

THE INTERSECTION OF RACE AND CLASS IN MATERNITY LEAVE: WHO'S LEFT
OUT?

by

CHRISTINE N. ITTAI
B.Sc. McGill University, 1990
M.A. St. John's University, 2001

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Major Professor: Shannon K. Carter

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ABSTRACT

Maternity leave is a critical work-family policy that affects over two-thirds of the working U.S. female population. Although it has been studied extensively, especially since the passage of the Family and Medical Leave Act of 1993, the majority of the research has focused on White, middle-class, married, and educated working mothers. There is a plethora of information about access to maternity leave, utilization of maternity leave, length of maternity leave, and compensation during leave. However, there are several limitations in the research. A majority of studies use outdated datasets; measure family leave as a proxy for maternity leave; study paid and unpaid maternity leave as one variable; and leave out contextual factors. Using intersectionality theory as a guiding framework, which poses that women's gendered experiences are shaped by the intersection of race/ethnicity and class, the purpose of this study is to identify similarities and differences in the maternity leave practices of a racially diverse sample of working mothers. The Listening to Mothers III Survey of births occurring in 2011 and 2012 will be used for this study. Bivariate and multivariate analyses were conducted to determine the factors that predict access to leave, utilization of leave, length of leave, and compensation during leave. Results show that sociodemographic factors such as household income, poverty level, and insurance are consistent predictors of access to leave, use of leave, and length of leave. Using an intersectional approach revealed that mothers' intersectional locations can increase or decrease their chances of getting access to leave, using leave, the length of leave taken, and compensation received during leave. The results of this study show that including sociodemographic factors in maternity leave research can further our understanding of how the social characteristics of

working mothers impact their maternity leave experiences. Paying more attention to these factors in maternity leave research will contribute recommendations for creating more inclusive maternity leave policies.

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LIST OF ABBREVIATIONS

ATUS	American Time Use Survey
CPS	Current Population Survey
FAMILY	Family and Medical Insurance Leave Act
FMLA	Family and Medical Leave Act
LTM	Listening to Mothers
NCS	National Compensation Survey
NLSY	National Longitudinal Survey of Youth
PDA	Pregnancy Discrimination Act
PDLA	Parental and Disability Leave Act
PFL	Paid Family Leave
SIPP	Survey of Income and Program Participation

CHAPTER ONE: INTRODUCTION

Definition of Maternity Leave

Fifty-three percent of working women in the United States (U.S.) each year give birth to a child (Monte and Ellis, 2014). This requires some form of maternity leave. Since the U.S. has no universal paid maternity leave policy, the time mothers can take off work, and the compensation they receive (if any) varies greatly. This variability can lead to inequalities based on social factors such as race/ethnicity and class. This dissertation explores the maternity leave practices of white, black, and Hispanic working mothers in the U.S. The mothers' access to leave, use of leave, length of leave, and compensation during leave will be examined with a specific focus on sociodemographic factors and their ability to predict maternity leave practices.

Maternity leave is time off work that is taken by mothers before and/or after the birth of a child. It may be paid or unpaid, however, maternity leave guarantees that the worker may return to their job after a designated period of time. Maternity leave is one of the first work-family policies that focused on the care of a worker and/or a worker's family. Historically, maternity leave was the primary type of family leave given to pregnant working women. However, over time, the definitions of family and family constellations have expanded and diversified. In addition, the call for a less gendered division of labor in the home became more pronounced, resulting in the emergence of other types of leaves—family leave, parental leave, and paternal leave. It is important to distinguish maternity leave from these other forms of leave.

Fass (2009) defined the various forms of leave that are provided to families to balance work-family commitments. "Family leave" is time off work to care for a family member during a major illness, birth of a child, adoption or foster placement of a child. "Parental leave" is time off for either mother or father due to the birth, adoption, or foster placement of a child.

“Paternity or paternal leave” is time off work for fathers due to the birth of a child. “Maternity leave” is time off from work for mothers due to the birth of a child. All of these forms of leave are related to the care of a family member during a critical time of transition, and they all have separate and complex histories. Maternity leave however, is particularly complex because it involves the care not only for the family member (newborn baby), but also for the employee (mother) who has experienced emotional, physical, and social changes due to childbirth (Gault, Hartmann, Hegewisch, Milli, & Reichlin, 2014). Maternity leave is often needed for the physical and emotional recovery of the birthing mother and for the mother and child to bond and adjust to a new life. It is a more widely researched topic with a longer research history than the other types of leave; therefore, maternity leave will be focus of this dissertation.

Importance of Maternity Leave

Maternity leave is a significant social issue given that during the first year after childbirth, approximately two-thirds of new mothers in the United States (U.S.) return to work following the birth of a child (Calnen, 2007; Monte and Ellis, 2014). The time that a mother spends with her infant following childbirth is critical to the health of both infant and mother. Research has shown that maternity leave has been linked to reduced infant mortality, increased well baby-care, improved parent-child bonding, and overall better mental health of new mothers (Galtry & Callister, 2005; Gault et al., 2014; Ruhm, 2000; Staehelin, Berteau, & Stutz, 2007). Breastfeeding has been endorsed as the best source of nutrition for infants due to its positive effects on infant cognitive, psychosocial, and physical development (Satcher, 2001), and longer maternity leave is linked to increased probability of breastfeeding (Berger, Hill, & Waldfogel, 2005). Therefore, increased maternity leave can have positive effects on a child’s health and development.

