then – or like not feed or make food and then like don't play at all."31:4 ¶ 27 in 9 years old.

"Not let have any hobbies."6:5 ¶ 11 in 7 years old.

Neglect of children's needs consisted additionally of situations where there were failures to meet the children's emotional needs. Children reported situations where the caregiver is mean towards children and bullies them, gets mad when children make mistakes and when the caregiver doesn't comfort children when they are upset. There were four mentions of this type of bad care in the dataset.

"Like that you are mean."9:5 ¶ 11 in 7 years old.

" Well, for example if someone pours a glass of water, they get angry about it."52:4 ¶ 22 in 9 years old.

The second sub-category is "ignoring children". The children also reported that in bad care the caregiver is not present and actively makes it clear that they are not available. Neglecting children's fundamental need to be seen and to be involved in things is according to the answers, bad care. Children reported bad care occurring in situations where they are left out of things. Bad care is simply a contrary to caring. Bad care is not caring for the other at all. There were seven mentions of this type of bad care in the dataset.

"Well then for example if you notice that there is something wrong with the child, or the child is upset about something or something like that, then like in bad caring the mom doesn't help the child at all and doesn't give it – she like makes it clear, that she is not present."5:2 ¶ 15 in 9 years old.

"That you don't take care of others at all. And you don't like care about it at all."3:1 ¶ 21 in 9 years old.

"That they like, they leave it out like from things and like that... well like outside of things."5:3 ¶ 17 in 9 years old.

The third sub-category "children's rights are missed" consisted of answers regarding examples of bad care that described situations when children are not taken to the doctor if they are hurt, or the caregivers would not take the children to school or kindergarten, are situations where the children's lawful rights are missed. There were three answers where children described bad care as situations where parents don't acknowledge the children's rights for example to go to school.

"Things like if mom would not take me to doctor or to kindergarten."20:5 ¶ 19 in 6 years old.

"Well bad care might be the kind that, for example, you are left alone at home, you're not allowed to go to school and then you're not given food, and you have to cook it yourself since you're small."54:3 ¶ 18 in 7 years old.

All in all, these answers of bad care narrated a picture of a person who doesn't only for some reason perform their part as a caregiver but provides the children with potentially harmful caring experiences. Neglecting children's basic needs or ignoring their fundamental need for attention and feelings of authentic involvement can produce different kinds of problems in children's lives. Many of these bad care examples are against the law in Finland. Act on child custody and right of access states that the legal guardians of a child are responsible for providing the child with sustenance, shelter, adequate sleep, fostering the child's emotional well-being and providing the access to medical care and education (1983/361).

7.2 Children's understanding of division of care labour

7.2.1 Mom and dad care together

The children were asked in the interviews about the needs that they have and who addresses the needs in their family. The focus in this study was on who the children name as their caregiver and what kind of caring needs do they fulfil. The first category "mom and dad care together" (table 2) describes mothers and fathers as equal caregivers in a family. This category is further divided into two sub-categories that aim to describe how parents together take care of their children and why the children say they think the care given by them is the best.

The first sub-category is "equal division of care". It describes the answers in which the children named mothers and fathers as a caregiver-unit which addresses their needs. The children were asked to name who answers to their needs and there were eight answers where the children reported mother and father both as their caregivers.

"Parents answer to all. (caring needs)"26:12 ¶ 45 in 8 years old.

"Mom and dad."51:3 ¶ 56 in 8 years old.

The data additionally describes how the children are being taken care of. The children were asked to name caring needs that require attending. Firstly, the children report that mothers and fathers together tend to their basic needs, which are according to the answers for example cooking and serving food, putting the children to bed, and giving them their own space to be in peace when needed. Cooking and serving food is a care action that was shown in the answers the most.

"Well mom and dad for example take into consideration my bedtime. And... my dinnertime."3:5 ¶ 39 in 9 years old.

"Well food. Then that someone is present and that when I need it I get my own space, if I feel like it."5:6 ¶ 33 in 9 years old.

Secondly mothers and fathers are shown to take care of the children's general well-being in a form of for instance taking care of the children when they are sick. The children also feel like their parents take care of them in order to keep them healthy and safe.

"Well like that you need to be well. Like healthy, like that...Take really good care."6:16 ¶ 61 in 7 years old.

