

Walking the Maternal Tightrope

Work and Family in America

Roxanne A. Donovan, Andrew L. Pieper, and Allison N. Ponce

In the last few decades, an unprecedented number of women with children have entered the U.S. workforce. The ability to negotiate the roles of parent and employee is important to the health and financial well-being of these women and their families, but institutional and social barriers impede the process. Using the empirical and theoretical literature on women and work, this article examines these barriers. The authors address the impact of cultural ideals, psychological processes, and public policy on the maternal work-family balance. Several changes that would help create an atmosphere supportive of balance are explored, including increased support for shared parenting and improvements to the Family and Medical Leave Act.

Women have always been a part of the U.S. labor force, particularly immigrant, low-income, and African American women, but beginning in the mid-1960s, spurred by the feminist movement, an unprecedented number of women began entering the paid workforce. Today, the majority of women work outside the home (henceforth labeled simply as work).¹ Almost 38 percent of these women have children under eighteen years of age, with 15 percent managing work and children under six years of age.² In fact, 62 percent of women with children under six participate in the labor force.³ For these working mothers, achieving a work-family balance can be challenging due to the competing and oftentimes disparate roles of employee and parent.

STEREOTYPES AND WORKING MOTHERS

What it means to be a mother is historically and culturally defined depending on such things as race, class, marital status, age, and sexual orienta-

Roxanne A. Donovan is an assistant professor of psychology at University of Massachusetts Boston. Andrew L. Pieper is a graduate student of political science at University of Connecticut. Allison N. Ponce is an assistant professor of psychiatry at Yale University School of Medicine.

tion,⁴ but the ideal mother stereotype influences all women. The idealized mother in our society is the primary person responsible for child rearing. She is nurturing, always available to her children, she puts their needs above all others, and she is readily self-sacrificing for her family's well-being.⁵

Prior to the 1960s, the image of the idealized mother significantly affected the choices of White middle class women. In short, they were expected to marry young, have children, and become full-time housewives. Moreover, women's caretaker roles were perceived as biologically ordained and, thus, fulfilling.

In the 1960s and 1970s, feminists like Gloria Steinem and Betty Friedan actively fought against the idealized mother stereotype, espousing the view that women did not have to be relegated to the domestic sphere alone. In the *Feminine Mystique*, Betty Friedan discussed the mindless nature of house labor and questioned the limited choices available to women. Friedan's call for housewives to seek personal fulfillment and economic liberation through work significantly impacted many women, contributing to the revitalization of the feminist movement.⁶ The activism of these and other second-wave feminists opened the doors to employment for race- and class-privileged women, permanently changing the socially sanctioned options available to them.

There has been less change in the employment arena for economically vulnerable women. According to bell hooks, the work available to poor and working class White women and women of color during the era of second-wave feminism was "neither personally fulfilling nor liberatory — it was for the most part exploitative and dehumanizing."⁷ Today, the employment prospects for low-income women, especially immigrant women and women of color, remain bleak. For these women, a typical job opportunity (such as childcare worker, maid, or waitress) entails long hours; limited benefits, if any; few avenues for advancement; and low pay.

Furthermore, the entrance of middle class White women into the labor force has done little to alter the ideal motherhood stereotype. By expecting all "good" mothers to bear the brunt of parenting, working mothers are given little room to negotiate work and family, and the situation does not appear to be getting better. In fact, simultaneous with more women entering the paid workforce, standards of maternal work have increased, not decreased.⁸

Today, many working mothers are well aware that employment hinders their ability to mother in the way society deems adequate. Research indicates that employed mothers are anxious that they are not spending enough time with their children, although they currently do so at rates greater than

unemployed mothers forty years ago.⁹ Even women who believe they are good mothers often feel guilty that they are not doing enough.¹⁰