Social Science Research on Maternity Leave

Maternity leave is a complex issue that touches on many areas of human functioning. Social scientific research on maternity leave yields several significant findings. First, access to leave, paid or unpaid, is a significant predictor of taking leave and of the length of leave taken by working mothers (Guendelman, Goodman, Kharrazi, & Lahiff, 2014). Working mothers with a high income often have greater access to leave benefits than low-income working mothers (Andres, Baird, Bingenheimer, & Markus, 2016; Shepherd-Banigan & Bell, 2014). Second, the length of leave taken by working mothers is closely linked to the national length of job-protected leave sanctioned by the Family and Medical Leave Act (FMLA) of 1993 (Guendelman et al, 2014; Rossin, 2011; Shepherd-Baingan & Bell, 2014). Third, although the race/ethnicity of mothers has been mentioned in studies of maternity leave, few studies to date have compared the maternity leave practices of mothers in the U.S. by race/ethnicity. In terms of race/ethnicity, maternity leave studies have looked at one specific racial group only (Grosswald & Scharlach, 1999) or studied predominantly white mothers. Fourth, the intersection of race/ethnicity and class has been found to significantly predict the length of leave (Manuel & Zambrana, 2009). Manuel & Zambrana (2009) found that low-income Hispanic mothers took the shortest leaves out of all groups of mothers. On the other hand, Shepherd-Banigan and Bell (2014) found that high-income black mothers took the longest maternity leave of all groups of mothers. Although recent research has been exploring the relationship between the intersection of race/ethnicity and class and maternity leave, the findings are inconclusive.

Despite these significant findings there are several limitations in maternity leave research. Scholars (Fass, 2009; Glass & Estes, 1997; McGovern, et al, 2004) have identified that a majority of studies on maternity leave have samples of predominantly white, middle-class, married mothers from the Midwestern U.S. This leads to poor generalizability of research results

and little attention to how lower-income working mothers of color navigate the options that are available to them following childbirth. Another limitation is that most of the studies, even current ones, have used outdated data, some dating back to the 1970s and 1990s. For example, Hill (2012) used data from the Current Population Survey (CPS) dating to 1998 and Kerr (2016) used the National Longitudinal Survey of Youth from 1979 (NLSY). Indirect measures of maternity leave as well as lumping paid and unpaid leave into one variable is another limitation that has contributed to the inconclusive nature of maternity leave research (Andres et al., 2016). Other scholars (Manuel & Zambrana, 2009; Shepherd-Baingan and Bell, 2014) have noted that limited attention to contextual factors and sociodemographic correlates of maternity leave has been missing in maternity leave research. Specifically, working mothers have been studied as unidimensional employees with little to no focus on the intersection of race/ethnicity and class in their motherhood experiences.

Statement of Purpose

The aim of this study is therefore to address these gaps in the literature by using an updated dataset that directly measures paid and unpaid maternity leave as separate variables and other maternity leave experiences of white, black, and Hispanic working mothers in the U.S. Specifically, the Listening to Mothers III (LTMIII) Survey of births occurring between 2011 and 2012 will be examined. This dataset is unique because it includes separate measures of paid and unpaid access to leave and length of leave. It also includes measures of pre-birth leave, and total postpartum leave. Intersectionality theory will be used as a guiding theory and methodological framework in this investigation. This theory will help to frame the experiences of working mothers within an intersectional frame to allow a more in-depth knowledge of how mothers experience maternity leave in the U.S. This dissertation will examine the significance of a

race/ethnicity by class interaction on access to maternity leave, use of maternity leave, length of maternity leave, and compensation received during leave. Recent scholarship has found that when mothers are studied based on their intersectional location, intersectional location is shown to be an important variable in furthering our understanding of maternity leave. For example, as previously mentioned, Manuel and Zambrana (2009) found that low-income Hispanic mothers took the shortest leave of all groups of mothers. If mothers' leave taking was examined just by race/ethnicity, then only the importance of race/ethnicity would be highlighted. However, when race/ethnicity was examined by class, it was found that the interaction of race/ethnicity and class mattered. The new focus on intersectionality in the maternity leave literature will be continued in this study.

CHAPTER TWO: EXISTING LITERATURE ON MATERNITY LEAVE AND FACTORS RELATED TO LEAVE

Maternity Leave Policy in U.S.

In the U.S., maternity leave policy started to take shape during the 1920s and 1930s. The Women's Bureau was tasked by its parent agency, the Department of Labor, with investigating the "welfare of wage-earning women" (U.S Department of Labor, 2017) post World War I (WWI). The Women's Bureau investigations included numerous studies and publications about working women in industry. In 1942, they published the *Standards for Maternity Care and Employment of Mothers in Industry*. These standards included recommendations for pregnant working women to work eight daytime hours, take six weeks of prenatal leave, two months of postnatal leave, and work in occupations that required no lifting, perpetual standing, or exposure to toxins (Bellanca, 1942). One of these early recommendations from the Women's Bureau was incorporated into the Fair Labor Standards Act of 1938, which aimed to provide fair working conditions for all U.S. citizens—the eight-hour workday (Manzano-Diaz, 2010). However, none of the pregnancy-specific recommendations such as length of maternity leave, were adopted on a national level into a law or act.

