

This article examines the need for and use of leaves designated by the Family and Medical Leave Act. Using national data, we show that women, parents, those with little income, and African Americans are particularly likely to perceive a need for job leaves. However, it is married—not single—women and Whites who are particularly likely to take such leaves. The authors suggest that this disjunction between need and use is a consequence of the construction of leave policy—that it provides for only short, unpaid leaves for a narrow slice of workers and those politically constructed as “family”—and the unresponsiveness of workplaces. These limits likely reinforce inequality based on gender, race, and family status.

Job Leaves and the Limits of the Family and Medical Leave Act

The Effects of Gender, Race, and Family

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Magazine articles, op-ed pieces, and popular books now regularly address how job obligations impinge on family ties and how family obligations interfere with job responsibilities. Clearly, we have moved beyond what sociologists and historians decried in the 1970s and 1980s as the “myth of two separate worlds”—the notion that work and family were really separated in space, in time, and in people’s minds (e.g., see Gerstel & Gross, 1987; Glass & Estes, 1997). Notably, it took White middle-class mothers’ entrance into the labor market to force revision of mainstream media images and political policies concerning the families of employees. With the entrance of such White women, especially mothers, into the paid labor force,

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family caregiving became simultaneously more visible and more threatened. Concomitantly, pressure on politicians and organizations to attend to the family needs of employees intensified (Families and Work Institute, 1991).

Some scholars believe that the tide is now turning in favor of government intervention, pointing to the proliferation in recent years of bills in the U.S. Congress addressing the “accommodation” of employers to family needs (Burstein, Bricher, & Einwohner, 1995). In their recent review of family responsive workplaces, Glass and Estes (1997) write that “one of the major family needs addressed through workplace initiatives are those policies that reduce work to provide time for family caregiving” (p. 294). The Family and Medical Leave Act (FMLA, 1993) is the major federal initiative to respond to this set of needs. In this article, we analyze the need for and use of those job leaves designated by the FMLA.

The FMLA was signed into law by President Clinton in 1993 after protracted debate and at least a decade of delay.¹ Its central provisions include a guarantee that people employed for more than 12 months (or 1,250 hours) in companies with at least 50 employees within 75 miles of their work site can take up to 12 weeks unpaid leave per year. Without losing their jobs, these workers can take that leave to care for newborn or newly adopted children, for seriously ill spouses, children, or parents, or to recover from their own serious health conditions, including pregnancy. Serious illnesses and health conditions are defined as those requiring at least one night in the hospital or continuing treatment by a health care provider.

Each of these provisions was the result of protracted political debates with an extensive coalition joining together to negotiate each part and each compromise. In his 1998 state of the union address, Clinton proudly claimed the FMLA as the first bill he signed into law and suggested that 15 million citizens had taken such a family leave since its inception.² It was touted as a “gender neutral” [FMLA, 1993, Section 2 (b) 4] bill that extended its rights and protections to men as well as women.

Although its passage was clearly a major political victory, its limitations—especially lack of provision for remuneration, allowable leave length (12 weeks), and scope (including only a limited proportion of employees as well as a narrow definition of the family)—were also clearly the results of coalition politics. As Elison (1997) writes, “The FMLA is targeted to cover those within the primary sector of the labor market who are more likely to have access to financial and familial resources. Families with these characteristics would tend to be White, middle class, and married” (p. 312) (see also Marks, 1997). Very little research has examined empirically the extent to which the need for job leaves and their use are tied to these differences in social characteristics. This article begins to do so.

This article focuses on three issues. First, we analyze the extent to which Americans say they need to take the kind of job leaves designated by the FMLA. Second, to revisit with new data some debates that took place between the act's proponents and opponents, we analyze who actually takes such leaves. Third, we focus on three limits on leave use: pay, scope, and workplace responsiveness. We argue that whereas the act may have been passed as an attempt at gender-neutral policy, the opportunities it ensures are not only highly gendered but also restricted by race and family characteristics.

LITERATURE REVIEW

We will briefly review two sets of literature: (a) caregiving to families and (b) job leaves to do that caregiving.

LITERATURE ON CAREGIVING

The FMLA (1993) provides for leaves when an individual is sick, gives birth, or needs to provide for a sick child, spouse, or parent. Even prior to the passage of the act, both men and women not surprisingly took time off for their own sickness—African American men most often, White women least often, with only women generally taking time off for childbirth (Spalter-Roth & Hartmann, 1990). Much literature shows that Americans also spend a great deal of time caring not only for spouses and young children but for adult children and elderly parents. Such kin work—like domestic work more generally—is unevenly distributed within and across families.

Within families, gender matters. Both husbands and wives believe that it is women who should keep in touch with and care for kin (Brody, 1990; Gatz, Bengston, & Blum, 1990; Mancini & Blieszner, 1989; Stone, Cafferata, & Sangl, 1987). There is much evidence to suggest that women do, in fact, provide more care than do men to a range of kin—including those covered by the act, such as elderly parents and adult children, as well as those not covered, such as siblings and more distant kin (Abel, 1991; Aronson, 1992; Di Leonardo, 1987; Eriksen, 1998; Rossi & Rossi, 1990). Such caregiving to kin often entails a great deal of hard work, whether emotional, financial, or physical (Abel, 1991). Gerstel and Gallagher (1996) find that this labor adds about an extra work week to women's monthly load.