Gendered norms regarding home labor intersect with the motherhood ideal to interfere further with working mothers' work-family balance. Numerous studies find that in dual-income heterosexual families, women are primarily responsible for the housework and child rearing, doing as much as twice the home labor as their partners.¹¹ Couples who espouse egalitarian principles are not immune to this gender difference. Many couples who are egalitarian when childless become more gendered in their division of labor after having children.¹² So, at the end of the workday, the majority of mothers put in what Arlie Hochschild termed the "second shift" at home, with the extra effort likely contributing to role-strain and reduced time for self-care.¹³

Racial and class stereotypes interact with the idealized mother stereotype to impact who is considered a good mother. As mentioned, White, middle class, heterosexual mothers are expected to live up to the always-available mother stereotype. This entails putting their careers second to parenting responsibilities.¹⁴ When they choose not to, by preference or necessity, they may be blamed for a variety of things from divorce to children's delinquency. Conversely, some women are unable to choose full-time child rearing without negative repercussions. For example, poor Black women who are full-time parents are often viewed as welfare moms, a particularly unattractive stereotype: "breeding animals who have no desire to work, but are content to live off the state."¹⁵ Together, these stereotypes subtly and not so subtly influence women's options, making it difficult to find a balance between work and family that is solely informed by women's personal situations and desires.

In conjunction with the ideal mother stereotype, our society's cultural image of an ideal worker plays an important role in the employment decision process of economically privileged mothers, although perhaps not as consciously as personal reasons. The ideal worker places his or her job first, puts in long hours, takes limited time off for childbearing/child rearing, sick leave, and vacation, and is available to work at any time.¹⁶ The ideal worker image is problematic for *all* working mothers, because it is based on heterosexual men, who are not expected to be the primary caretakers of children.¹⁷ The incongruent images of the ideal worker and the ideal mother create a significant bind for women who want to be recognized as both good mothers and good workers. Additionally, poor and working class women have little option but to work within the ideal worker paradigm at the expense of family and personal time.

When the ideal worker image is coupled with sexist beliefs about women and mothers, a further complication of the stereotyping of working mothers

results. In general, mothers are believed to possess less competence and more warmth than non-mothers and men.¹⁸ On the other hand, professional women are seen as competent but lacking in warmth.¹⁹ Professional mothers, however, are not viewed as competent *and* warm, which would likely benefit them. Cuddy, Fiske, and Glick found that the homemaker stereotype supersedes the professional stereotype for working women who became mothers.²⁰ In their study, women were perceived as having less competence and more warmth after childbirth. Furthermore, other studies have shown that working mothers are viewed as less committed to their jobs than men and women without children.²¹ These stereotypes have tangible negative effects on the careers of working mothers. In the study conducted by Cuddy and colleagues, participants were less likely to hire, train, and promote a mother than a childless woman.²²

FAMILY AND MEDICAL LEAVE ACT

One way to assist working mothers in achieving balance is a nationalized parental leave policy. In the United States that nationalized policy is the Family and Medical Leave Act (FMLA). FMLA offers employees up to twelve weeks of unpaid job-protected leave per year.²³ To be covered under the Act, employers must have more than fifty employees who are located within seventy-five miles of the worksite. Employees are eligible for leave if they have worked at their jobs for more than twelve months and for at least 1,250 hours in the year immediately preceding the leave. During the covered leave, employees maintain their employer-provided health insurance, if they had it prior to the leave, and may use paid leave benefits. When employees return to work, employers must restore them to the same (or equivalent) jobs or positions.

Despite the fact that FMLA is an important step forward, it has considerable drawbacks. Most significantly, many eligible individuals, particularly those in low-income families, are unable to take leave because it is unpaid.²⁴ Even when pay is available, it is typically less than employees' regular earnings. Furthermore, a disproportionate number of women are employed in small businesses and in the temporary workforce. These employers are unlikely to be covered by FMLA.²⁵ And indeed, data support that many employees are unable to take advantage of, or do not qualify for, FMLA benefits. The Department of Labor statistics from 2000 indicate that only 62 percent of employees met eligibility requirements *and* worked for employers covered by FMLA.²⁶ Data also show that a significant percentage of working women at FMLA-eligible establishments (44 percent) did not qualify for leave. The consequences of not taking maternity leave or returning to work shortly after childbirth/adoption are significant. For example, research

indicates that shorter maternity leaves (six weeks or less) exacerbate the effects of other stressors on marital quality and negatively influence women's mental health.²⁷

As we have shown, FMLA meets the needs of a privileged few, and low-income women have the greatest risk of not benefiting from it. An extension of FMLA is needed, and, later, we will discuss proposed legislation to expand FMLA's benefits and accessibility.