The next major development towards a national maternity leave policy in the U.S. came with the passing of the Civil Rights Act of 1964. Title VII of the Civil Rights Act was created to prevent discrimination in the workplace based on race/ethnicity, color, sex, religion, or national origin (U.S. Equal Employment Opportunity Commission, 2013). Through this Act, the Equal Employment Opportunity Commission (EEOC) was developed in order to enforce the mandate of Title VII and "to prevent unlawful employment practices" (U.S. Equal Employment Opportunity Commission, 2013). It also provided women with a legal avenue through which to seek resolution for discriminatory workplace practices including pregnancy discrimination.

The EEOC defined maternity as a “temporary disability unique to the female sex” (Frybyrger, 1975, p. 163) and adjudicated on cases that involved maternity leave. For the EEOC, pregnancy was perceived as a disability that was specific to females. Following multiple EEOC hearings, the country’s first attempt at a national policy on maternity leave emerged in the passing of the Pregnancy Discrimination Act (PDA) in 1978. The PDA was an amendment to Title VII of the Civil Rights Act and it established the first national legislature to specifically address pregnancy in the workplace (Mukhopadhyay, 2012; U.S. EEOC, 2017). In essence, the PDA allowed pregnant workers for the first time in U.S. labor history to take pregnancy-related leave from work.

In 1985 Representative Patricia Schroeder (D-CO) introduced the Parental and Disability Leave Act (PDLA) along with testimony about gender inequality in the workplace, which became particularly apparent when single and poor working mothers became pregnant (Prohaska & Zipp, 2011). PDLA was met with great opposition from business leaders and lobbyists, which resulted in an amended version of the bill, H.R. 4300, introduced by Rep. William Clay (D-MO) (Prohaska & Zipp, 2011). This amended version of the PDLA was never enacted (Congress.gov, 2017), however, it set the foundation for the first national policy on maternity leave in the U.S.

On February 5, 1993, the first national maternity leave policy, the Family and Medical Leave Act (FMLA), was signed into law. This final bill guaranteed up to 12 weeks of unpaid, job-protected leave to natural and adoptive parents following the birth or adoption of a child; to employees caring for a sick relative; and to the employee for their own significant illness. This law was extended to employees of companies with 50 or more employees. The employee must have worked at least 1,250 hours in the prior year in order to be eligible for leave. The original bill requested the formation of a commission to study wage replacement. This was eventually

deleted and the commission in the final bill was charged with studying the effects of FMLA on employers and employees (Prohaska & Zipp, 2011).

Although representing a breakthrough with regard to national legislation on family leave, The FMLA has been criticized by scholars for its lack of family-friendliness (Berger & Waldfogel, 2004; Waldfogel, 2001a). For example, compared to other industrialized nations that promote a healthy work-life balance, the U.S. lags in terms of access to leave, length of leave, and compensation. It is also limited in the scope of employees who qualify for leave. There have been many calls to revise FMLA, however for the past 25 years it has stood as the only federal policy to address work-family balance after childbirth. Of note is that the FMLA is not a specific “maternity leave policy.” It embeds maternity leave policy into the larger context of family leave. Although the FMLA is a great improvement over having no national policy on maternity leave, the U.S. is still the only western industrialized nation without a paid maternity leave policy (Frank & Lipner, 1988; Feldman et al., 2004; Ray, Gornick, & Schmitt, 2008, 2010; Waldfogel, 2001b).

In recent years there have been efforts to include a wage replacement with the FMLA (National Partnership for Women & Families, 2013). The Family and Medical Insurance Leave Act (FAMILY Act) was introduced to Congress in 2013 and again in 2015 with no further action on the bill (National Partnership for Women & Families, 2017). The bill calls for up to 66% wage replacement for any of the conditions mentioned in the FMLA, for up to 12 weeks. The funds would be generated by employee and employer payroll deductions. Between 2000 and 2016, three states have adopted their own form of paid leave— California (2002), New Jersey (2008), and Rhode Island (2013) (Zagorsky, 2017). These leaves provide from four to six weeks

of paid leave at 55 to 66% of prior earnings, and are estimated to cost employees at the most \$384 per year in payroll deductions.

New York State recently has passed into law the country's most generous paid family leave program that took effect in January 2018. The Paid Family Leave program will be phased in over four years starting at 8 weeks in the first year and culminating into 12 weeks by the fourth year. Employees will be paid through payroll deductions initially at 50% of prior earnings, then incrementally up to 67% by year 4. One unique feature of the program is that it will include leave for family members of deployed military members (New York State, 2017).

More recently, Washington State signed a bill that makes it the nation's most generous leave program to date. The law will go into effect in 2020 and provides for 12 weeks of paid leave with an additional two weeks for complicated births (Rowe, 2018). This bill targets low-income workers by providing 90% of wage replacement for low-income employees.

Maternity Leave Practices in the U.S.