Although the evidence is far more debated and limited here, some studies also suggest that race shapes caregiving. In particular, African Americans seem more likely than Whites to value intensive kin ties and have expectations for care from them. Some studies suggest that African Americans are

also more likely to provide care to a range of family members. However, here the evidence is more mixed, with some recent research suggesting that whereas care may be more valued among African Americans, it may also be less available, in part because network members have fewer resources to provide care (Collins, 1994; Hogan, Eggebeen, & Clogg, 1993; Jarrett, 1997; Lee, Peek, & Coward, 1998; Roschelle, 1997; Stack, 1974; Stack & Burton, 1994; for evidence on variation across the lifespan, see Silverstein & Waite, 1998). Although there is even less evidence on Latinos, Hogan et al. (1993) suggest that Mexican Americans resemble African Americans more than Whites in their patterns of caregiving.

A number of authors have documented the ways this often demanding but taken-for-granted caregiving produces heightened levels of psychological distress (Gallagher, Wrabetz, Lovett, DelMaestro, & Rose, 1989; Gerstel & Gallagher, 1993). When combined with employment, caregiving is particularly likely to be stressful, sometimes associated with physical and mental illness (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993; Starrels, Ingersoll-Dayton, Dowler, & Neal, 1997), conflict within the family (McGonagle & Kessler, 1990; Piotrkowski, Rapaport, & Rapaport, 1987), and probably reduced job productivity (Glass & Estes, 1997). Schor (1992) suggests recent surveys show parents increasingly want to limit their time on the job so they can give care to family members. These findings suggest a clear, although variegated, need for job leaves.

LITERATURE ON JOB LEAVES

Turning to the literature on job leaves, we find little discussion of employees' perceived need for job leaves to provide for family members; there is somewhat more research on the use of such leaves, especially maternity leaves.

Klerman (1993) estimated that about one third of all new mothers took maternity leave before the passage of the act. A few studies examined changes in the use of maternity leaves with the advent of state leave policies, but their conclusions are mixed. Using census data from 1980 and 1990, Klerman and Leibowitz (1997) found that compared to states without such statutes, states with maternity leave statutes had fewer mothers who stopped employment after childbirth (although including proxies for the strength of the state's economy reduced this positive estimate to nonsignificance). They also found that mothers of young children were more likely to take leaves in states with leave statutes (even after controlling for state unemployment rates). Comparing national (Current Population Survey) data from the pre-FMLA (1992-1993) with the post-FMLA (1994-1995) period, Waldfogel (in

press) suggests that whereas changes in the continuity of employment were negligible, there was an increase in leave taking among mothers. These effects, however, were primarily among those mothers with children younger than 1 year who worked in medium-size (100 to 499 employees) firms. The Families and Work Institute's (Bond, Galinsky, Lord, Staines, & Brown, 1991) study of four states with parental leave law showed that women did not take longer leaves after the passage of new state statutes. Using national data from periods before and after the passage of the FMLA, Ross (1998) comes to a somewhat different conclusion: Although finding legislation had little effect on employment, she suggests it did substantially extend the average length of maternity leave. Thus, she concludes that "the primary effect of the FMLA on maternity leave taking may have been to extend the length of available leave for women who already had some options for job-protected leave" (p. 3).

Although these researchers have begun to examine the effects of leave legislation on the actual use of leaves, there are limits on their ability to specify such effects. As Klerman and Leibowitz (1997) and Waldfogel (in press) themselves note, some of the change in leave taking they document may not have been a result of a change in the law but rather a result of other simultaneous social and political changes (e.g., increases in women's labor force participation or availability of child care). Even though these researchers introduce some important controls, they cannot adequately control (or know) all of the potentially confounding effects. And they must assume, perhaps mistakenly, that the characteristics of the women in the treatment group correlated with the passage of the law were also characteristic of individuals in the control group. Thus, measures of change may well overstate the legislation's effect. Moreover, all these studies of change are limited to maternity leave; although there are clearly benefits to looking at such specific types of leave, none assesses the overall need for or use of job leaves to provide care for the range of family members who are covered by the FMLA. As Ross (1998) notes, "Perhaps the most substantial effects of the FMLA on labor market behaviors will be among the population of employed caregivers as a whole, not just recent mothers" (p. 21). In addition, these studies of change assume that the respondent is not at work because he or she took time off to provide family care (i.e., researchers operationalize leave with a series of question that designate respondents as "employed but not at work in the last week" often in combination with "gave birth within the previous 12 months"). None employ direct questions specifically asking the respondents whether the reason they took time off from jobs was to care for family members. Finally, these studies of change over time do not compare important social characteristics—such as gender or race—of those who do and do not need or take leaves.

Some studies have looked at differences in social characteristics between those who took leaves and those who did not (although these studies were typically before the FMLA and at one point in time). Bond et al. (1991) showed that women from lower income households took less time off after childbirth than did women from higher income households (for recent supporting evidence from Minnesota, see McGovern, Dowd, & Gjerdingen, 1998). Studies prior to the act also showed that men often did take parental leaves but typically of very short duration—from 3 days to 1 week (Bond et al., 1991; Hyde, Essex, Clark, Klein, & Byrd, 1996; Pleck, 1993). The Families and Work Institute (1993) suggests income is not the only thing holding men back; they are also affected by the “persistent expectations in the workplace and in the larger society that men should—or at least will—give higher priority to their jobs than parenting” (p. 5). Hyde et al. (1996) found that prior to the passage of the FMLA, women took an average of 9 weeks (3 weeks less than that provided by the act) of maternity leave. Importantly, they found most women returned to work earlier than they might otherwise have for two reasons: They needed the money, and the leaves allowed were too short.

Research shows that shorter maternity leaves are associated with job attrition (Glass & Riley, 1998) and, especially when combined with other risk factors such as a troubled marriage, increased symptoms of depression (Hyde et al., 1996). Such symptoms, in turn, may produce lowered job productivity (Hyde, 1995).