MATERNAL WORK BARRIERS

In addition to satisfactory parental leave policies, the ability to balance work and family is dependent on a mother's ability to obtain fair wages, flexible work choices, and adequate healthcare and childcare. Without these, mothers can be disadvantaged in the workplace and unable to provide quality family care. Unfortunately, there is considerable room to improve working mothers' experiences in the labor force, starting with how much they earn.

Across studies, a wage penalty ranging between 3 and 15 percent has been observed for women with children compared to childless women, with single mothers faring the worst.²⁸

Several reasons for the wage gap have been posited by researchers, including: (1) reduced employment experience of mothers due to stopping work for childbearing/child rearing; (2) reduction in the job productivity of women after having children because of increased demands at home; (3) employer discrimination against mothers; and (4) high likelihood of mothers working in part-time positions.²⁹

The research findings related to the above explanations are contradictory and inconclusive. Some evidence suggests that the wage penalty persists even when education, work experience, and sociodemographic factors are controlled, while other evidence indicates it does not.³⁰

Part-time work has been shown to account *partially* for the wage gap.³¹ Given that part-time employment is a seemingly positive work-family balance option, it warrants a closer look.

In the United States, women make up 70 percent of the part-time workforce.³² Low-income mothers are more likely to work part-time compared to higher income mothers.³³ Regardless of their income, many women work part-time because of family demands.³⁴ Part-time work enables mothers to earn an income without sacrificing substantial time away from their children. But part-time work has several limitations that can be particularly problematic for working mothers in addition to low pay. Part-

time workers' schedules are not always conducive to meeting family needs. They may change frequently and/or employees may have to work second and third shifts, restricting childcare choices particularly for single mothers. Additionally, part-time employees do not typically receive employment leave benefits, such as paid sick leave and vacation time. Working mothers who do not have these privileges are forced to take unpaid time when they or their children are ill and when they choose to spend extended time with their families. Not only could this cause financial hardship, it could also disadvantage mothers at their jobs.

Employer-sponsored healthcare is another very important benefit not likely to be offered to most part-time workers or many full-time workers in low-wage positions. Because low-income working mothers are concentrated in part-time and low-pay service jobs (such as food services), they are less likely than higher income mothers to have access to employer-provided health insurance.³⁵ Female workers are further disadvantaged by the gender inequity associated with health insurance access. Low-wage female employees are half as likely to have employer-sponsored health insurance compared to low-wage male workers.³⁶ The aforementioned data could explain why only 34 percent of low-income working mothers have employer-provided health insurance coverage in their name, and 28 percent have no health insurance coverage of any type including Medicaid.³⁷

Employees who have work-sponsored health care also face difficulties, although less severe than those who do not. Due to the rising cost of health insurance, many employers who provide health care benefits have decreased or ceased offering coverage to employees' dependents and have begun shifting more of the cost to employees.³⁸

For all families, adequate health insurance provides a considerable health and financial safety net for parents and children. It not only enables sick family members to obtain care, it also promotes wellness by making check-ups and immunizations affordable. Without health care insurance, families must either seek inexpensive, and likely low-quality, care or endure illness. Both options take time, effort, and raise the risk of long-term health difficulties, all of which impede working mothers' ability to meet employment and family obligations.

The lack of affordable, high-quality, flexible child care is another barrier to maternal work-family balance.³⁹ Most mothers agree that child care is one of the major factors considered when determining whether and how much to work. For many single mothers and low-income families, however, full-time stay-at-home parenting is not an option, making affordable child care essential.