"...If I get sick, then they take good care, in some way."17:10 ¶ 67 in 7 years old.

Third way the children say their parents together care for them is by showing affection for example by hugging.

"There can also be, for example, hugging- hugging and being close to one another, and that is also- you can also show caring in that way, for example.

T: Do you have that with dad or-?

P: Yeah. A lot. And also with mom."54:19 ¶ 69-70 in 7 years old.

Lastly mom and dad together take care of the home environment where the family lives in. The children report their parents doing all "the homestuff" and emptying the dishwasher.

"Empty the dishwasher."9:15 ¶ 33 7 years old.

"Well in all the homestuff."9:13 ¶ 33 in 7 years old.

The caring needs that the children described when naming both their parents as the caregivers were all good examples of what care looks like in families according to this study's findings. As it was discussed before in the results children conceptualize care as a process which occurs in relationships between people and as practices that involve tending to the children's basic needs, giving care without children needing to ask for it, and as control performed by the caregivers to keep the children safe. Looking at all these ways children conceptualize care; it becomes apparent that caregivers aim to sustain a good and a healthy life for their children. The needs that both parents answer to together cover all the aspects of how the children conceptualize care. The children don't make any differences between their parents when describing care given to them. It seems like in these cases the caring duty is divided between the parents equally.

The second sub-category is "both parents as capable caregivers" and it describes answers given by the children that depict that you can't separate mothers and fathers when they are asked who takes care of them the best. The children emphasize that you can't say who does more or who cares for them the most, mothers and fathers both do. There were seven mentions of both parents being the best at taking care of the children.

"Mom and dad do both as well as the other – It is hard to say which one takes care more."5:16 ¶ 77 in 9 years old.

"Mom and dad. I don't have like just one."12:18 ¶ 67 in 9 years old.

"Well both of my parents. You can't say which parent, just both."26:27 ¶ 107 in 8 years old.

The reasons children give out for why they think both parents are the best at taking care of them considers aspects of the hierarchy in the family settings; adults are more responsible for caring along with the fact that seems evident; parents have lived longer than children and for that reason, they are good at caring. Also, according to the analysis, the children say that the reason why

they think their parents take care of them the best is that they know them the best because they are their parents. You must know the one you are taking care for, and the children feel like their parents know them the best. This connects to the theory of the psychological process of caring (Ferreira & Midgette, 2023). To be able to care well one needs both knowledge of the care receiver and a feeling of competence in acting out the care action. According to the children interviewed their parents possess crucial and adequate information about them, and the skills that are required to care for them effectively, because they have known them the longest and are their parents.

"Well because they are mom and dad, so then they take care for me more, like that. When me and (little sister) are children and they are adults. Adults take care more."3:13 ¶ 91 in 9 years old.

"Well because they have lived quite long and... and know. They have learned themselves from their parents, that that... You take care and stuff."6:19 ¶ 73 in 7 years old.

"Have known them for long time."15:14 ¶ 178 in 6 years old.

"And then since I've been in all those places since I was a baby, so they've learned from that, because I've been there for a long time."54:23 ¶ 92 in 7 years old.

7.2.2 Dad as a caregiver

The second category "dad as a caregiver" (table 2) describes answers where the children named their father as the one that answers to their caring needs. In the answers the children either by their own initiation reported their fathers to be answering to their certain caring need or the answers were gained by asking directly "how does your dad take care of you".

The first sub-category "care as time spent together" describes the care given by fathers that the children reported. Most of the answers described

fathers spending time with the children; attending to their hobbies and doing things that benefit the children participating in their hobbies. Fathers participate in their children's hobbies as coaches and supporters. They also take their children out to do fun activities or involve themselves in doing things that they are both interested in. Additionally rough playing was a form of fathers spending time together with their children and showing care.

"Like that for example dad made yesterday for like maybe 45 minutes a volleyball net because we both like have an interest in it; I do volleyball and dad is a coach in the team, so it is nice that he like takes care of my hobby. And then it is like nice to play together with him in our yard."5:10 ¶ 43 in 9 years old.

"And then like for example in a football game he supports me so much."31:20 ¶ 101 in 9 years old.

"And daddy sometimes grabs me and (big brother) by the ankles and turns us upside down, and he did it since we were babies!"55:16 ¶ 101 in 9 years old.