RESEARCH QUESTIONS

In this article, we examine both the need for and use of job leaves after the passage of the FMLA. Although we do not have data before and after the passage of the FMLA that might allow us to assess the act’s effects, we do have national data that allow us to analyze the need for and use of a range of job leaves since it was passed.³ Our data, unlike that used in most other studies, asked respondents directly about needing and taking job leaves to provide care for the range of family members covered by the act.

In this article, we analyze the following three questions:

1. Who needs job leaves to care for family members, or how does such perceived need vary by gender, family characteristics (including marital and parental status), race, or class position?
2. Who actually takes a leave, and what are the characteristics of (including reasons for and length of) their leaves?
3. What explains the difference between those who need leaves and those who take them?

DATA AND METHOD

SAMPLE

This article uses data from a national survey conducted under the auspices of the Congressional Commission on the Family and Medical Leave Act. As the first national survey of leave needing and taking, this employee survey randomly sampled the telephone household population of the conterminous United States, age 18 years and older who had been employed for pay any time between January 1, 1994, and the time of the interview (a time span of approximately 18 months). The field period was from June to August 1995.

The population was divided into three sample subtypes based on responses to the following questions: "Since January 1, 1994, have you [or another family member] taken time off from work to care for a newborn, newly adopted, or new foster child or for your [or their] own serious health condition, the serious health condition of your [or their] child, spouse, or parent that lasted more than 3 days or required an overnight hospital stay?" If the informant answered no, he or she was asked the following: "Since January 1, 1994, did you [or another family member] need but not take time off from work?" Informants were told to include vacation and sick time when thinking about leave.⁴ These questions were used to form the following three sample subtypes: (a) leave takers, consisting of persons who did take a leave in the required time period for the reasons described; (b) leave needers, consisting of persons who did not take a leave but needed to take one in the required time period for the reasons described; (c) employed-only persons who did not take or need to take a leave in the defined time period but who met the age and employment criteria for eligibility. In the analysis, we combine these subtypes in various ways to produce the sample outcome groups (e.g., in some analyses, we combine leave needers and leave takers to create a group of persons who needed leave). In text and tables, we describe in detail the particular group we are analyzing.

Leave takers were subsequently asked to specify the length of the leave they took and the reasons for that leave (i.e., to care for newborn/newly adopted/new foster child; their own health condition, the health condition of their child, spouse, or parent). If the respondent volunteered some other kin that fell outside the definition in question, that was recorded, and the interview proceeded. Data on leaves taken, leaves needed, the length and reason for leave, and various social and demographic characteristics of the respondent were obtained during the telephone interview with a total of 2,253 respondents. Weighted response rates were 73% for leave takers, 76% for leave needers, and 71% for employed-only persons.

An analysis weight was calculated from the product of the following component weights and was used in all analyses: (a) a sample selection weight factor, which is the reciprocal of the probability that the respondent is included in the sample; (b) a screening nonresponse weight, which adjusts for geographic and urbanicity differences in response rates; and (c) an interview nonresponse weight, which adjusts for differences in response rate by sex and age group categories.

VARIABLES AND ANALYSES

SAS/STAT (SAS Institute, 1994) was used to calculate univariate descriptive statistics; SUDAAN (1992) was used to calculate cross-tabulations between demographic variables and leave needing and taking, to estimate logistic regression models, and to compute appropriate standard errors of these estimates. Using a first-order Taylor series approximation for estimation, SUDAAN (unlike most software packages) accounts for complex sample designs in its computation of standard errors. All results presented below are adjusted for variations in nonresponse and reflect subselection among the sample types.

Key demographic variables used to examine characteristics of leave needing and taking include the following series of dichotomous variables: gender (0 = male, 1 = female), low household income (0 = total family income in 1994 dollars of greater than \$30,000, 1 = total family income in 1994 dollars of less than or equal to \$30,000), currently married or cohabiting (0 = no, 1 = yes), and the presence of children younger than 18 in the household (0 = no, 1 = yes).⁵ Given the support of the FMLA by some unions and its usefulness as a measure of workplace characteristics, we included a dichotomous variable of union membership (0 = no, 1 = yes). A series of dichotomous variables was created to designate racial categories: non-Latino White (0 = no, 1 = yes), non-Latino African American (0 = no, 1 = yes), Latino (0 = no, 1 = yes), and American Indian, Alaskan native, Asian and Pacific Islander (collapsed into Other: 0 = no, 1 = yes). We also created two dichotomous variables measuring workplace responsiveness to job leaves, including whether respondents "felt pressure to return to work by bosses and coworkers" and were "denied time off to attend to family medical concerns" (0 = no, 1 = yes).

Finally, we created a variable to indicate whether a respondent was covered by the FMLA during the time of his or her leave (0 = no, 1 = yes). To assess whether they were covered by the FMLA during their leave, respondents were asked about the number of permanent employees at their organi-

zation (within a 75-mile radius) and the amount of time (in both months and hours per week) they had worked for their organization in the previous 18 months.⁶ Employees were designated as covered if they had worked for a covered employer (an employer with 50 employees or more at one work site or within at least 75 miles of the same work site) for at least 1 year and for 1,250 hours during the previous 12 months.

FINDINGS

NEEDING LEAVES

A fifth of employees said they needed a leave from jobs for reasons covered by the act. Who are they? Table 1 presents the proportion of persons needing to take a leave regardless of whether they actually did so. These results show that certain demographic groups are significantly more likely to perceive a need for a leave. Specifically, women are more likely than are men, and those with children in the household younger than 18 are significantly more likely than those without such children to perceive a need for a leave. In addition, race and income matter: Those with less money and non-Whites, particularly African Americans, are significantly more likely to report needing a leave.

