

Household Impacts of Child Health Shocks

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Abstract

~~Abstract: This paper examines the household impacts of child health shocks. Using data from the Panel Study of Income Dynamics, we find that an exogenous shock that increases workload within the household impacts the burden of unpaid labor. Using a structural model, we use administrative data to estimate the impact of child health shocks on parental workload and stress, life and relationship satisfaction, and labor force participation. We find that parents whose children are born with a health shock are more likely to be in the labor force, have higher relationship satisfaction, and are more likely to be in the labor force. These results are most pronounced in households where the mother is less active in the labor market or less educated. Parents with less than a high school education are more likely to be in the labor force.~~

household. Using this shock, I investigate the heterogeneous effects across the genders,

within the household.

The Household Income and Labour Dynamics in Australia (HILDA), a longitudinal survey that measures negative health shocks, has been a valuable tool at surveying negative health shocks. I use this variable to identify the presence of children who experience negative health shocks. To estimate how these shocks impact household dynamics, I utilize parent responses to questions about the division of parental and household duties between partners and a variety of questions regarding

To determine how couples respond to the shock of having a child with a cognitive impairment, I use the HILDA data to investigate the division of parental and household duties. I use the HILDA data to investigate the division of parental and household duties across different types of negative health shocks.

the world data with the HILDA data to investigate the division of parental and household duties. I use the HILDA data to investigate the division of parental and household duties across different types of negative health shocks. I use the HILDA data to investigate the division of parental and household duties across different types of negative health shocks.

I use the HILDA data to investigate the division of parental and household duties across different types of negative health shocks.

Second, there is also evidence that having a child with a negative health shock decreases life-time satisfaction relationship satisfaction for women. However, point estimates for men, though imprecise, indicate that fathers may not experience these same drops in satisfaction. In addition, the results suggest that the negative impact of a child's health shock on the mother's well-being is more pronounced for women who are parenting a share of the household. This finding is consistent with the idea that women who are parenting a fair share of the household are more likely to experience a greater decline in their own well-being. Child health shocks do not appear to change the inequality in the distribution of parenting and household work. For the most part, the negative impact of a child's health shock on parenting and household work is not significantly larger for women who are less educated or less active in the labor market prior to the health shock. The results also suggest that the negative impact of a child's health shock on the mother's well-being is more pronounced for women who are parenting a fair share of the household. This finding is consistent with the idea that women who are parenting a fair share of the household are more likely to experience a greater decline in their own well-being. Child health shocks do not appear to change the inequality in the distribution of parenting and household work. For the most part, the negative impact of a child's health shock on parenting and household work is not significantly larger for women who are less educated or less active in the labor market prior to the health shock.

... in two distinct ways. First, it is the first paper to directly study how a severe child health shock impacts the health and well-being of the mother. Second, it is the first paper to study how a severe child health shock impacts the health and well-being of the father. This paper contributes to the literature on the impact of child health shocks on the well-being of parents. It is the first paper to study how a severe child health shock impacts the health and well-being of the mother. It is also the first paper to study how a severe child health shock impacts the health and well-being of the father.

...with... (Gould 2004; Kimmel 1998; Powers 2003; Burton et al. 2017) and decrease their number of hours worked (Gould 2004; Rosen 2001, 2002; Pater et al. 2017)

...risks, with couples simply reverting to historical gender roles (Burton et al. 2017). Additionally... and socio-economic status... The... evidence that both partner's long-term earnings may be negatively impacted when they...

Though researchers have investigated the impacts of formal labor supply to various degrees... direct research into how this slack-to-households affects... as... with... as... documented. On average, women perform more of the household tasks even when limiting... the sample to dual-earner households (Sevilla-Jimenez, Sanz, Nadal, and Fernández 2010; García-Mainar, ... Since child health checks have been shown to risk... consider how these changes in formal labor supply impact the division of work within the household. This... time increases couples' ho

(Glick and Killenfeld 2014; Foster et al. 2018). Research on... in the home

[REDACTED] the gender disparity may change when parents voluntarily
adjust their behavior with reference to their children's health which may be simultaneously

In addition, the researchers were unable to identify any other nationally representative survey that covered the period of child health check records, and their results rely on the assumption that health shocks are completely exogenous.

3 Empirical Method

3.1 Analytic Sample

This paper uses data from the Household Income and Labour Dynamics in Australia (HILDA) survey, data for the years 2001-2017. The HILDA survey is a large national probability sample of the adult population of around 40,000 individuals in waves and uses the dual sweep design, creating a balanced panel of initial respondents, with additional respondents added due to changes in family composition and household structure as a result of attrition from the original sample. The data were accessed across Australia, which includes the [redacted] zone,

[redacted]

when the female had her first child, have at least one child under 18 living in their household, and are between the ages of 20 and 55². Couples are included in the sample as long

¹ Waves III-IV in the HILDA survey do not include individuals who were born in Australia but whose parents were born overseas. In waves 11-17, 18,000 individuals were added to the HILDA sample to replace those who had fallen out of the sample or deceased. These individuals have been followed since the original wave in the same fashion as the original respondents. For the purposes of this research, these individuals are included in the analysis, whether they are in the analysis irrespective of whether they were part of the original HILDA sample.