To support families, the United States subsidizes child care through the welfare system and tax breaks. Unfortunately, the Child Tax Credit (up to \$600 per child) and the Child and Dependent Care Credit (up to \$720 per child to a maximum of \$1440) do not reasonably offset the costs associated with child care, especially for low-income families. Some poor families must pay up to 25 percent of their income on child care costs.⁴⁰ Seeking alternative inexpensive child care from unregulated off-the-books providers is one option many low-income families choose.⁴¹ This option increases the likelihood of receiving sub-standard child care and prevents families from taking advantage of the Child and Dependent Care Credit.

The type of child care available not only impacts families' financial situation, it affects children's development and maternal work attitudes. Extensive research has found that high-quality care is associated with positive cognitive and language outcomes in children.⁴² Data also suggest that when mothers are satisfied with the attentiveness and communication skills of their children's child care providers, they experience reduced work-family role conflict and express more job commitment.⁴³ As we have shown, such care is challenging for many families to afford, creating conflict and difficult choices for mothers.

POLICY CHANGES NEEDED

A balanced work-family life begins with public policies designed primarily to meet the requirements of families, not employers. In this section, we present brief suggestions for policy changes that we believe would assist working mothers and their families. We focus on health care, parental leave, child care, and education. We present these as separate topics but understand that they are interrelated, as well as connected to welfare benefits. Although we do not address part-time employees specifically, we advocate providing them with benefits pro-rated according to hours worked. We do not believe there is any one single answer to these complex political, economic, and social dilemmas. But we offer some promising policy solutions.

Health Care

Guaranteed health care is the cornerstone of family-friendly policy, and, as such, should be a national priority. Since the defeat of the Clinton health care initiative in 1994, however, there have been few serious attempts to revive centralized health care in the United States. Although Americans are divided about whether business or government should be responsible for insuring the uninsured, support for guaranteed health insurance is high.⁴⁴

Unfortunately, the numbers of uninsured Americans are increasing as employers and pension plans decrease their support for health insurance or drop it altogether.⁴⁵

Parental Leave

Many critics believe that FMLA falls short on at least two major levels. First, too few employees are eligible for its benefits, and, second, the leave is generally unpaid. Several pieces of legislation aim to remedy these shortfalls.

House Resolution 476, introduced by Representative Carolyn Maloney (D-NY) in February 2005, is similar to many congressional proposals geared toward expanding FMLA benefits. In addition to giving employees time off for participation in their children's (and grandchildren's) education and extracurricular activities, this bill would include all employers with twenty-five or more employees in FMLA requirements (down from the current fifty).

Child Care

Given the impact of child care on mothers' work options, it is important for government policy to make child care accessible and affordable. In most instances, this will require substantial government directives and/or subsidies and, ideally, the development of a comprehensive system. An affordable, family-friendly child care system could take many forms, including, but not limited to, a single-payer system, nationalized child care, and employer-based child care.

Education

Given the remarkable statistics regarding the increased earning power gained with college-level education, it is obvious that education should be a primary mechanism used for helping people out of poverty.⁴⁶ Unfortunately, there are limited national education programs for low-income families, and those that are available typically have considerable participation hurdles.

One model exception is Maine's Parents as Scholars (PAS) program. The goal of PAS is to engage TANF-eligible parents (Temporary Assistance to Needy Families) in the pursuit of two or four-year degrees. Although PAS is not under Maine's TANF program, PAS participants receive TANF equivalent benefits and funds for college. By prioritizing education and the long-term economic benefits it provides, PAS gives low-income mothers the

opportunity to break the poverty cycle for themselves and their children. Graduates from PAS report substantial increases in earned income and tend to acquire jobs that provide access to benefits.⁴⁷ These outcomes are noteworthy and underscore the need for similar federally funded initiatives.