As the results from the logistic regression models presented in Table 2 show, even after controls this same set of social characteristics exert independent and significant effects: Women, African Americans, those with low income, and those with dependent children are still significantly more likely to perceive pressure to take time off from their work than are men, Whites, or Latinos, those with more income, and those with no children at home.⁷ In concert, these findings suggest that it is not simply family and work characteristics typically associated with gender and race that explain their effects: Net of other familial factors (such as marriage, parenthood, or household income) or job characteristics (such as union membership), women and African Americans are still significantly more likely to perceive a need to take a leave from their jobs.⁸

TAKING LEAVES

When we turn to leave taking, we find quite a different picture. A majority (83%) of those who need leaves actually take them. As we will now show, and as critics of the FMLA warned, a great deal of inequality remains between those who do and do not take leaves.

TABLE 1: t Tests for Leave Needers: Demographic Characteristics

<i>Characteristics</i>	<i>Percentage Needing Leave</i>	<i>SE</i>	<i>t</i>
Gender			
Male	16.3	1.00	-4.39**
Female	24.6	1.60	
Income			
Less than \$30,000	23.9	1.50	2.33**
Greater than \$30,000	19.7	1.00	
Race			
White	18.7	0.80	3.07**
Not White	25.6	2.10	
Black	26.9	3.20	2.27**
Not Black	19.4	0.80	
Latino	25.9	3.60	1.71*
Not Latino	19.6	0.80	
Other race	22.1	4.00	0.51
Not other race	20.0	0.80	
Married/partner			
Yes	20.4	0.90	0.50
No	19.6	1.40	
Union			
Yes	21.9	2.00	0.96
No	19.8	0.90	
Children (younger than 18 in household)			
Yes	24.9	1.30	5.12**
No	16.5	1.00	

SOURCE: Adapted from SUDAAN (1992) to generate standard error.

NOTE: Those who perceived a need to take a leave regardless of whether they actually took a leave. Unweighted total $N = 2,253$: $n = 1,218$ takers (54.1%), $n = 206$ needers (9.1%), and $n = 829$ employed only (36.8%). Weighted total $N = 11,916$: $n = 1,997.44$ takers (16.8%), $n = 403.52$ needers (3.4%), and $n = 9,515.1$ employed only (79.9%).

*.05 < p < .10. ** $p \leq .05$.

The analysis presented in Table 3 describes demographic characteristics associated with leave taking. These analyses are based on the subset of individuals who reported that they needed to take a leave. We find that just as women are more likely to report needing a leave (see Table 1), they are significantly more likely than men to take a leave. Other factors that shaped need—both low income and the presence of children in the household—do not affect leave taking. In fact, those with more income are actually more likely to take a leave, although not significantly so. (Note, however, that most of those with or without children and most of those with high as well as low income in fact take the leaves they report they need.) When we turn to race,

TABLE 2: Logistic Regression: Predicting Leave Needing

<i>Variables</i>	<i>b^a</i>	<i>Odds Ratio</i>
Female	0.47	1.60****
Children	0.57	1.77****
Union	0.06	1.1
Low income	0.26	1.30**
Married/partner	0.09	1.10
Race		
Black	0.37	1.45**
Latino	0.24	1.27
Other	0.24	1.27
Intercept	-2.07	0.10****

SOURCE: Adapted from SUDAAN (1992).

NOTE: For Leave needing: 1 = yes (leave needed), 0 = no (employed only); For Female: 0 = male, 1 = female; For Children younger than 18 in household: 0 = no, 1 = yes; For Union: 0 = not member union, 1 = member union; For Income: 0 = high income (greater than \$30,000), 1 = low income (0-\$30,000); For Married/partner: 0 = never married/separated/divorced/widowed, 1 = married or cohabiting; For Race: Black, Latino, other are dummy variables for race (0 = no, 1 = yes); White is an excluded category.

a. Unstandardized coefficients.

** $p \leq .05$. **** $p \leq .001$.

we see a very different pattern. At the bivariate level, there is an important reversal: Whereas we showed earlier that African Americans are more likely to report needing leaves, they are significantly less likely to take them than any other racial group, including not only Whites but also Latinos and others.

Presenting results of logistic regression models, Table 4 examines predictors of leave taking in the subgroup of respondents who needed to take a leave. These results show that gender remains significant when other factors are controlled: Women are significantly more likely to take a leave than are men. Importantly, the bottom panel of Table 4 also shows a significant interaction of marriage and gender. It is married women (or those with partners) who are significantly more likely to take a leave than are married men; single women who perceive a need for a leave are not more likely to take those leaves than are single men. This finding underlines the remaining power of husband's breadwinning to keep them always on the job (see Bianchi, 1996) and suggests marriage (rather than simply gender) still promotes the feminization of caregiving—a finding we will return to later.

Beyond gender differences, Table 4 shows that neither income nor the presence of children has a significant effect on leave taking. Recall that we found that those with less income, similar to those with more children, were significantly more likely to need a leave.

Moreover, this regression model shows that African Americans (men and women alike) are significantly less likely than their White counterparts to

TABLE 3: t Tests for Leave Takers: Demographic Characteristics

<i>Characteristics</i>	<i>Percentage Taking Leave</i>	<i>SE</i>	<i>t</i>
Gender			
Male	80.0	2.00	-2.34**
Female	85.7	1.40	
Income			
Less than \$30,000	81.4	1.80	-1.08
Greater than \$30,000	84.0	1.60	
Race			
White	84.2	1.30	1.53
Not White	80.0	2.40	
Black	76.0	3.80	-2.04**
Not Black	84.0	1.20	
Latino	84.1	3.70	0.26
Not Latino	83.1	1.20	
Other race	82.5	5.30	-0.13
Not other race	83.2	1.20	
Married/partner			
Yes	84.2	1.40	1.30
No	80.8	2.20	
Union			
Yes	84.0	2.50	0.32
No	83.1	1.30	
Children			
Yes	82.8	1.70	-0.34
No	83.6	1.60	

NOTE: Those who actually took a leave (among those who perceived a need to take a leave): Unweighted total $N = 1,424$; $n = 1,218$ takers (85.5%), $n = 206$ needers (15.5%). Weighted total $N = 2,400.96$; $n = 1,997.44$ takers (83.2%), $n = 403.5$ needers (16.8%). See Table 1 for description of variables and standard error.