² Couples are excluded if either individual is in a non-married form of the out-of-marriage class.

as the female is under the age of 55, they have at least one child under the age of 18 in the

household and with whom the respondent shares a relationship. Moreover, children under 18 must have a functional ability

to attend school or work, or be employed, or be in a residential care facility, or be in a residential care facility

with a disabled or chronically ill child, or in a family where the father is absent. Births

with a disabled or chronically ill child, or in a family where the father is absent. Births

with a disabled or chronically ill child, or in a family where the father is absent. Births
custody (Cohen and Peterson, Prahova 2006). Though it is possible to follow both parents

of the child, only the person who is the primary caregiver of the child can answer the questions

children living in their household answer the questions. Since only a single survey question

relates to a small fraction of the population, we use a series of dummy variables to indicate whether

the household has a long-term disability, a child with a long-term disability, or a child with a long-term

The independent variable of interest is whether the household has any child that

has a long-term disability. The household is defined as the person who is the primary caregiver

the household “has a long-term disability, a child with a long-term disability, or a child with a long-term

disability, a child with a long-term disability, or a child with a long-term disability, or a child with a long-term

disability, a child with a long-term disability, or a child with a long-term disability, or a child with a long-term

disability, a child with a long-term disability, or a child with a long-term disability, and cannot be

corrected without the use of glasses, contact lenses, or other corrective devices, or a child with a long-term

disability, a child with a long-term disability, or a child with a long-term disability, or a child with a long-term

disability, a child with a long-term disability, or a child with a long-term disability, or a child with a long-term

³ The exclusion of individuals who report living with a long-term disability removed a significant portion of the
the sample which includes 17 respondents removed from further analysis.

⁴ Long-term disability is defined as a condition that is expected to last for 6 months or more, restricts every day activity, and cannot be
corrected without the use of glasses, contact lenses, or other corrective devices, or a child with a long-term

not list the particular ailment that the child has, nor indicate which child within

child's health status to be non from year to

n." In

the main analysis, the health status will be treated as an indicator variable that only takes
be suffering from a long-term disability or chronic health condition.

It has been noted that participation and child disability reporting with women more likely to overstate the severity
decisions (Powell et al.

However, like Bartolucci et al. (2015), we are not aware of any studies that
ver for this analysis to

Figure 1 summarizes the maximum continuous duration of a CHS for households. About
50% of households have never experienced a CHS for one year. Figure 2

physical work; shortness of breath; difficulty breathing; long-term effects as a result of a head injury, stroke
term conditions, even though it is a permanent condition which is still ranging
term condition, such as arthritis, asthma, heart
disease, Alzheimer's disease, dementia, etc.

For households where an individual has a child with a GHS, the mean age at which children receive a diagnosis of GHS is around 10 years old. This is the case for two out of three GHS children, but is much more relatively young ages.

It is important to consider both children with and without children with a GHS to find differences
Table 1 shows the percentage of children with a GHS in the sample according to
whether the mother has reported a child with a GHS within their household. Column 1 presents
summary statistics for women who reported a child with a GHS within their household at least once
at any point in time. Column 2 presents summary statistics for women who did not report a child with a GHS
at any point in time. A chi-square test of independence is used to test for differences between the two
columns.

in first child, and women in those coun

born in Australia than their counterparts, likely to be

3.2 Outcome Variables

There are three main dimensions of parenting work: time spent on parenting, stress associated with parenting, and parental satisfaction with parenting. The survey asks how stressful parents find their parenting work.

- < Children thought I would be being a better parent
- < I find myself often feeling tired, worn out or exhausted
- < I feel trapped by my responsibilities as a parent
- < My children is much more work than pleasure! and that taking care of

Parents must answer according to a seven-point Likert scale where 1 = strongly disagree and 7 = strongly agree.

Though, parental stress is a common aspect of parenting, the survey also asks about parents' perceptions on the current difficulty and stress of parenting.

The survey asks participants on a scale of 0-100 how satisfied they are with their overall life, how satisfied they are with their spouse/partner, and how satisfied they are with the relationship they have with their child(ren). The survey also asks how satisfied

Likert scale questions are based on a 0-100 scale where 0 = not at all satisfied and 100 = completely satisfied.

The third group of outcome variables relate to the division of labor within the household.

The first question is whether the individual does their fair share of the housework and the second question is if the

individual feels that their fair share of the housework is within their household.