CONCLUSION

The entrance of unprecedented numbers of mothers with young children into the labor market has dramatically changed work and family dynamics. Unfortunately, employment and family structures have not adjusted fully to this change. Women are still expected to be the primary caretakers of children and the home, roles that are incompatible with the increasing time demands of work. Legislation regarding women and work, such as FMLA, has also lagged in meeting working mothers' complex work and family needs.

Together, the policy changes suggested would greatly increase the options of working women and decrease the level of stereotyping and discrimination that some mothers experience. As we have discussed, the current treatment of working mothers is also influenced by racist and classist beliefs. As such, until our society embraces equity of treatment for all racial groups and economic classes, positive changes for working mothers will disproportionately favor those who are White and middle class.

Notes

This article comes from our interest in women, family, work, and public policy. Two of us are heterosexual women of color from middle class backgrounds who work in academe. The third is a heterosexual White male graduate student from a working class background. So, in some ways we are privileged and in others not. This topic is personal to all of us. Two of us wrote this article while juggling the care of our newborn son, while the other wrote amidst contemplations about the benefits and drawbacks of possible motherhood. We all espouse egalitarian philosophies and characterize ourselves as feminists. It is through these lenses we address the work-family topic and determine which issues to highlight. Although we believe that balancing work and family is an issue for men as well as women, given the focus of this special issue, we concentrate primarily on the experiences of women.

1. U.S. Department of Labor, Report 985, 05/2005, "Women in the Labor Force: A Databook." Retrieved from <http://www.bls.gov/cps/wlf-databook-2005.pdf>.
2. Ibid.
3. Ibid.
4. Susan M. Shaw and Janet Lee, *Women's Voices, Feminist Visions: Classic and Contemporary Readings* (Boston: McGraw Hill, 2004).

5. Mary Crawford, *Transformations: Women, Gender and Psychology* (Boston: McGraw Hill, 2006), 313; Francine M. Deutsch, "Equally Shared Parenting," *Current Directions in Psychological Science*, 10, no. 1 (February 2001): 25–28.
6. bell hooks, *Feminist Theory: From Margin to Center* (Cambridge, Massachusetts: South End Press, 1984).
7. hooks, *Feminist Theory*, 97.
8. Allison J. Pugh, "Selling Compromise: Toys, Motherhood, and the Cultural Deal," *Gender and Society* 19, no. 6 (December 2005): 729–49.
9. Ibid.
10. Linda B. Tiedje, "Processes of Change in Work/Home Incompatibilities: Employed Mothers 1986-1999," *Journal of Social Issues* 60, no. 4 (2004):787–800.
11. Laura Sanchez and Elizabeth Thompson, "Becoming Mothers and Fathers: Parenthood, Gender, and the Division of Labor," *Gender & Society* 11, no. 6 (December 1997): 747–72; Mary Crawford and Rhoda Unger, *Women and Gender: A Feminist Psychology* (Boston: McGraw Hill, 2004); Daphne Stevens, Gary Kiger, and Pamela J. Riley, "Working Hard and Hardly Working: Domestic Labor and Marital Satisfaction Among Dual-Earner Couples," *Journal of Marriage and Family* 63, no. 2 (May 2001): 514–26.
12. Deutsch, "Equally Shared Parenting," 25–28.
13. Arlie R. Hochschild, *The Second Shift: Working Parents and the Revolution at Home* (New York: Viking, 1989).
14. Crawford, "Transformations," 313; Francine M. Deutsch and Susan E. Saxon, "The Double Standard of Praise and Criticism for Mothers and Fathers," *Psychology of Women Quarterly* 22, (1998): 665–83.
15. Jennifer B. Woodard and Teresa Mastin, "Black Womanhood: Essence and its Treatment of Stereotypical Images of Black Women," *Journal of Black Studies* 36, no. 2 (November 2005): 273.
16. Pugh, "Selling Compromise," 729–49; Cecilia L. Ridgeway and Shelley J. Correll, "Motherhood as a Status Characteristic," *Journal of Social Issues* 60, no. 4 (2004): 682–700; Joan C. Williams and Holly Cohen Cooper, "The Public Policy of Motherhood," *Journal of Social Issues* 60, no. 4 (2004): 849–65.
17. Faye J. Crosby, Joan C. Williams, and Monica Biernat, "The Maternal Wall," *Journal of Social Issues* 60, no. 4 (2004): 675–682.
18. C. Nathan DeWall, T. William Altermatt, and Heather Thompson, "Understanding the Structure of Stereotypes of Women: Virtue and Agency as Dimensions Distinguishing Female Subgroups," *Psychology of Women Quarterly* 29, (2005): 396–405; Ridgeway and Correll, "Motherhood as a Status Characteristic," 682–700.
19. Cuddy, Fiske and Glick, "When Professionals Become Mothers, Warmth Doesn't Cut the Ice," *Journal of Social Issues* 60, no. 4 (2004);701–18; DeWall, Altermatt and Thompson, "Understanding Stereotypes," 396–405.
20. Cuddy, Fiske and Glick, "When Professionals Become Mothers."
21. Amy J. C. Cuddy, Susan T. Fiske and Peter Glick, "When Professionals Become Mothers; Ridgeway and Correll, "Motherhood as a Status Characteristic," 682–700.
22. Ibid.