** $p \leq .05$.

take a leave, even though, as we have already shown, they are significantly more likely to perceive a need for such a leave. That is, this racial difference is significant even with controls for the important resource of household income.

We also found that, net of other factors (data not presented in table), the chances that African American women will take a leave is only about half that of White women (odds ratio = .52), and African American men are only about three quarters as likely as White men to take a leave (odds ratio = .76); in contrast, Latina women are approximately equal to White women, and Latino men are approximately equal to White men. (Note that White women are about 1.7 times more likely than are White men to take a leave; in a multivariate logistic regression model controlling for all the variables in Table 4 but

only among Whites, results for GENDER were as follows: odds ratio = 1.72, $p < .05$.)

REASONS FOR TAKING LEAVES

People take leaves for numerous reasons. Whereas the majority of leaves are to care for oneself (64%), slightly more than one third (36%) are taken to care for other people—most often children (22%, including 14% for births and adoptions and 8% for a child's illness) but also parents (7%), spouses (3%), or some other relative (4%).⁹ Analyzing reasons for taking leaves, we again find a significant gender effect. Of those who do take a leave, men are significantly more likely to do so for themselves than are women, even if we count taking maternity disability as taking leave for oneself (in any case, less than 5% of women's leaves were maternity disability leaves). In contrast, women are much more likely than men to take leaves for other people. They were about twice as likely to take a leave for their child's health condition, about twice as likely to take a leave for their parents' health, and four times as likely to take a leave for other relatives' health.

Examining the reasons for taking leave, the differences by race are no longer significant, and the differences by income reverse themselves. Those with more income are significantly less likely to take leaves for themselves and more likely to take leaves for others. That may well be a result of the fact that the less affluent can only afford to take leaves when they are too sick themselves to go to work, whereas the more affluent have the luxury of altruism for others as well as better health themselves.

LENGTH OF LEAVE TAKEN

Leaves ranged in length from 1 day to about a year (with 90% falling within the 12-week limit covered by the act and a median of 10 days). As the main effects model in Table 5 shows, neither race nor class significantly affect the length of leaves taken, but women take significantly longer leaves than do men, and those with young children in the household take significantly longer leaves than do those without.¹⁰

As the interaction model in Table 5 shows, however, having children significantly increases the length of leave for women and decreases it somewhat for men. Conversely, Table 5 shows that union membership significantly increases the length of men's leaves but has essentially no impact on the length of women's. Table 5, then, highlights the persistence of the male breadwinning model: It suggests job characteristics continue to shape men's

TABLE 4: Logistic Regression: Predicting Leave Taking Among Those Needing Leave

Variables	Main Effect Model		Interaction Effect Model	
	b	Odds Ratio	b	Odds Ratio
Female	0.48	1.61****	-0.02	0.98
Children	0.02	1.02	0.06	1.06
Union	0.21	1.23	0.22	1.25
Low income	-0.10	1.00	-0.08	0.93
Married/partner	0.19	1.21	-0.23	0.79
Race				
Black	-0.53	0.59**	-0.52	0.60**
Latino	0.04	1.04	0.02	1.01
Other	0.14	1.16	0.10	1.10
GENMARR ^a	—	—	0.72	2.06**
Intercept	1.26	3.51****	1.54	4.67****

NOTE: Probability of leave taking: 0 = no (leave needer), 1 = yes (leave taker). See Table 2 for description of variables.

a. GENMARR = Interaction of gender and married/partner.

** $p \leq .05$. *** $p \leq .01$. **** $p \leq .001$.

family work, whereas family characteristics are more likely to affect women's employment.

THE LIMITS OF THE ACT

The passage of the FMLA was, in many ways, a major step forward. It allows leave from a job with a legal guarantee that the job will be there on the leave taker's return. Nonetheless, numerous critics of the FMLA point to many limitations. Here we will focus on three of these: that the leaves (a) are unpaid, (b) are narrow in scope, and (c) do not ensure workplace responsiveness. These three limitations help explain the uneven use of leaves by those who need it.

UNPAID LEAVES

Because the FMLA provides only unpaid leaves to covered employees, it encourages families to provide care but does so without ensuring the income caregivers often need and want to support their families. Among those who took a leave, 47% took a paid leave, and 33% took a partially paid leave. The fact that leaves are unpaid is the most common reason for not being able to take a leave: Of those who needed leaves but did not take them, the majority

TABLE 5: Ordinary Least Squares Regression: Predicting Length of Leave Among Leave Takers

Variable	Main Effect Model		Interaction Effect Model	
	B ^a	(SE)	B ^a	(SE)
Female	0.40****	(.09)	.05	(.15)
Children	0.19***	(.09)	-.27**	(.14)
Union	0.16	(.10)	.35**	(.15)
Low income	0.11	(.10)	.09	(.10)
Married/partner	0.01	(.11)	.04	(.11)
Race				
Black	-.24	(.18)	-.24	(.18)
Latino	-.26	(.18)	-.24	(.18)
Other	0.07	(.17)	.07	(.17)
GENCH ^b	—		.79****	(.18)
GENUNION ^c	—		-.42**	(.20)

NOTE: Length of leave = Log of days of leave taken. See Table 2 for a description of variables.

a. Standardized coefficients.

b. GENCH = Interaction of gender and children younger than 18 in household.

c. GENUNION = Interaction of gender and union.