These results of fathers taking care of their children by participating in their hobbies and doing fun things with them aligns well with the previous research concerning the allocation of household labor. Research shows that fathers are more likely to care for their children by spending time with them by playing sports and doing hobbies together than participating to the more dull and repetitive caring practices (Miettinen, 2008).

Additionally, there were mentions in the data of fathers sometimes cooking food or taking care of the children "the same way as mom does". There are only few of these kinds of mentions, and they are almost always brought up in the context of how mothers take care of them. Fathers taking care of the children is seen from the children's perspective somehow different from mothers taking care of them. A good example of this is how a six-year-old describes father

taking care of them in an answer right before the child had described the way their mother takes care of them by nursing. After this statement the interviewer asked the child how does your dad take care of you. The child answered that dad doesn't nurse them; he helps.

"Helps. He doesn't nurse me, but he helps me."5:11 ¶ 144 in 6 years old.

"And yes, he cooks food too as much as mom. But mom just has more time to do it, when dad is at work all the weekdays."5:14 ¶ 67 in 9 years old.

"Hmm... In the same way as mom."26:25 ¶ 95 in 8 years old.

According to the data the caring needs that fathers fulfil for the children are mostly about spending time together. Caring this way can be seen as a part of the way children conceptualize care as a relational process. Caring can occur in the context of the time spent together, in this instance for example by playing sports or by building Legos together. These situations of being together and doing meaningful things together show the children that their father cares for them; he is involved in the interests of the children. In the data, what seems to be lacking in the way fathers care for their children, is the tending to the children's basic needs and caring via setting boundaries for the children.

The second sub-category is "dad the fun parent" and it describes an answer given by a child where they named their father as the best caregiver. There was one mention of father being the best at caregiving and two answers to why. The first reason was about father spending time together with them and agreeing to the children's suggestions. This connects well with previously discussed themes about how fathers care for their children. Fathers care for their children in the form of spending time together and they don't show care by placing boundaries for the children e.g., in forms of setting rules or restrictions. The second reason for why father is the best at taking care was that the child felt their father took care of them in return. This was interesting point of view to caring in families, as it has been concluded in this analysis that according to the data, children see the care provided by their parents as given. So, it seems little

misplaced that the child sees father's care being something that requires a favor from the child.

"Well like that he is like – he has played golf with me many times and then he has agreed to everything usually always, and everything."31:22 ¶ 113 in 9 years old.

"Well usually when I always help him, so then he usually helps me like in return."31:23 ¶ 115 in 9 years old.

7.2.3 Mom as a caregiver

The third category is "mom as a caregiver" (table 2) and it describes the caring needs the children report their mother addresses. First sub-category "caring extensively" explains the answers in the data describing how mothers care for their children. According to the answers mothers help and nurse the children, give permissions and instructions for their behaviour and for the things they are allowed to do, cook and serve them food, keep their home environment clean, provide closeness when it is needed, keep the children safe in different circumstances and put the children's needs before their own. Most of the mentions were about mothers cooking food for their children. Also helping was mentioned multiple times along with mothers taking care of the children's safety in different ways.

"Well cooks food every day when dad is at work."5:11 ¶ 65 in 9 years old.

"Makes food and... worries about bedtime and all things that there are."3:9 ¶ 73 in 9 years old.

"Sees that nothing hurts."26:21 ¶ 89 in 8 years old.

"Well like that like – like cares or like that if some friend now came to pick her up like that 'can you go out?', so then she would say like 'I can't because I have this child here'."31:10 ¶ 51 in 9 years old.

The way children perceive their mothers providing them care involves many of the ways caring in families is conceptualized by the children in this study. Mothers tend to the basic needs of the children, help, care for them, provide closeness and place boundaries for the children's lives to keep them safe. When examining the data and the results gathered it seems that mothers take care of their children extensively. There were mentions of children saying that their mother takes care of everything and if they have something they need help with, then mother would be the one attending to those needs.

*"Well of course mom always helps, if I need it."*20:10 ¶ 41 in 6 years old.

*"Um, I don't think there's any needs at the moment. And if there were, maybe mommy could help."*52:10 ¶ 48 in 9 years old.