23. FMLA also covers leave to enable workers to care for an ill spouse or parent or to tend to one's own serious health condition (including maternity-related disability or prenatal care).
24. Maureen Perry-Jenkins, Rena L. Repetti, and Ann C. Crouter, "Work and Family in the 1990s," *Journal of Marriage and the Family* 62 (November 2000): 981–98.
25. Janet Shibley Hyde, *Half the Human Experience: The Psychology of Women* (Boston: Houghton Mifflin Co., 2004), 261; Nancy MacRae, "Women and Work: A Ten Year Retrospective," *Work* 24 (2005): 331–39.
26. U.S. Department of Labor, "Balancing the Needs of Families and Employers: Family and Medical Leave Surveys, 2000 Update," Retrieved from www.dol.gov/dol/asp/public/fmla/main.htm.
27. Janet Shibley Hyde, Marilyn J. Essex, Roseanne Clark, and Marjorie H. Klein, "Maternity Leave, Women's Employment, and Marital Incompatibility," *Journal of Family Psychology* 15, no. 3 (September 2001): 476–91; Janet Shibley Hyde, Marjorie H. Klein, Marilyn J. Essex, and Roseanne Clark, "Maternity Leave and Women's Mental Health," *Psychology of Women Quarterly* 19, no. 2 (June 1995): 257–85.
28. Sarah Avellar and Pamela J. Smock, "Has the Price of Motherhood Declined Over Time? A Cross-Cohort Comparison of the Motherhood Wage Penalty," *Journal of Marriage and Family* 65, no. 3 (August 2003): 597–606; Jane Waldfogel, "Understanding the 'Family Gap' in Pay for Women with Children," *Journal of Economic Perspectives* 12, no. 1 (Winter 1998): 137–56; Williams and Cooper, "Public Policy," 849–65; Crosby, Williams and Biernat, "The Maternal Wall," 675–82.
29. For a good overview of these issues, see Michelle J. Budig and Paula England, "The Wage Penalty of Motherhood," *American Sociological Review* 66, no. 2 (April 2001): 204–25. See also Avellar and Smock, "Price of Motherhood," 597–606; Waldfogel, "Understanding the 'Family Gap,'" 137–56; Jane Waldfogel, "The Effect of Children on Women's Wages," *American Sociological Review* 62, no. 2 (April 1997): 209–17; Crosby, Williams, and Biernat, "The Maternal Wall," 675–82.
30. Avellar and Smock, "Price of Motherhood," 597–606; Waldfogel, "Understanding the 'Family Gap,'" 137–56; Williams and Cooper, "Public Policy," 849–65.
31. Crosby, Williams and Biernat, "The Maternal Wall," 675–682; Waldfogel, "The Effect of Children," 209–17.
32. Hilda Kahne, "Low-Wage Single-Mother Families in this Jobless Recovery: Can Improved Social Policies Help?," *Analyses of Social Issues and Public Policy* 4, no. 1 (2004): 47–68.
33. Institute for Women's Policy Research Brief, IWPR#C359, 11/10/2004, "Women's Work Supports, Job Retention, and Job Mobility: Child Care and Employer-Provided Health Insurance Help Women Stay on Jobs." Retrieved from <http://www.iwpr.org/pdf/C359.pdf>.
34. Crosby, Williams, and Biernat, "The Maternal Wall," 675–682.
35. Institute for Women's Policy Research, "Women's Work Supports."
36. Center for Economic and Policy Research Brief, "Health Insurance Data Briefs #1: Improving Access to Health Insurance." Retrieved from http://www.cepr.net/publications/health_insurance_1_2004_04.html.
37. Institute for Women's Policy Research, "Women's Work Supports."
38. Center for Economic and Policy Research, "Health Insurance Data."