** $p \leq .05$. *** $p \leq .01$. **** $p \leq .001$.

(64%) said they did not take a leave because they could not afford one; about half of those who did take leaves said they returned to work because they could not afford the extra needed time off. Moreover, of those whose leaves were unpaid or only partially paid, about one quarter had to borrow money during their leaves, and 11% received public assistance while on leave.¹¹ This helps explain why on one hand, it is married women—who have husbands to support them—who are more likely to take a leave and why, on the other hand, those with more obligations (such as dependent children to support) cannot easily avail themselves of the leaves they say they need.

Overall, then, one of the criticisms of the act made by proponents of leaves was that low-paid workers would not be able to afford to use it. We find that it is more difficult for precisely these workers to take a leave, even though our analysis also suggests they are more likely to need a leave.

THE ACT'S SCOPE: EMPLOYEE COVERAGE AND DEFINITION OF THE FAMILY

The FMLA is of limited scope in two ways. First, it covers only a narrow band of employees; second, it contains a narrow conception of the family. These help explain some of the inequalities in leave taking.

TABLE 6: Logistic Regression: Adding Coverage to Predict Leave Taking Among Those Needing Leave

<i>Variable</i>	<i>b</i>	<i>Odds Ratio</i>
Covered ^a	0.09	1.09
Female	0.47	1.60****
Children	0.02	1.02
Union	0.18	1.20
Low income	-0.09	0.91
Married/partner	0.19	1.21
Race		
Black	-0.54	0.58***
Latino	0.04	1.04
Other	0.14	1.15
Intercept	1.20	3.32****

NOTE: Probability of leave taking: 0 = no (leave needer), 1 = yes (leave taker). See Table 2 for descriptions of coefficients and variables.

a. Employees' leave covered by Family and Medical Leave Act (1993): 0 = not covered, 1 = covered.

** $p \leq .05$. *** $p \leq .01$. **** $p \leq .001$.

Coverage of Employees

One of the major limitations of the act is those employees that it covers: It excludes seasonal and temporary workers as well as those who work in firms with fewer than 50 employees. Our analysis shows that those who reported themselves to be working in organizations that fit FMLA criteria for coverage are more likely to include the relatively affluent. Slightly more than a third (39%) of those who make \$20,000 or less worked for such firms in contrast to two thirds of those who make \$50,000 or more. African Americans (74%) are significantly more likely than non-Latino Whites (54%) or Latinos (48%) to work for such firms (although there is little difference between women and men).

Importantly, however, whether an individual reported he or she worked for a firm that fit the criteria set out by the FMLA is not associated with leave taking. Using a *t* test to compare the percentage taking leave in covered firms to those in noncovered firms, we found no significant difference ($t = .6, p = .6$). Table 6 presents logistic regression models examining predictors of leave taking (in the subgroup of respondents who need a leave); it includes, in a multivariate analysis, those who reported themselves to be working in organizations that fit FMLA criteria for coverage (labeled in Table 6 as FMLA coverage). After accounting for demographic differences, we see that those in such firms who perceive a need for a leave are no more likely to take that leave than those in firms that do not fit these criteria.¹² Although we do

not have longitudinal data that would allow us to ascertain its precise effects, these findings do begin to suggest that the act has limited impact.

Narrow Definition of the Family

A second way the scope of the act is limited lies in its definition of the family. Its proponents made much of its broad coverage: It not only covers leaves for mothers and fathers to care for birth and adopted children but also leaves to care for spouses and elderly parents. This broad, “gender-neutral” coverage allowed a large coalition to form in the support of the act’s passage. However, it does not cover that wide range of kin (such as siblings, grandparents, aunts, or uncles), in-laws, and “fictive” kin (nonblood ties) who routinely need and receive care from those close to them. It does not cover those who are not legally married, including gays and lesbians who cannot legally marry.¹³

Our analysis suggests that numerous respondents need to (and some do) take leaves from work to care for relatives and nonrelatives not covered by the act. Although respondents were not directly asked, about 4% spontaneously mentioned they took leave for those (kin and nonkin) not covered by the definition of the family used by the act. More specifically, 3.29% said they took leaves for other relatives and .49% for nonrelatives not covered by the FMLA. There is good reason to think that this is a conservative estimate. The only reason we have these limited data is that the initial screening question was misunderstood by some respondents. The interview question strictly specified all the qualifying kin (child, spouse, parent) for whom leave would be taken; it did not mention other kin or nonkin. Nonetheless, these individuals said they took leave for nonspecified kin or nonkin. It is likely, then, that if we had a specific question on other kin and nonkin for whom individuals needed and took a leave, we would find the numbers to be considerably higher.¹⁴

Of course, this narrow definition of family embedded in the act is not some random result. Instead, the family was tightly constructed in this narrow way by the explicit and intense political debates in the Senate and House (for a detailed discussion of these debates, see Elving, 1995; see also Bernstein, 1997). The FMLA, like so much other family policy, uses a narrow definition of the family—a definition that is perhaps politically acceptable but nonetheless exclusive. Many have made this general point, but we want to emphasize that this definition excludes lesbians and gays as well as that wide range of kin and fictive kin who are likely to be counted as family especially (but not only) among people of color. The act thus prioritizes a very narrow definition of the family and, in doing so, legitimates and supports a narrow range of caregiving.