These results of mothers taking care of their children extensively and diversly confirms the theory of mothers doing a lion's share of the household labor in families (Lachance-Grzela & Bouchard, 2010). Additionally, to performing most of the ordinary and repetitive household tasks, mothers also take upon themselves a great part of the cognitive labor that is included in taking care of the home environment and the children (Daminger, 2019; Miettinen, 2008). Cognitive care labor is shown in the answers where children describe how their mothers take care of them. Worrying for their children's well-being, being aware of their children's needs and whereabouts, scheduling and attending to the children's basic needs are all manifestations of cognitive care labor.

The second sub-category is "mom's care is given" which describes the answers where the children named their mother as the best caregiver. There were five mentions of mother being the best at caring for the children. Reasons for this perception are that their mother always takes care of them and helps

them. For these reasons she knows them the best and knows when they are upset. The answers paint a picture of an all-knowing mother that sees everything and is present in her children's lives. The care given by mothers is somehow self-evident for the children. In one of the answers the child says that because mom is their mom, she knows how to care for them. The reasons given to why mother is the best at taking care, highlight the requirement of being aware of the needs of the children; by observing the children and by knowing them the caring can occur in the best possible way. The reasons for why the children perceive their mother as the best caregiver connect well with the theory of what competencies a caregiver must have to care well. Caregiver must possess knowledge about the care receiver, be aware about their whereabouts and by considering all the information available to them make decisions about the future needs the care receiver might have. This is a cognitive process the caregiver must go through constantly to care. (Ferreira and Midgette, under review.)

"Because she takes care of us so much, and dad is usually just... Is at computer so much doing schoolwork. And goes to be a guard there... What was it... Goes to be a guard to some kind of music festival."14:14 ¶ 158 in 7 years old.

"Well, she helps always the most. And sees everything."17:16 ¶ 111 in 7 years old.

"That she is my real mom, and like that... that she is like my mom and she notices if something is wrong with me."20:18 ¶ 108 in 6 years old.

7.2.4 Additional caregivers

Fourth category is "additional caregivers" (table 2), and it describes the care the children reported that was given to them by family members other than their

parents. This category is further divided into two sub-categories that include descriptions of siblings and a family pet taking care of the children.

The first sub-category “siblings as caregivers” describes the care the siblings provide the children. The answers included descriptions of siblings keeping the children company, playing together with them, offering comfort along with helping parents around the house and taking care of the younger siblings by cooking food.

"Well... Keeps company."5:15 ¶ 69 in 9 years old.

"Yes at least defends me, and... Comforts if I cry."6:17 ¶ 63 in 7 years old.

"Well, (big sister 2) for example like that she asks me to play. And (big sister 3, the oldest) like that if I say that I am hungry, then she gives me a sandwich or stuff."20:14 ¶ 90 in 6 years old.

"Empties dishwasher and helps make food."9:15 ¶ 33 in 7 years old.

According to the answers given by the children siblings provide care that is both unique to the care given by parents but also an extension to how parents take care of the children. Siblings share their own relationship where they ask each other to play together, keep each other company along with comforting each other when they are upset. In addition to this they help their parents to care for their younger siblings when they carry out household chores and offer food to the younger children when the parents are unable to.

In most of the answers it was older siblings that took take care of the younger ones although there were a couple examples of how younger siblings provide care to their older siblings. In some cases, in order for the younger sibling to be able to show care, they needed help from their parents. This means that the parents play an important role in enabling care actions between siblings.

"Well like that for example that one time when I was sick, then mom and that little brother brought this thing, like in the bed of mine and then put some blanket over me.

T: Oh, what thing did he bring?

P: This platter that had candy and such in it."31:17 ¶ 95-97 in 9 years old.

The second sub-category "pet as caregiver" describes an answer where a child reports a pet hamster to be the best at caring along with a reason behind this perception. There was only this one mention of a pet being the best at taking care, but it seemed significant enough to be included in the results as it involved further reasoning to why this child feels this way.

"You'd probably think I'd say mom, since daddy puts us to bed at eleven. But I say (the hamster)."55:19 ¶ 125 in 9 years old.

This answer that was provided by a nine-year-old child includes multiple dimensions that raise an interest when looking at it through this study's context. Through this answer the child gives the impression that they understand that putting children to bed on time is good caring and that by putting children to bed at eleven o'clock, father can't be the best caregiver. The child's mother and father have different rules considering bedtime and mother's rules makes her better caregiver than the father. Even though the child doesn't end up naming their mother the best at caring, they make it clear that they understand these rules of taking care and social norms along with stating that the interviewer must be aware of this same conclusion they have about their mother and father as caregivers. The child names their hamster as the best caregiver and they give two reasons for this.