Since the passage of the FMLA, a multitude of studies have been conducted on its use and effectiveness. Gault et al., (2014) measured parental leave practices in the U.S. by reviewing the results of various surveys: the National Compensation Survey (NCS), the American Time Use Survey Leave Module (ATUS); Survey of Income and Program Participation (SIPP); Family and Medical Leave Act Surveys; and the Current Population Surveys (CPS). The study found that as of 2013 overall, 87% of U.S. workers had access to some type of family leave, yet only 12% had access to paid leave. A review that focused specifically on the FMLA surveys examined 1,812 private worksites and 2,852 employees. It was found that as recent as 2012, thirty-five percent of all worksites provided paid maternity leave (Gault et al., 2014). However,

a survey of the employees revealed that 22% of employees took leave for the care of a new child. Of this group of employees, 56.9% of female employees received compensation.

For the number of workers who are using maternity leave, Gault et al.'s (2014) research revealed that up to 50.8% of workers took leave (paid or unpaid) for the birth or adoption of a new child. Across all surveys, the compensation for paid leave is sourced from the employer in the form of sick, vacation, personal leave, or short-term disability.

Access to Leave. Access to maternity leave is the first step in being able to take maternity leave. In the U.S., national access to leave was provided when the FMLA was passed in 1993. This access was however, unpaid and limited to employees who met certain eligibility requirements. Since the passage of the FMLA, five states and one city—San Francisco in 2016 (Rowe-Finkbeiner, Martin, Abrams, Zuccaro, & Dardari, 2016)—have passed laws that grant employees paid access to maternity leave.

Research on access to leave has focused primarily on access to family leave in general and has not targeted maternity leave access specifically. Studies about access to maternity leave have focused on the variables that predict access as well as the variables that access can predict. Given the significance of the FMLA, several studies have also examined access pre- and post-FMLA.

In one of the few studies that examined predictors of access to maternity leave, Shepherd-Banigan & Bell (2014) found that the most significant predictors of access to paid maternity leave are race/ethnicity, insurance status (private or other), income, and employment status (full or part-time). The significant findings from this study will be detailed below in the next section under each factor (race/ethnicity, income, and work status). One systematic review of maternity leave access found that the strongest predictors of access were income, education, and marital

status (Andres et al., 2016). Mothers with higher income, higher education, and who were married were more likely to have access to leave.

Overall, access to maternity leave, paid or unpaid, has been found to be a significant predictor of taking leave and of the length of leave taken by working mothers (Guendelman et al., 2014). This is particularly true for working mothers of color (Grosswald & Scharlach, 1999; Ramos-Olazagasti, Yoshikawa, & Shrout, 2014) who predominantly only take leave that is available to them.

When access to leave was examined pre and post FMLA, Waldfogel (1999) found that after the passage of FMLA more employers were providing leave. This increased access varied based on the size of the firm. For medium to large firms the percentages were 40% pre-FMLA, 63% during FMLAs implementation year, and 86% post-FMLA. For smaller firms the percentages were 40% pre-FMLA and 40% post-FMLA.

In summary, studies have shown that access to maternity leave is a critical factor that predicts use of leave and length of leave. Access is the gateway to maternity leave and even at this crucial stage there is variability in who has access. Although policies have been implemented at the national and state levels to increase uniform access to maternity leave, eligibility criteria for these programs make access inaccessible for most working mothers in the U.S. Furthermore, having access to maternity leave does not guarantee that the leave will be used by all mothers. Therefore, the use of maternity leave is another important factor related to maternity leave.

Use of Leave. Maternity leave taking (use of leave) has been studied for its frequency, covariates, and change over time. Estimates of the use of maternity leave are that between 30

and 50% of working mothers used paid or unpaid maternity leave before or after childbirth (Gault, 2015; Laughlin, 2011; Waldfogel, 2001).

In a review of the use of maternity leave, one consistent finding was that having access to maternity leave was related to using leave (Andres et al. (2016). Having access to leave has been one of the strongest predictors of taking leave. Research has consistently shown that although working mothers may have access to leave it does not mean 100% usage of leave. In 2012, one FMLA survey of over 1,800 worksites showed that 35% of employers reported that they provided paid maternity leave, however, a survey of the employees at those same companies revealed that 22% of employees took leave for the care of a new child (Gault et al., 2014).

The discrepancy between having access to leave and taking leave has been attributed to mothers not being able to afford to take leave (Fass, 2009; Han & Waldfogel, 2003; Klerman, Daley, & Pozniak, 2013; Lerner, 2015; U.S. Commission on Family and Medical Leave, 1996; Zagorsky, 2017). A recent study revealed that 81% of mothers attributed their shorter maternity leaves to poor financial resources (Shepherd-Banigan & Bell, 2014). Another reason that has been cited is limited awareness of FMLA (U.S. Commission of Family and Medical Leave, 1996). As early as 2 years after the passage of FMLA 42% of employees had no awareness of the law (Waldfogel, 2001).

Han, Ruhm, and Waldfogel (2009) found that expanding allowable leave length leads to an increased use of the leave by approximately 8 to 9% of working mothers. Two separate studies found that mothers were more likely to use unpaid FMLA leave in the second and third month after birth than in the first month (Gerstel & McGonagle, 1999; Han & Waldfogel, 2003). This suggests that during the first month paid leave is being used while in subsequent months, unpaid leave is used.