Workplace Responsiveness

A third limit on the use of leaves emerges from inadequate workplace responsiveness. State-mandated family policies may clash with organizational cultures and norms; these often require the demonstration of loyalty by workplace attendance visible to bosses, colleagues, subordinates, and clients. Even when the organizational culture seems responsive to family concerns, researchers suggest that managers may not be committed to or may even discourage family-friendly policy such as family leaves, especially for lower level employees (Fried, 1998; Glass, 1998; Hochschild, 1997). Consequently, workplace responses to official policy may increase inequalities in leave taking.

We found differences, especially by gender and income, in the responsiveness of workplaces to the need for leave. Women were significantly more likely than men to say that when they took a leave, they “felt pressure to return to work by bosses and coworkers” (26% vs. 19%). Especially if they were not married, economic pressures forced them to return. Whereas the differences by race were not significant, class differences were. Compared to those with more income, those with less income were significantly more likely to feel such pressure to return to work (28% vs. 21%), and they were also significantly more likely to report they had been denied time off to attend to family medical concerns (4% vs. 10%). Such analyses suggest that some groups already disadvantaged are less likely to take leaves because their workplaces and bosses are less friendly to their families. As Galinsky et al. (1997) argue, the implementation of policies by managers and their legitimization by organizational ethos may be even more important than official policy in determining whether employees take leave or experience conflict when trying to do so.

SUMMARY AND CONCLUSION

The FMLA is a de jure recognition that work and family are profoundly entwined. Even if our nation’s family leave policy still lags far behind that of most other industrialized nations (Kammerman & Kahn, 1995), it at least provides some recognition that families do not simply persist. Americans have to expend a great deal of time and effort to maintain them and the health of their members. Through the FMLA, the state has begun to support those efforts.

We found considerable demand for job leave over the 18-month period after the passage of the FMLA. Our study may even underestimate, by its

design, the extent to which Americans are likely to need and use the FMLA. Given the available data, we had to measure demand by actual leaves or perceived need for them. A better measure would be one independent either of perceived need or even leave taking; it would rely on underlying conditions—including, for example, the health of relatives and the availability of alternative sources of care. This, in all likelihood, would produce a higher estimate of potential demand, perhaps especially in some subgroups (i.e., among Blacks or among those with less income). There is an additional reason to believe that the data we used underestimate the potential demand for leaves: The sample included only those who are employed. We know that some Americans, especially women, leave their jobs to provide care (e.g., when their children are born or when their parents or spouses fall ill) (Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Spitze & Logan, 1991). To more precisely specify need for and use of job leaves, future studies should include both those in and out of the labor force.

Our analysis, using data drawn from a nationally representative sample, indicates that just as Clinton suggested in his state of the union address, millions of workers took leaves (our findings indicate that one fifth of the employed perceived a need for a leave, and of these, about four fifths took leaves) since the passage of the FMLA. Unfortunately, the data we used produce a snapshot or cross-sectional view of family leaves; as such, we cannot examine the extent to which the FMLA caused changes in these leaves. Although confined to the period following its passage, our analysis at least suggests that the act may exacerbate the inequalities it could diminish.

Although we found that relatively advantaged workers were more likely to report they were covered by the act than were those less advantaged, our analyses also suggested that such coverage—controlling for other factors—was not itself associated with an increased likelihood of taking a leave. Although we found little support for the notion that coverage affected distinctive subgroups of workers differently, we did not analyze separately the interaction of coverage and different kinds of leave. Future research could usefully elaborate the findings presented here by examining whether leaves taken to care for one set of family members, such as children, are shaped by the same social characteristics (including, e.g., race or coverage) as are leaves taken to care for others, such as spouses or elderly parents.

Our analysis does suggest rather large effects of social characteristics on leave taking. Most obviously, gender continues to matter. A large number of men took leaves; however, their leaves were typically taken when they themselves got sick as well as occasionally to care for some other family members (especially a sick wife). Women were more likely than men to say they needed leaves, to take leaves, and to take longer leaves. Moreover, the leaves

they did take were more likely than men's to be for other people. A particular group likely to take the leaves needed is women who have spouses or partners to support them. To some extent, these figures are likely the outcome of norms that emphasize women as caregivers. We also still suspect the influence of economic factors associated with gender. Future research should examine the effect of personal income rather than just the household income reported with these data. We hypothesize that such analysis will show that it is wives whose husbands earn a higher proportion of the family income who are particularly likely to take such leaves.

Other family characteristics also shape leave taking, and these too are highly gendered. In some ways, having children at home hurts: Although women with children are more likely to say they need leaves, they are not more likely to be able to take them than are women who are not mothers. Although motherhood increases the length of leaves for wives, fatherhood reduces the amount of time husbands take leave. Hyde et al.'s (1996) remarks on the shorter leaves fathers took before the passage of the act still ring true:

In the twentieth century, the good provider role has been an important component of male identity. . . . For men, then, a high degree of family commitment might not manifest itself in taking a long leave, but rather in taking a short leave so as to get back to work quickly, do well on the job, and earn money to support his wife and new child, at least under conditions of unpaid leaves. (p. 102)

At the same time, Hochschild (1997) reminds us that jobs can be more comforting than the demanding and sometimes stressful caregiving of family members. More generally, gender-neutral state policy can reinforce gender inequality if the wider social context, consisting of gender inequality in family caregiving as well as in material opportunities and rewards, remains in force (see Fraser, 1994; Orloff, 1996).

A related argument applies to race. African Americans need leaves more than do Whites, but they are unable to take them as often as Whites. At least to some extent, this racial difference is likely a result of the higher rates of morbidity and various health problems among African Americans (Cockerham, 1995) as well as an outcome of the act's narrow definition of the family. Some research also would seem to suggest that this racial difference in leave taking is rooted in differential economic resources (e.g., Lee et al., 1998). However, racial differences were maintained even when household income was controlled. To explore these racial differences further, additional measures of per capita economic resources and the people to whom those resources are distributed should be included in future research.