"Because it- every time I'm upset, I can put my tears in (the hamster), and it's actually always in this position (does a hamster pose)." 55:20 ¶ 127 in 9 years old.

"And it's also such a tiny -- hamster, I can play tag with it." 55:21¶ 129 in 9 years old.

According to these answers given by this child the hamster provides the child comfort when the child is upset. The hamster's fur is a good place to shed tears. Additionally, the child reports that the hamster shows care by being their playmate. It becomes apparent when looking into these answers that the hamster is important for the child. According to Melson (2003) many children name an animal when asked about important characters in children's lives. Family pets can become significant for children as they can provide unique kind of closeness, company and comfort when compared to human relationships that children have. Additionally, to social and emotional aspects it has been shown that companion animals offer children learning experiences for instance about the needs animals have and that knowledge can be extended to learning about the needs the children might have themselves as humans, and how to nurture others. When caring for pets there are no gender differences in how much boys and girls take care of pets. Having a close relationship with a family pet offers the children important experiences of acknowledging others needs and providing them with care without gender roles attached to it.

8 DISCUSSION AND CONCLUSION

8.1 *Conclusion*

This study aimed to find out how children conceptualize care in families. The results show that the children perceive care as something that occurs in relationships between family members. Care as the children conceptualize it, requires affection and willingness to provide warmth, security and aid to the ones receiving care. According to the results of this study the way children conceptualize care provides evidence that children understand the complexity of care as a phenomenon. The conceptualization includes aspects of the context in which caring occurs as well as the practices that transmit caring. Also, it is determined what is bad caring. The conceptualization of bad care is surprisingly broad and insightful. Judging from the answers given by the children they acknowledge their rights as children and incorporate that into the conceptualization of what care is in families.

Care and morality go hand in hand (Robinson, 2011; Tronto, 2013). It has been proven that even young children know how to judge deeds through the lenses of general well-being and justice, to tell apart morally justified actions from socially conventional behaviour (Nucci et. al., 2017). According to the results of this study the children can be seen to use moral understanding when judging what is bad care. The children effectively judge what type of actions are bad caring and in what type of situations bad caring actions occur. The children judge right and wrong behaviour when it comes to caring actions directed to them.

The way children can comprehend the abstract matter of care indicates that they possess the cognitive abilities required to understand it. The results of this study demonstrate that children can in fact carry out complex reasoning processes when the concepts are familiar enough (Barrouillet & Gauffroy, 2013). In this study care was investigated in the context of families. Children are

acquainted with care occurring in their family environment and that is what they were inquired about. For this reason, the children could understand and further explain the instances of the abstract term of care.

This study also aimed to find out how the children perceive the division of care work in their families. According to the results the children actively make sense how and why the caring actions they receive are divided the way they are. They also reason and give explanations to why they feel someone in their family context is the best at taking care of them. This shows that children do know how to evaluate parental behaviour, how to make sense of caring activities and the reasons behind these actions. Also, this shows that children know how to acknowledge care practices and caring actions forwarded to them, and what are the signs to look for when identifying them. According to the results care labour in families is mostly divided between parents but also siblings take care of each other. Additionally, a family pet can be seen as an important care provider to young children.

Interesting about the results is that although the theory on the division of care work implies that the division should appear unequal, the children state to some extent otherwise (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Miettinen, 2008; Sinno & Killen, 2009; Tronto, 2013). According to the results of this study many of the interviewed children report both their parents as caregivers. The children explicitly say that they can't separate their parents when asked who takes care of them the best. Mother and father take care of them together and it can't be said who does more. There were multiple answers that supported this notion in the dataset. When looked through the lenses of feminist approaches to care work it seems that Finland has been able to reduce the gap of inequality when it comes to men and women sharing the responsibilities of taking care of their children and home environment.