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individual feels that their fair share of the housework is within their household.

Table 2 summarizes an individual's sex and their CHS as the main outcome variables based

on the first question. The first column shows the mean and standard deviation for each of the

CHS status and column 2 shows the statistical significance of the difference between

3.3 Methods

To analyze the household impacts of a CHS on parents, I estimate models with and without couple fixed effects. The models *without* couple fixed-effects compare across families and individuals in CHS and non-CHS households and distribution of outcomes. The *with* couple fixed-effects model compares the parent characteristics made within couple fixed effects, evaluating within-couple changes when a CHS occurs.

3.3.1 OLS Regression Model

The OLS regression is:

$$(1) \quad y_{ict} = \beta_0 + \beta_1 CHS_{gt} + \beta_2(CHS_{gt} X male_i) + X_{gt} + \varepsilon_{ict}$$

where outcome variables, y_{ict} , include satisfaction with parenting outcomes, relationship satisfaction, satisfaction outcomes, and share of parenting work and housework for an individual, i , in year, t , in couple, g .

The coefficients of interest are β_1 and β_2 . The variable CHS_{gt} is an indicator variable that takes a value of one if the individual has a child in their household that has a “long-term CHS.” The variable $CHS_{gt} X male_i$ is the interaction of CHS_{gt} and a variable that indicates whether the individual is male.

The vector X_{gt} includes a set of control variables for the individual, the couple, and the year. The vector includes variables for individual characteristics, couple characteristics, and year characteristics. The variables include age, gender, education, marital status, and duration of the relationship for the husband and the wife. The variables also include variables for the couple, such as the number of children, and variables for the year, such as the year of the survey.

⁵ I included the variable $female_i$ in the regression but it was not significant. I also included the variable $CHS_{gt} X female_i$ in the regression but it was not significant.

$$(2) \quad y_{ict} = \beta_0 + \beta_1 CHS_{gt} + \beta_2 CHS_{gt} X male_i + male_i + X_{gt} + \sum_c \theta_c * couple_c + \sum_c \varphi_c * couple_c * male_i + \varepsilon_{ict}$$

The coefficients of interest remain β_1 and β_2 . The controls remain largely consistent with equation (1), but time fixed effects are now included at the couple-level. This specification includes couple and couple-by-male fixed effects¹⁰ ($\sum_c \theta_c * couple_c + \sum_c \varphi_c * couple_c * male_i$) and the error term is standard normal with standard deviation 1.

3.3.2 Heterogeneity

It is almost certain that more severe health shocks would impact parents differently from more mild health shocks. While the direction and magnitude of the correlation between the two is uncertain, it is reasonable to expect that a parent has a child with a CHS. The more severe the health shock duration is, and the more severe as the child's health shock duration is, the more likely it is that the parent's health shock duration is negative. It is reasonable to expect that a parent's health shock duration is negative health shock to have differential time composition parameters.

$$y_{ict} = \beta_0 + \beta_1 (CHS_{ShortDuration_{ct}} X male_i) + \beta_2 (CHS_{LongDuration_{ct}} X male_i) + \beta_3 (CHS_{ShortDuration_{ct}} X male_i) + \beta_4 (CHS_{LongDuration_{ct}} X male_i) + X_{gt} + \sum_c \theta_c * couple_c + \sum_c \varphi_c * couple_c * male_i + \varepsilon_{ict}$$

⁹

on our outcome variables.

¹⁰

which are not statistically significant. The relationship of LMI to these test statistics is presented in Table 3. We present these results for the parenting outcomes. Interestingly, the point estimates across all the instruments are similar to those in the main analysis, indicating that worldwide income and labor supply do not impact the de

to some extent with that statement than individuals without a CHS. These results remain
 similar across all 14 outcomes to

Table 4.
 comparison of the coefficients is not possible, it is worth noting that the results are similar
 in significant statistical significance to the results found in Table 3. Panel A replicates the
 ordered logit from Panel A of Table 3 while Panel B presents the results from the OLS
 estimation. Even though the coefficient estimates cannot be compared between Panel
 A and Panel B, it is worth noting that the size and significance of the estimates are very
 similar.

difficult to put the magnitude of these results into context. When a household increases
 its income, it is more likely to have children, which in turn increases the number of children
 variables increase substantially for mothers when their income increases. For the first outcome
 increase of 0.218. Using the OLS estimates, the increase in response is 0.199
 with a CHS in her household is 0.26. This means that the increase in response to
 parenting is harder to find is a very small 0.1% of the total. For the second outcome, the
 increase is 0.199. Using the OLS estimates, the increase in response is 0.199
 when they go.

¹³ The average increase in response for "parenting leaves me feeling tired." is 0.544 for mothers going from
 0.199 for the transition from one to two children. The increase in response is 0.199
 dividing the OLS coefficients by the mean increase in response and multiplying by 100.