39. For an excellent overview of the changes in federal child care policies, see Bruce Hershfield and John Sciamanna, "Child Care: Four Decades of Growth and Change," *New England Journal of Public Policy* 20, no. 1 (Fall/Winter 2005): 89–94.
40. The Clearinghouse on International Developments in Child, Youth, and Family Policies, Issue Brief, Summer 2001, "New 12 Country Study Reveals Substantial Gaps In U.S. Early Childhood Education and Care Policies." Retrieved from <http://www.childpolicyintl.org/issuebrief/issuebrief1.htm>.
41. According to the Urban Institute, 26% of child care is unregulated. See The Urban Institute's, "Toward a New Child Care Policy." Brief 2, July 2006. Retrieved from http://www.urban.org/UploadedPDF/311347_childcarepolicy.pdf. For a discussion of child care subsidy use, see The Urban Institute, "Child Care Subsidies and Leaving Welfare: Policy Issues and Strategies." Retrieved from http://www.urban.org/UploadedPDF/311304_policy_issues.pdf.
42. Henry Tran and Marsha Weinraub, "Child Care Effects in Context: Quality, Stability, and Multiplicity in Nonmaternal Child Care Arrangements During the First 15 Months of Life," *Developmental Psychology* 42, no. 3 (2005): 566–82.
43. Louis C. Buffardi and Carol J. Erdwins, "Child-Care Satisfaction: Linkages to Work Attitudes, Interrole Conflict, and Maternal Separation Anxiety," *Journal of Occupational Health Psychology* 2, no. 1 (January 1997): 84-96.
44. Sixty two percent of survey respondents would prefer a universal health care system, according to an October 2003 ABC News/Washington Post Poll. Data about who should be responsible for health insurance is provided by the Kaiser Commission on Medicaid and the Uninsured, "Spotlight: Public Opinion and the Uninsured." Retrieved from <http://www.kff.org/spotlight/uninsured/index.cfm>. More recent results published in the *New York Times* in March 2007 confirm that 64 percent of Americans think the government should guarantee health care for all. Retrieved from <http://query.nytimes.com/gst/fullpage.html?res=9E06E7D71631F931A35750C0A9619C8B63&sec=health&spon=&pagewanted=1>
45. The Kaiser Family Foundation, "Employer Health Benefits, Annual Survey, 2005." Retrieved from <http://www.kff.org/insurance/7315/upload/7315.pdf>.
46. Institute for Women's Policy Research Report, IWPR#D466, "Resilient and Reaching for More: Challenges and Benefits of Higher Education for Welfare Participants and Their Children." Retrieved from <http://www.iwpr.org/pdf/D466.pdf>.
47. Rebekah J. Smith, Luisa S. Deprez, and Sandra Butler, "Parents as Scholars: Education Works, Outcomes for Maine Families and Implications for TANF Reauthorization." (March 2002), Retrieved from <http://www.mejp.org/PaSeduworks.htm>.