Despite this result of mothers and fathers taking care of the children together, the results nevertheless indicate that the traditional division of household labour remains in Finnish families. The division as the previous studies (Coltrane, 2000; Daminger, 2019; Lachance-Grzela & Bouchard, 2010; Miettinen, 2008; Sinno & Killen, 2009; Tronto, 2013) on unequally allocated household labour suggested can be seen in how the children describe their

mothers and fathers differently as caregivers. When compared there were many more mentions of mothers taking care of the children than fathers. Additionally, the way they were reported to care for their children was distinctly different from each other.

It was also investigated who do the children perceive to be the best at taking care of them. The results show that mothers were mentioned in this instance more than fathers, although there were also mentions of mothers and fathers being the best together. The children were asked to judge the care they receive and what kind of care is the best. The reasons for why they judge a care action received from someone as the best were different according to who they named as the best caregiver.

The description of mothers being all-knowing creatures that hold the capacity to answer to all the caring needs the children might have, can be located in the dataset of this study. The children describe their mothers as their caregivers that provide them with everything needed before their own needs. It can be interpreted that the children trust their mother's willingness and capacity to care for them, there is no questioning it. However, there is also no questioning the fact that also fathers take care of their children. The difference is in the way they care. Fathers have fun with their children, play with them and support them when attending hobbies. These are undoubtedly important aspects of taking care of children and their well-being. Yet the way fathers care seems narrow and one-sided. In fact, the results repeat directly the way fathers are proven to participate to care work in the theoretical framework (Miettinen, 2008).

Looking at the results it becomes clear that the traditional gender roles and norms surrounding care labour are alive and well. Children are socialized to the norms and behavioural rules of the social environment in which they live in, and family is the primary environment where the non-formal learning of social norms occur (Keel, 2016; Omi et. al, 2014). For learning the social rules of care work, it is important to acknowledge the significance of family context.

According to this study's findings mothers are more responsible of taking care of children and carrying out other household tasks, than fathers are. On the other hand, the results show that there are families in Finland where both parents take care of the children and the home environment together. They do

this to the extent in which the children notice it. These children live in a social environment where they learn that care work is something to be shared between partners in a family. This suggests that a positive change might be happening at this very moment towards more equally allocated care work in Finnish families.

8.2 Discussion

This section will involve discussion on the reliability of the dissertation, potential limitations and suggestions for further investigation. Additionally, the research ethics will be discussed.

8.2.1 Assessment of reliability and limitations

There needs to be discussion on how valid and reliable the research is when conducting qualitative research. Tuomi and Sarajärvi (2018) state that transparent assessment of the potential limitations of the research is also important to achieve reliable dissertation. Validity can be referred to as how well the research manages to answer its objective. Reliability describes how well the research could be replicated. According to Cohen et. al. (2018) high validity gives the research credibility and reliability demonstrates if the results can be trusted as correct. There are differences in how validity is determined when comparing qualitative and quantitative research. In quantitative research validity is determined by how consistent, predictable and controllable the research results are. In quantitative research the research process is observed objectively and neutrally in a controllable environment. Opposed to quantitative research in qualitative research validity is determined by how well the researcher is immersed as part of the world under investigation, how the research process is conducted, and the results interpreted. In qualitative research the examination of the issue in hand occurs in its natural settings.

Cohen et. al. (2018) argues that research validity can be affected by the choices made during the research process. The methods used to describe and examine a certain phenomenon need to be solid. There needs to be certainty of how well a certain instrument portrays the investigated phenomenon. Especially

important is to choose the right methods when studying an abstract theoretical concept, such as care. In this study, care was investigated through interviews, and the collected data was analysed using thematic analysis. According to Braun and Clarke (2022) the function of thematic analysis is developing patterns from qualitative dataset by systematically creating codes. Potential limitations for this study can come for example from how well the data analysis was carried out. How well the coding succeeded in finding all the places in the dataset that describe things meaningful for the study's objective. A code reliability was conducted for the data analysis by Assist. Prof. Juliene Madureira Ferreira. The coder agreement was 79,1% of 25% of the total data. There were some divergent codes identified that were related to the focus of this research. Thus, they did not affect the results substantially. Divergent codes have been cleared with the thesis' supervisor Juliene Madureira Ferreira.

The present study involved a cohort of children aged between 6 and 9 years old, residing a family unit with parents in a heterosexual partnership. Sample size comprised 17 interviews, with one participant being excluded due to their inability to respond to the interview questions. The findings of this study report how care is conceptualized by young children and how the division of care is being perceived by children living with parents in heterosexual partnerships. It is important to note that these results are not generalizable to the entire Finnish population, but rather provide insight into the nature of care within the families that were the focus of this study.