Current inequalities may be further reinforced by the medical definition of *need* embodied in the FMLA. The act requires the provision of unpaid leave

only when an employee cares for a relative with a sickness or injury requiring at least one overnight stay in a hospital or continuing treatment by a health care worker. On one hand, this may reduce health care costs by substituting the unpaid leave of family members for costly medical professionals. On the other hand, it omits common health problems and may produce a greater reliance on health care providers to show need. Those with less money have less access to health care providers or the legal services needed to validate the seriousness of their illnesses. In an analysis of court cases concerning the FMLA, Wisensale (1998) found that one of the most common areas of litigation concerns employee-employer disputes over the seriousness of illness. Bills promoted by employers are now winding their way through Congress to narrow still further the health conditions that may be considered in granting job leaves.

To lessen such inequalities, the 1996 bipartisan Congressional Commission on Leave issued a final report to Congress, suggesting the “development of a uniform system of wage replacement for periods of family and medical leave be given serious consideration by employers, employee representatives, and others” (p. 198). Partial wage replacement is now used in some states to allow employees to draw part of their wages during leave for a medical condition (Bravo, 1995), and there is some evidence that women who work in states with TDI are more likely to take maternity leave (Wever, 1996). Additional changes are beginning to address other inequities built into the act. The 1997 extended family leave policy allows employees to use family leave to accompany elderly relatives to professional appointments or participate in school activities related to their child’s educational attainment. This, however, only adds 24 hours during a 12-month period and remains unpaid. In 1998, the National Partnership for Women and Families issued a call for an expanded leave policy—one not only providing wage replacement but also extending to smaller companies. In his 1999 state of the union address, Clinton endorsed one of these, saying that the FMLA needs to be expanded to cover workers in firms with 25 employees. In concert with a broadened definition of family and enforcement at the workplace, such extensions will begin to address the inequities in leave taking analyzed here.

NOTES

1. We write “at least a decade” because many versions of some part or another of the Family and Medical Leave Act (FMLA) have appeared since World War II when the Women’s Bureau of the Department of Labor recommended a 6-week prenatal period and 2-month postbirth leave for women.

2. It is, at best, an estimate (perhaps based on a study contracted by the U.S. Department of Labor [McGonagle et al., 1995]), but for some reason the estimate vanishes from the written version of the state of the union address.

3. Of course, even if we had national data before and after the passage of the FMLA, we would encounter some of the same problems in assessing causal significance as do the studies of state maternity leaves discussed in the Literature Review section.

4. If workers have any available paid leave (e.g., vacation time), employers may require they use it up as part of FMLA leave (unless the union contract specifies otherwise) (Schwartz, 1996).

5. The variables use the break point of \$30,000 for both conceptual and methodological reasons: This approximates the median household income and the slope changed around this point. In addition, we should note that the survey did not include a measure of personal income; rather, it contained, and we used, a measure of household income. Although it might be interesting to look at both, for the purposes of this analysis we are fortunate that household income, as the data analysis reveals, is a useful and appropriate measure.

6. It is important to note that our coverage variable describes whether the respondents were eligible for covered leave during the time of their leave by asking them to self-report on employer eligibility questions (e.g., how many employees were within 75 miles of where they worked and the number of hours they worked in the prior year). We do not have data on whether employers actually provided coverage. We further note two caveats concerning this variable. First, it does not unequivocally determine that respondents used FMLA covered leave time to take the particular leave they are describing in this survey. Second, the question asks the respondents for a complex rendering of employer characteristics, making it susceptible to error. For this reason, we have not made this variable central to most of our analyses.

7. We also found a significant gender/age interaction. Young men are less likely than are older men to report needing leave, whereas young women are more likely than are older women to report needing a leave (data not shown). This may mean that young males are especially likely to feel they should give priority to building careers, whereas young women are especially prone not only to give birth but take care of family members (including but not limited to children because the effects of gender are net of children), which of course may have negative implications for their careers.

8. Other bivariate analysis (data not shown) shows that poor women are significantly more likely than are wealthier women to perceive a need for leave. This class difference does not show up among men. However, when we examined the interaction of class and gender in multivariate models, these differences did not remain significant.

9. In their review of 17 studies, Gorey, Rice, and Brice (1992) estimated that from 7% to 12% of employees have elder care responsibilities.

10. However, we should note that the models estimated separately by gender showed that whereas there are no differences in length of leave among women of different races, we do find that Latino men (compared to White men) take significantly shorter leaves ($b = -.55$, significant at .05). There are, however, no significant differences among other racial groups of men.

11. This is prior to the implementation of the current welfare laws, which may reduce the number able and willing to obtain public assistance payments while on leave.

12. To explore subgroup differences in the efficacy of coverage, we also estimated the regression model in Table 6 with the following interaction terms: Coverage \times Race (African American, Latino, other race), Coverage \times Marriage, Coverage \times Gender, Coverage \times Income, and Coverage \times Union Membership. Only one interaction term was significant: Latino \times Coverage ($p < .05$), suggesting that coverage may be more important for helping Latinos take leave than non-Latinos. Nonetheless, given the large number of interactions we tested and our caution about our

coverage variable as well as the lack of significance we found in most of these subgroup comparisons, we must exercise great caution in interpreting this particular result.

13. It does cover lesbians and gays as parents but not as partners (Lenhoff, 1998).

14. Because the answers were given in error (which is our point), we do not think it meaningful to analyze the social characteristics of those who mentioned these other kin and nonkin. We leave that to future research specifically directed to analyzing the range of kin and nonkin for whom individuals need and take leave. To develop our point that the narrow definition of the family is biased, it would be particularly useful to analyze the social characteristics, such as race, that shape such leaves.

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