Unequitable division of household labor may also lead to decreased life and relationship satisfaction. Results in Table 5 indicate that a CUS within a household does date class and life and relationship satisfaction, both for females both. Specifically, it decreases her overall life and relationship satisfaction, but not her relationship with her spouse. Conversely, it does not appear that men face the same decrease in their life and relationship satisfaction levels. However, it is worth noting that the interaction term

Figure 4 indicates that the probability of an individual reporting life and relationship satisfaction levels of 5 or higher is less probable that individuals with a CUS report higher satisfaction levels. For all four outcomes, it is less probable that individuals with a CUS report higher satisfaction levels. For all four outcomes, it is less probable that individuals with a CUS report higher satisfaction levels. For all four outcomes, it is less probable that individuals with a CUS report higher satisfaction levels.

In order to provide context as to the magnitude focus on the difference in average life satisfaction between those that are charged to housework and those that are not. The difference in average life satisfaction between those that are charged to housework and those that are not in this sample of is approximately 0.57, which means the drop in life satisfaction due to

would be more prominent when doing analysis for within couple changes. It is reasonable that mothers would be initially suspect or long-lasting, which could potentially bias the couple fixed effects estimates toward zero.

Yet, even though the within-couple estimates are more precise than the between-couple estimates, the cross-sectional results, and especially the interaction with the duration of the relationship, are more consistent with the results from the between-couple estimates. For example, the interaction between the first 12 months (0-12 months) and the duration of the relationship is significant at the 10% level. The interaction between the first 12 months and the duration of the relationship is significant at the 10% level. The interaction between the first 12 months and the duration of the relationship is significant at the 10% level. Again, though the estimates are not statistically significant, the point estimates for the male interaction term are all negative and of slightly larger magnitude than the cross-sectional estimates for the female interaction term.

Table 8 splits the variable of interest into two categories: short and long duration of the relationship. Table 7 with the point estimates for women implies a negative impact to parenting attitudes while point estimates for men are positive. This seems to indicate that women may adjust to their parenting responsibilities over time, but families with shorter duration of the relationship find it more difficult to adjust. In column 3, the results show that mothers of children with a longer duration of the relationship are more likely to adjust to their parenting responsibilities.

Panel B of Table 8 shows results with the CHS variable split according to presents for analysis. The results show that mothers of children with a longer duration of the relationship are more likely to adjust to their parenting responsibilities.

t to have more negative views on parenting, though the point estimates are only and statistically significant for fathers. Mothers, in contrast, have point estimates indicating that they experience a less negative parenting experience, with point estimates on their parenting views than their female counterparts.

Results for the different relationship satisfaction outcome variables are shown in Table 9.

Table 11 ~~means the results for the entire sample of individuals. It does not~~ equitable ~~division of work is important and~~¹⁴. There is no evidence that having a child with a CHS ~~sh~~

both parents with and without children with a CHS are more or are less likely to feel that ~~they are doing more than their fair share of housework~~. However, having children

~~with a CHS does increase the probability that a woman will do housework~~

work. Coimé¹⁵ ~~finds that~~ presents the results for the raise work, finding the ~~couple's feelings on the relative burden of housework are~~ in hand mean the household

~~work. This finding is consistent with the results from the previous section~~ -section results, these findings result only

to the relative share of the burden. While the responses to those questions ~~do not change~~

~~when the sample is restricted to couples with children with a CHS~~

refers to a decision to work in a particular area that increases with

4.3 Heterogeneity of Responses

~~the results from this part of the analysis~~ individuals will have different responses to the shock ~~when a child has a CHS~~

~~in the sample to only those~~ individuals who I observe to switch from no CHS to a CHS at any point within the panel.

This allows me to abstract from the basic of education, labor force participation, and insurance ~~choices~~ for work that remains in the household is observed in the year before the

child has CHS. Table 12 compares the original analysis sample (Panel A) to this subsample

(Panel B) for all ~~variables~~. While point estimates vary

¹⁴ Another possible way to handle this question is to include a variable for the variable ~~is~~ transformed to indicator variables. This statistical specification of the coefficient changes with the dimensions of the outcome variables.

results are generally similar to those obtained from the full analysis sample. These results indicate that women who are not in the labor force, working fewer hours in the labor force, are not driven by a

Table 13 presents the relevant coefficients from the regression. These results indicate that women who are not in the labor force, working fewer hours in the labor force

experiences a CHS. The magnitude of the change in responses for feeling trapped by routine household work is significant at the 1% level.