It should be noted as a limitation that on some occasions the interviewers were more leading than they should have been. When doing the analysis and encountering occasions in the interviews where there were clear leading of answers or the child only communicated the answer by for example nodding, they were disregarded from the analysis for the sake of keeping the results reliable.

8.2.2 Consideration of ethics

According to Cohen et. al. (2018) conducting research is based on a consideration of ethics. Reflection of right and wrong needs to be in the centre of every decision a researcher makes during the research process. Professional

communities create united values and principles for researchers to follow. Ethical principles are contextual and can vary between countries. In Finland research communities follow Research Ethics Advisory Board's (TENK 2023) "Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsittelyminen Suomessa" (HTK) principles for responsible conduction of research. Tuomi and Sarajärvi (2018) argue that ethically conducted research always uses ethically responsible and rightful methods. The credibility of the research depends on how well the researcher follows responsible conduct of research.

According to Tuomi and Sarajärvi (2018) principles for responsible conduction of research includes exercising honesty, carefulness and preciseness in all the steps of the research. Important principle for conducting ethically responsible research is using source reference consistently and precisely. Especially when conducting a thesis, the researcher, being still a novice, must be eminently aware of honouring the rules of source references.

Ethics of research requires the researcher to mind how the data is collected, what kind of methods are used, how the data is stored, and what kind of measures are taken to ensure the participants' anonymity (Tuomi & Sarajärvi, 2018). Researchers' responsibility is to ensure that there is no harm inflicted to the participants at any given point of the study (Cohen et. al., 2018; Tuomi & Sarajärvi, 2018). The interviews this study used as the dataset was collected beforehand as a part of the ECEPP care-project. The participation was based on voluntariness and the children interviewed remained anonymous throughout the study process. The files for the already transcribed interviews were received after a signed confidential agreement that tied the signer to a full non-disclosure. The data was then loaded into a data analysis tool ATLAS.ti 23 for analysis. After the completion of this study the data will be removed from its storage.

Tuomi and Sarajärvi (2018) note that researcher's impartiality needs to be considered when conducting qualitative research. This means considering how the researcher's background and potential preconceptions may affect the conduction of the research. Researcher should be able to remain objective when carrying out the research process, from the beginning of creating the objective and choosing the terms for describing the investigated phenomenon, to the end of creating and discussing the results. The previous research of care

work and the division of it suggested heavily that fathers carry out less household labour than mothers in families. This led to a preconception that it might be the same case in this study. This preconception had to be considered during the data analysis so that it wouldn't lead to false interpretations.

According to Roberts (2017) when studying children's concepts, it needs to be considered how well adults hear and understand children's experiences. Listening and giving value to children's thoughts is a part of recognising their equal value as human beings. This fundamental idea of respecting children's own perspective of their life experiences is in the centre when studying children's perceptions. Mainly same research ethics apply when studying both children and adults. For instance, the research should not inflict any harm to the participants and there should be consideration over privacy and confidentiality.

Conducting ethically responsible research requires planning, executing and careful reporting of the research process (Tuomi & Sarajärvi, 2018). What has helped in conducting ethically responsible thesis has been attending to the master's seminar group and getting support and guidance from the more experienced researchers.

8.2.3 Suggestions for further investigation

The focus of this study was on how 6–9-year-old children conceptualize care and how they understand the division of care labour in their own families. It was determined in this study that children of this age can comprehend care as a concept and understand its implications. It would be interesting to extend the objective of this study to investigate even younger children to understand how the conceptualization of care might change. Same could be applied to studying children older than nine years old. The children were from families living with parents in heterosexual partnerships. Studying different kinds of families could bring variety to discussions over how the care labour is allocated in families. Maybe care labour is divided differently in families that have same sex parents.

While doing the analysis of this study it became apparent that it could be interesting to investigate how and from who children learn the skills to care. Family is an important environment for learning the rules and guidelines for future behaviour concerning roles people take in caring for others. What

aspects of family life become important when trying to understand how children learn the skills to care? What are the processes that determine who adopt more care responsibility than others when growing up? These are both very interesting questions and could be worth of investigating.

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