Zagorsky (2017) was interested in looking at trends in the use of maternity and paternity leave from 1994 to 2015. He took a unique approach by looking at the number of births in the U.S. from 1994 to 2015 and the number of mothers on maternity leave during that time. The results show that over the 11 year time span an average of 677 mothers took maternity leave for every 10,000 births. The most interesting finding was that during the years of the study (1994-2015) there was neither an increase nor decrease in the number of working mothers who used maternity leave. It was noted that during this time 3 states (California, New Jersey, and Rhode Island) who have 16.1% of the U.S. female labor force passed laws for paid family leave and this seemed to have had little effect on national data.

Overall, working mothers in the U.S. are not taking all of the maternity leave that may be available to them. Financial constraints as well as lack of awareness of the availability of leave are primary factors that limit leave taking. Even with legal support for maternity leave, mothers may choose to work instead of taking a sufficient amount time to care for their newborn.

Length of Leave. Research on the length of leave has been shown to be consistent with the 12 weeks provided by FMLA (Guendelman et al, 2014; Laughlin, 2011; Rossin, 2011; Shepherd-Baingan & Bell, 2014). For example, almost half of new mothers returned to work within 3 months post birth (Laughlin, 2011). Guendelman et al. (2014) identified that the length of leave offered by employers was more important in determining the actual length of leave taken than the paid or unpaid status of leave. They further noted that although paid leave is worthwhile in maternity leave research, more attention needs to be paid to job security during leave. In other words, providing job security to all mothers would be a more fruitful way to reduce disparities than providing paid leave.

Length of leave has been studied often in connection with the implementation of a new policy. As one of the country's first paid maternity leave program, California's paid family leave (PFL) is often used in research. A few researchers have looked at the length of leave taken before and after the implementation of California's PFL (Guendelman et al., 2014; Rossin-Slater, Ruhm, & Waldfogel, 2013). Rossin-Slater, Ruhm, & Waldfogel (2013) found that leave length increased by an average of 3 weeks after program implementation.

In their analysis of a subsample of mothers who responded to a Department of Labor survey, Manuel and Zambrana's analysis of the 93 mothers who took time off work specifically for newborn care, had some striking results. Length of leave was significantly increased when there was access to leave regardless of socioeconomic status (Manuel & Zambrana, 2009). Guendelman et al. (2014) specifically identified that the employer-sanctioned duration of leave that mothers have access to is a strong determinant of the length of leave that they take.

A recent study that focused on sociodemographic factors and maternity leave found that the stronger predictors of length of paid leave were age, race/ethnicity, insurance status, income, and employment status (Shepherd-Banigan & Bell, 2014).

The practices of working mothers in the U.S. has shown that the length of leave will be in alignment with the length that is approved by their employers. Although paid leave is important to working mothers, some research has shown that working mothers are more concerned with being able to return to their jobs and this concern determines how much time they will take for maternity leave.

Compensation During Leave. Approximately half of working mothers receive paid maternity leave. Gault et al.'s (2014) review of 5 national surveys showed that 56.9% of female employees received compensation during leave. Zagorsky's analysis of CPS data also showed

that approximately half of working parents received paid leave for childbirth (Zagorsky, 2017). However, there were significant differences by gender. Forty-eight percent of mothers received paid maternity leave, while 66% of fathers received paid paternity leave. They calculated a growth rate in paid maternity leave at 0.26 percentage points per year (paid paternity leave was 0.44 percentage points per year). Compensation for paid leave tends to be sourced from the employer in the form of sick, vacation, personal leave, or short-term disability.

Although compensation has been rarely studied in relation to maternity leave, statistics show that white women earn more money compared to women of color (U.S. Census Bureau, 2004). Recently, researchers (Shepherd-Banigan & Bell, 2014) found that race/ethnicity, insurance status, partner status, income, and employment status were the most significant predictors of receiving higher wage replacement. Black, privately insured, partnered, high income, full-time working mothers received the most compensation compared to their respective subgroups.

Factors that Impact Women's Maternity Leave Practices in the U.S.

Income/Poverty. In terms of access to leave, research has shown that working mothers with a high income often have greater access to leave benefits compared to low-income mothers (Andres et al., 2016; Shepherd-Baingan & Bell, 2014). High income mothers are two to four times more likely to have access to paid family leave compared to low-income mothers (Gault et al., 2014; Manuel & Zambrana, 2009). Low-income mothers are significantly less eligible for leave under the FMLA (Kerr, 2011). Three-quarters of low income workers (earning less than \$20,000) receive no paid leave, while one-quarter of middle income workers (earning between \$50,000 and \$75,000) received no paid leave (Waldfoegel, 2001a).

This inequality in access to maternity leave exacerbates the challenges that low-income workers face. As Hill (2012) noted, low-income mothers often work in the low-skilled job sector. This sector is known for having poor benefits and limited opportunities. It also employs part-time workers frequently and part-time work tends to mean little access to employee benefits such as paid or unpaid maternity leave.

In terms of the length of leave taken, high-income mothers took on average 3 weeks longer paid and total (paid and unpaid) leave than low-income mothers and were compensated at a rate that was almost 3 times that of low-income mothers (Shepherd-Banigan & Bell, 2014). In another study, low-income mothers took shorter leaves than mothers at all other income levels (Manuel & Zambrana, 2009).