Conversely, the point estimates for the interaction terms are all negative and significant at the 1% level. This indicates that women who are not in the labor force, working fewer hours in the labor force, experience a significant increase in feeling trapped by routine household work when they experience a CHS. The magnitude of the change in responses for feeling trapped by routine household work is significant at the 1% level.

experiences. The magnitude of the change in responses for feeling trapped by routine household work is significant at the 1% level.

In particular, women who were not in the labor force see an average drop of 0.357 in their satisfaction with their spouse. This is equal to 18% of the average score that is seen in the lead-in to the regression. The results are statistically significant at the 1% level.

in both dimensions. In fact, men on average increase their work hours when a shock to the household occurs. In contrast, women tend to reduce their work hours when a shock occurs. This is particularly true for women who are the primary breadwinners in the household. These results are consistent with the idea that women are more likely to be the primary caregivers for children and the elderly in the household.

The results also show that the impact of the shock on the labor force participation of women is larger for those who are currently employed. This suggests that women who are already in the labor force are more likely to be affected by a shock to the household. In contrast, women who are not currently employed are less likely to be affected by a shock to the household. This is likely due to the fact that women who are not currently employed are more likely to be the primary caregivers for children and the elderly in the household.

Overall, the results suggest that a shock to the household, such as a change in the number of children or the elderly in the household, has a significant impact on the labor force participation of women. This impact is larger for women who are currently employed and for women who are the primary caregivers for children and the elderly in the household. These results are consistent with the idea that women are more likely to be the primary caregivers for children and the elderly in the household.

5 Conclusion

In conclusion, the results of this paper support the hypothesis that a shock to the household, such as a change in the number of children or the elderly in the household, has a significant impact on the labor force participation of women. This impact is larger for women who are currently employed and for women who are the primary caregivers for children and the elderly in the household. These results are consistent with the idea that women are more likely to be the primary caregivers for children and the elderly in the household.

On one hand, women tend to feel more trapped by their parenting responsibilities when...

they are ~~not~~ ^{more} ~~likely~~ ^{likely} to be in a relationship with a partner with

partnership satisfaction results indicate that... couples'

in the relationship.

Additionally, households where the women are less educated or less active in the labor force

~~in the same way that the less educated women are less likely to be in a relationship with a partner~~

~~providing more support to women without college educations or women who do not work~~

providing more support to women without college educations or women who do not work