One of the most relevant studies of maternity leave and social class was conducted by Kerr (2016). Kerr noted the same lack of empirical research on the maternity leave needs of women who were economically disadvantaged. She used the National Longitudinal Survey of Youth (NLSY) and CPS national datasets and examined access to paid leave, usage of paid and other leave, and total leave taken for mothers in 4 quartiles of income levels. She also examined these variables before and after the passage of the FMLA. What she found was that low-income mothers were significantly less eligible for maternity leave under FMLA primarily because they failed to meet tenure and hours of employment requirements of the FMLA. One primary limitation of this study is that it used data from 1979 and 1999. An analysis of maternity leave and social class is required with more current data.

Education. Education is a significant factor in the maternity leave practices of mothers in the U.S. Education was significantly related to access to paid leave with almost two-thirds of college-educated mothers having access to paid leave compared to less than one-third of mothers

with a high school diploma or less (Shepherd-Banigan & Bell, 2014). For non-college educated mothers, having government-sanctioned access to leave increased the length of leave taken (Rossin-Slater et al., 2013). Specifically, after the implementation of California's PFL policy, high school educated mothers took leaves that were two to three weeks longer than prior to the policy enactment.

Education is also a significant predictor of use of leave, however this usage varied based on level of education (Han, Ruhm, & Waldfogel, 2009). Mothers with a college education were more likely to use leave if they had access to it. However, use of leave was not associated with access to leave for mothers with less than a college degree. In one study, college-educated mothers took on average 3 more weeks of paid and total (paid and unpaid) maternity leave compared to mothers with a high school diploma or less (Shepherd-Banigan & Bell, 2014).

Mothers who took maternity leave were found to have more education than mothers who did not take maternity leave. Seventy-two percent of mothers on leave had attended college, while 50% of mothers who did not take leave had attended college. Furthermore, mothers who did not take leave were four times as likely (20.9%) to have less than high school education compared to mothers on maternity leave (5.7%) (Zagorsky, 2017). Mothers with high school diplomas tend to leave their jobs instead of taking leave (Laughlin, 2011).

Length of leave and compensation were both significantly correlated with education. Manuel & Zambrana (2009) found that education significantly affected length of leave with mothers with more education taking longer leaves than mothers with lower education. Eighty percent of mothers with a college degree took six or more weeks of maternity leave, whereas only 54% of mothers without a college degree took a similar length of leave (Lerner, 2015).

Shepherd-Banigan & Bell (2014) showed that wage compensation during leave was 45% more for mothers with a college education than for mothers with a high school diploma or less.

Lerner's analysis of Department of Labor statistics showed that 23% of the mothers were back to work within 2 weeks of giving birth. The length of leave taken was also shown to differ based on educational level. Eighty percent of mother with a college degree took six or more weeks of maternity leave, whereas only 54% of mothers without a college degree took a similar length of leave.

Insurance. Insurance status was found to be a significant variable in access to leave, length of leave, and compensation during leave. Privately insured mothers had more access to paid leave, took paid leaves that were at least one week longer, and received higher salary compensation during leave compared to mothers with other types of insurance (Shepherd-Banigan & Bell, 2014).

Race/ethnicity. There has been few studies specifically looking at the relationship between maternity leave and race/ethnicity. One of the first studies to examine this relationship was conducted by Grosswald & Scharlach (1999). These authors specifically examined the leave-taking patterns of 91 unionized transit workers. Seventy-six percent of the respondents were African-American and 8% were Caucasian. They looked at several variables to determine which ones were the best predictors of leave taking. The availability of paid leave was the best predictor of leave taking for these mothers of color.

In their search for the factors that predict post-natal employment among a sample of 310 Mexican, Dominican, and African-American mothers, Ramos-Olazagasti, Yoshikawa, & Shrout (2014) found that the strongest predictor of a mother returning to work after giving birth was her having access to maternity leave—paid or unpaid. That is, a mother knowing that her job would

be protected resulted in up to 88% of mothers with unpaid leave and 84% of mothers with paid leave returning to work by 12 months postpartum, compared to 54% of mothers without any leave returning to work by 12 months postpartum.

The authors of this study (Ramos-Olazagasti et al., 2014) concluded that more research on how ethnic minorities navigate the world of work and parental leave is critical. Furthermore, future studies should not assume homogeneity among all ethnic groups since there was variability in the results of their study by race and ethnicity. The authors noted a small sample size (N=310) as a limitation of their study and call for future research having larger sample sizes.

Studies of access to and use of leave based on race/ethnicity have been inconclusive. An analysis of the ATUS showed that access to leave varied by race/ethnicity. While over half of white and black mothers had access to paid leave (50% and 59%, respectively) only 27.5% of Hispanic mothers had this same access (Gault et al., 2014; Glynn, 2012). One recent study of working mothers showed that black mothers had more access to paid maternity leave than white or Hispanic mothers (Shepherd-Banigan & Bell, 2014). A finding that contrast earlier findings of race/ethnicity and maternity leave

A recent analysis of the CPS data revealed that over two-thirds of mothers on maternity leave were non-Hispanic white, while slightly more than half of all mothers who had given birth were non-Hispanic white (Zagorsky, 2017). Black and Hispanic mothers took between four and five weeks longer leave after the implementation of California's PFL (Rossin-Slater et al., 2013).

Race/ethnicity and Income. In addition to gender, race/ethnicity and social class are two primary categories where inequality is present. A review of the maternity leave literature reveals that race/ethnicity and social class are rarely studied as primary variables or included in advanced data analyses. In other words, the maternity leave practices of working mothers are

rarely studied from the perspective of racial or class inequality. What is evident in maternity leave research is that the majority of studies have overwhelmingly either omitted analyses based on race/ethnicity and social class or have used samples that are homogenous in race/ethnicity and social class.

Maternity leave empirical research tends to take two forms. The first type of studies are those that conduct secondary analyses of large, national databases. McGovern et al. (2004) found that these types of studies rarely examined the data for racial differences. One exception to this was a study by Waldfogel (1997). Waldfogel was exploring explanations for the motherhood pay penalty using the NLSY. After her primary analyses were completed, she acknowledged that there was no reason to assume consistency of her findings across women and further analyzed the data according to race/ethnicity. Specifically, the wage penalty for black mothers with one child was 2% and for black mothers with two or more children it was 5%. These penalties were substantially lower than for white mothers who experienced a penalty of 8% for one child and 18% for two or more children. This study was conducted with 1968 to 1988 data and is therefore outdated. Furthermore, there was no analysis by social class or income level. These two limitations make this a topic that is ripe for future investigation.

The second type of research that has been common in the area of maternity leave is that conducted with smaller sample sizes of women who were recruited for studies. In this type of research, samples tend to be predominantly white, middle-class, married, and educated women (Feldman, Sussman, & Zigler, 2004; Glass & Estes, 1997). With such a highly specialized sample, there is no opportunity for an analysis of race/ethnicity and class disparities. Therefore, starting in the 2000s researchers have been including low-income mothers and mothers of color in the maternity leave discussion (Fass, 2009; Ramos-Olazagasti, Yoshikawa, & Shrout, 2014).

In one of the rare studies of intersectionality and maternity leave, the intersection of race/ethnicity and income were significant in identifying length of maternity leave for mothers. Although high-earning mothers took longer leaves compared to lower-income mothers, middle income black mothers were found to take shorter leave than mothers of other racial and income groups (Manuel & Zambrana, 2009).

Partner Status. Prior to the enactment of California's PFL program, unmarried mothers took one to two weeks of maternity leave. However, after the policy was adopted, the length of leave increased by three to four weeks (Rossin-Slater et al., 2013). Zagorsky's (2017) analysis of CPS data over an 11 year time span showed that three-quarters of mothers who were on maternity leave were married compared to 63% of mothers who were unmarried.

Married and divorced mothers tend to take longer leaves compared to single mothers or mothers who were separated (Manuel & Zambrana, 2009). When mothers who were partnered (married or unmarried) were compared to unpartnered mothers, partnered mothers received more access to paid leave, took longer paid leave, and received compensation that was 23% higher than unpartnered mothers (Shepherd-Banigan & Bell, 2014). Research by Burr & Bean (1996) has shown that black mothers are more likely to be unmarried at the time of their first birth. This may lead to less access to leave, shorter leave, and lower compensation.

Social Support. A study by Ramos-Olazagasti, Yoshikawa, & Shrout, (2014) showed that instrumental support was a differential predictor by ethnicity. For example, African-American mother's return to work was spurred by instrumental support—providing childcare, helping with housework, or providing transportation—whereas for Mexican and Dominican mothers, the return to work was delayed when instrumental support was present. This may be due the authors noted to the longer history of African-Americans in the U.S. resulting in more

time to develop strong support systems, compared to more recently arrived Mexican or Dominican mothers.

Age. Mothers on maternity leave were shown to be on average 2.4 years older than mothers in general (Zagorsky, 2017). Mothers on leave were on average 29.4 years of age. Age was found to be significantly related to access to paid leave in a national sample of working mothers (Shepherd-Banigan & Bell, 2014). Over one half of mothers who were 35 or older had access to paid leave compared to one-third of mothers between the ages of 18 and 29. This group of mothers also took longer paid and total (paid and unpaid) leave, and had a mean salary that was almost twice that for mothers who were in the 18 to 29 age range. Age at first birth was related to length of leave (Manuel & Zambrana, 2009) with older mothers taking longer leave than younger mothers.

Work Status. One of the few studies on work status showed that full-time workers were more than five times more likely than part-time workers to take paid or unpaid leave; and part-time workers were more than three times likely than full-time workers to take unpaid leave (U.S. Department of Labor, 2012). Mothers working full-time had greater access to paid leave, took paid leaves that was 3 times as long, and were compensated more than 29 percentage points higher than mothers who worked part-time (Shepherd-Banigan & Bell, 2014)

Family Size. Few studies have examined the link between family size and maternity leave. Gerstel & McGonagle (1999) included the number of children in the household in their research on the need and use of family leave. They found that having children in the house increased the need for family leaves and did not significantly affect the use of leave. Although their study was not specific to maternity leave, family size was include here because it was

expected to be a significant factor in gaining access to and using leave as well as the length of leave taken.