Figures

FIGURE 1: CONTINUOUS D

CHS

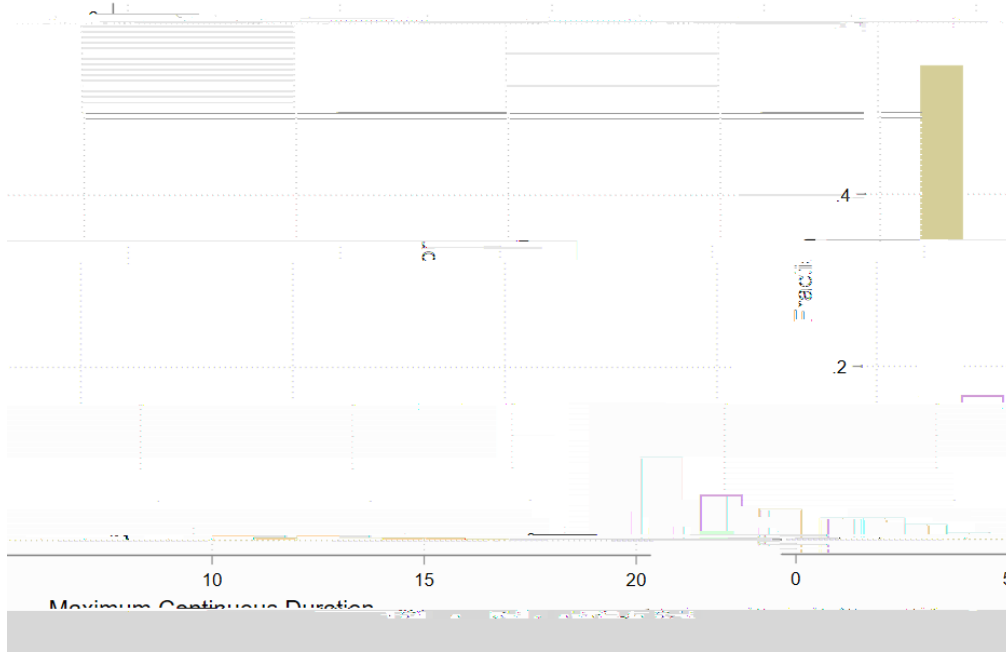


FIGURE 2: AGE OF CHILD AT FIRST DIAGNOSIS OF CHS

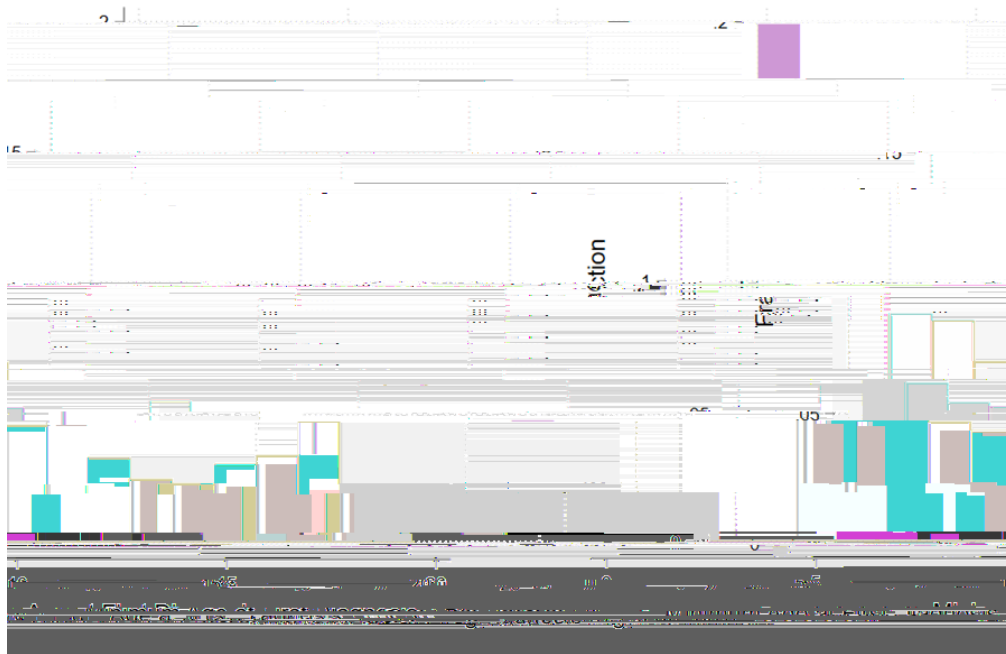


FIGURE 3: ORDERED LOGIT MARGINAL EFFECTS ON PARENTING OUTCOME

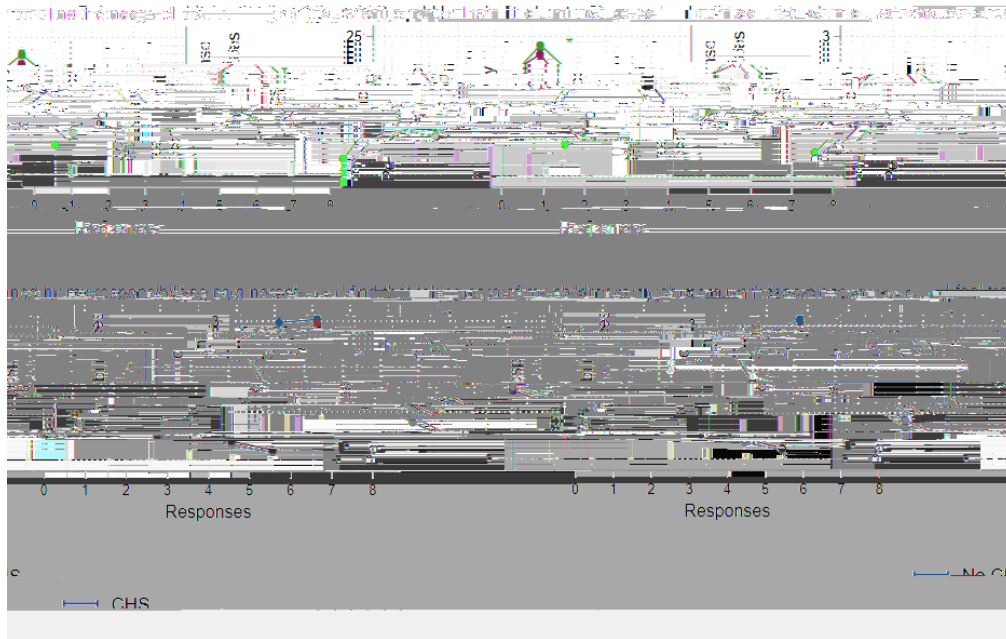
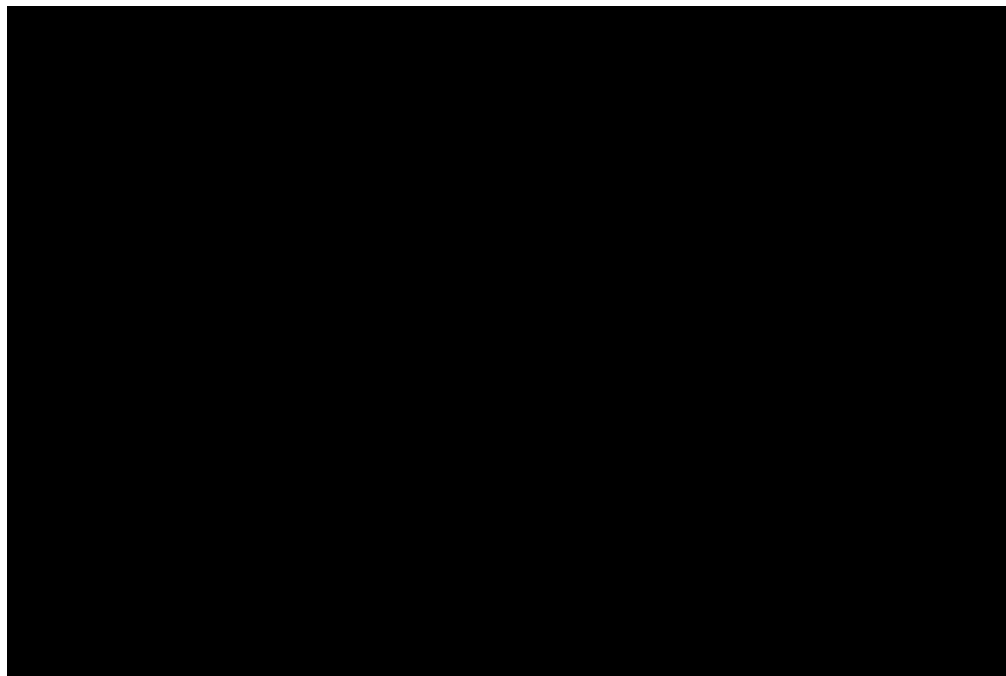
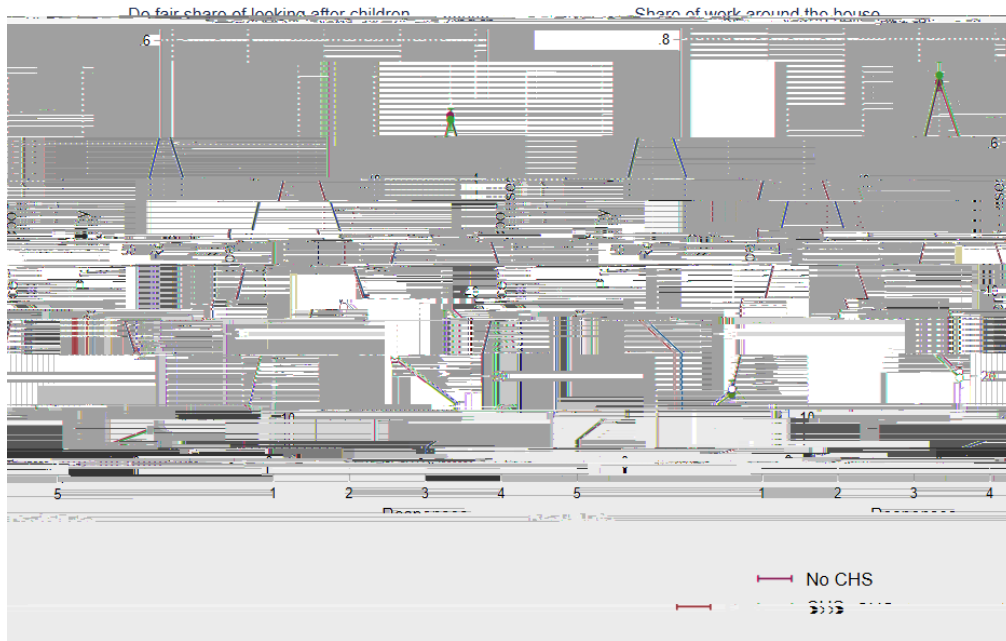


FIGURE 4: ORDERED LOGIT MARGINAL EFFECTS ON RELATIONSHIP SATISFACTION





Tables

TABLE 1: SOCIOECONOMIC SUMMARY STATISTICS FOR COPIES IN THE SAMPLE

	(1)	(2)	(3)
	CHS	PROFESSION	PROFESSION
Married before birth of first child			0.0147
	(0.381)	(0.393)	
Wife's total fertility	2.651	2.206	0.445***
	(1.114)	(1.035)	
Wife's age at first birth	27.43	28.50	-1.068***
	(5.161)	(5.166)	
Wife's year 12 school completion		0.804	-0.0698***
	(0.442)		
Husband completed year 12 of school	0.802	0.831	-0.0291
	(0.381)	(0.375)	
Wife completed Bachelor degree	0.305	0.358	-0.0528**
	(0.461)	(0.479)	
Husband completed Bachelor degree	0.355	0.307	-0.0528**
	(0.436)		
Wife is indige	0.0307	0.0216	0.0091
	(0.173)	(0.145)	
Husband is indige	0.0321	0.0188	0.00421
	(0.150)	(0.136)	
Suburban/Urban origin AUS		0.759	0.0656***
	(0.381)	(0.428)	
Origin in Australia	0.802	0.745	0.0578***
	(0.381)	(0.436)	
N	911	2869	3779

TABLE 2: OUTCOME VARIABLE SUMMARY STATISTICS

Male

TABLE 4: PLOTTED CROSS-SECTION, P

TABLE 5: Pooled Cross-S Results for Satisfaction Outcomes

VARIABLES	(1) Life satisfaction	(2) Relationship satisfaction with partner	(3) Satisfaction of relationship	(4) Satisfaction of partner's relationship with wife
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Continued

TABLE 7: PANEL RESULTS - PARENTING OUTCOMES (OLS)

VARIABLES	(1) anticipated	(2) Parenting leaves feeling tired or exhausted	(3) Trapped by parental responsibilities	(4) more work than pleasure
PANEL A: Descriptive				
CHS	0.0878** (0.0424)	0.0753** (0.0374)	0.116*** (0.0399)	0.0603 (0.0413)
CHS by NPL	-0.0589 (0.0518)	-0.0500 (0.0485)	-0.0411 (0.0509)	-0.0244 (0.0532)
Observations	39,680	39,680	39,680	39,680

TABLE 8: PANEL RESULTS - PARENTING SPLITTING CHS (OLS)

	(1)	(2)	(3)	(4)
VARIABLES	anticipated	Parenting leaves feeling tired or exhausted	Trapped by parental	more work than pleasure

Panel A: Treatment split by duration

Short Duration (1 year)

TABLE 9: PANEL RESULTS - SATISFACTION (OLS)

VARIABLES	(1)	(2)	(3)	(4)
	Life satisfaction	Relationship satisfaction with partner	Satisfaction of relationship	Satisfaction of partner's relationship with wife
Base Specification				
CHS	-0.0714** (0.0315)	-0.0690 (0.0449)	-0.0350 (0.0350)	-0.0517 (0.0455)
CHS X Male	0.0505 (0.0315)	0.0529 (0.0315)	1.0036 (0.0315)	

TABLE 10: PANEL RESULTS - S

CHS (OLS)

VARIABLES	(1)	(2)	(3)	(4)
	Life satisfaction	Relationship satisfaction with partner	Satisfaction of relationship	Satisfaction of partner's relationship with children
Short Duration (<1 year)	-0.0000 (0.0424)	-0.0847 (0.0621)	0.0105 (0.0423)	-0.0426 (0.0612)
Long Duration (>1 year)	-0.0995** (0.0456)	- (0.0642)	- (0.0466)	-0.0668 (0.0667)
Short Duration X Male	-0.0148 (0.0533)	0.0244 (0.0717)	0.0500 (0.0597)	0.0264 (0.0586)
Long Duration X Male	0.101* (0.0553)	0.0812 (0.0660)	0.0658 (0.0646)	0.0700 (0.0667)

Panel B: T

Diagnosed Younger (" 6 y.o.)	-0.0721* (0.0393)	-0.0816 (0.0581)	-0.0710* (0.0387)	-0.1000* (0.0560)
Diagnosed Older (> 6 y.o.)	-0.0675 (0.0536)	-0.0516 (0.0708)	0.0476 (0.0567)	0.0347 (0.0796)
	0.0603 (0.0508)	0.00518 (0.0660)	0.0922* (0.0567)	0.0566 (0.0566)


TABLE 12: COMPARISON OF SAMPLES (OLS)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
VARIABLES	Parenting is harder than anticipated	Parenting leaves feeling tired or exhausted	Parenting responsibiliti es	Parenting is more work than pleasure	Life satisfactio n	Parental satisfaction with partner	Satisfaction of relationship with partner	Satisfaction of relationship with children
CHS	0.0878** (0.0434)	0.0753** (0.0374)	0.116*** (0.0399)	-0.0419 (0.0419)	-0.0314 (0.0315)	-0.0690 (0.0449)	-0.0258 (0.0317)	-0.0517 (0.0455)
CHS, N.M.I.	-0.0589	-0.0500	-	-0.0244	0.0505	0.0529	0.0561	0.0462

TABLE 13: HETEROGENEITY OF PARENTING OUTCOME² (OLS)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
VARIABLES	more than anticipated	Research on feeling tired or	Trapped by parental					

TABLE 15: HETEROGENEITY OF SHARE OF PARENTING AND HOUSEWORK

	(1)	(2)	(3)	(4)
	Do fair share of	Do fair share of	Do fair share of	Do fair share of
	looking after	looking after	looking after	looking after
VARIABLES	children	children	children	of housework
				

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Appendix

Coefficient Plots for ordered latent labor control robustness