Region. A rarely studied correlate of maternity leave is the region of residence. Manuel and Zambrana (2009) found that region of residence was significantly related to the length of leave taken. Mothers who lived in the Northeast and West took longer leaves. Shepherd-Banigan & Bell (2014) also found a significant effect for region and maternity leave. Mothers living in the East took leave that were 3 weeks longer than mothers living in the South. Although length of maternity leave seems to vary based on where mothers live, the findings are discrepant.

Theoretical Framework

One theory that has added a new dimension to the study of inequality is intersectionality theory. Intersectionality theory emerged from feminist scholarship (Choo & Ferree, 2010; McCall, 2005) at a time when feminist theory was accused of being exclusionary by focusing on white, middle-class women (McCall, 2005). The term “intersectionality” was coined by legal scholar Kimberle Crenshaw in 1989 when she was studying how antidiscrimination laws focus on one axis of a person’s identity (Crenshaw 1989; Cho, Crenshaw, & McCall 2013) and negates the experiences of black women. She noted that with respect to sex, white women were the reference point and with respect to race/ethnicity, black men were the reference point. Therefore, Crenshaw developed intersectionality as a lens through which the lives of black women could be viewed when deciding on legal matters. Since the introduction of intersectionality, it has expanded to include several disciplines and topics (Carbado, Crenshaw, Mays, & Tomlinson, 2013).

After its introduction, intersectionality was eagerly applied in fields such as political science (Hancock, 2007) and sociology (Choo & Ferree, 2010). It was easily accepted for its ambiguity and openness in a field that was starting to be seen as one-dimensional (McCall, 2005). However, since the initial hype about intersectionality, scholars have started to examine its purpose, definition, and methodology. Recent scholarship by the originator of the term revealed that scholars should be concerned with what intersectionality “does” more than what it “is” (Cho, Crenshaw, & McCall, 2011). They noted that intersectionality is a perspective where categories are indistinct, fluid, and evolving.

In sociology, intersectionality is a popular research lens (Jones, Misra, & McCurly, 2013). Sociologists have most recently started to identify methodologies of intersectionality within sociology (Choo & Ferree, 2010; Davis, 2008; McCall, 2005). Specifically, Choo and Ferree (2010) noted that intersectionality can be used in three ways in sociological research—being based on the groups that it represents, being rooted in a process, or forming the base of a system. The authors suggested that the perspective chosen would determine the methodology used. They also noted that intersectional research would be interdisciplinary in theory and methods and discipline specific in the topic that is being addressed.

In this study, intersectionality will be used based on the groups that it represents. The mothers’ racial/ethnic groups will be examined in terms of how they intersect with their class groups. This will be represented in the methodology with the inclusion of a race/ethnicity by class interaction term in the regression analyses. As a topic, maternity leave is interdisciplinary since it is a public health issue, a sociological issue, a medical issue, a labor, and economic issue. Since it is interdisciplinary, having a theory such as intersectionality as a base to unify these various disciplines will help to move the field forward.

Statement of the Problem

Ever since maternity leave has been discussed as a national policy, much of the literature has been based on white, middle-class women (Fass, 2009). Several scholars and researchers in the area of work-family policy have noted how crucial it is for low-income mothers to have access to benefits that promote a balance between work and family (Fass, 2009; National Partnership for Women & Families, 2013; Galinsky, Bond, & Tahmincioglu, 2014; Gault et al., 2014; Williams, 2010). Low-income workers often find themselves in work conditions that are not conducive to a healthy maternity leave policy. They tend to work part-time, combine two or more jobs to make up full-time work, and work in jobs that require a high degree of supervision and rigid work schedules (Galinsky et al., 2014, Gault et al., 2014). It is these working conditions that are often negatively associated with family-friendly work policies. In fact, low-income workers are often the ones who are least likely to have the financial resources to finance a leave from work, yet they are the ones who are most often in the position of needing leave (O'Leary, 2007; 2014; Galinsky et al, 2014; Williams, 2010). If the experiences of low-income working mothers is ignored in the maternity leave literature, then their experiences and needs will be ignored in future maternity leave policy.

To date, maternity leave research has not been guided by a unified theory. A few studies, especially those on the motherhood pay penalty (Arun, Arun, & Borooah, 2004; Budig & England, 2001; Budig & Hodges, 2010) have used human capital theory to guide their research. This study aims to address the limitation of prior research that has either omitted race/ethnicity and social class from the maternity leave discussion or used a homogenous group to represent all mothers. This literature gap will be addressed with the application of intersectionality as both a guiding theory and guiding methodology. This study will be one of a growing body of literature that is starting to focus on the sociodemographic aspects of maternity leave. The importance of

sociodemographic factors was highlighted by Shepherd-Banigan and Bell (2014); and the importance of intersectionality was highlighted by Manuel and Zambrana (2009).

The call for maternity leave research that is more inclusive began in the mid-2000s. In the past ten years, within the work-family literature, several authors have focused their inquiry into maternity leave on low-wage working mothers and families (Fass, 2009; Hill, 2012; O’Leary, 2007; Ramos-Olazagasti, Yoshikawa, & Shrout, (2014). Other scholars have noted the limited amount of research focused on the work-family benefits or parental leave for minority samples (Groswell & Scharlach, 1999; Kerr, 2016). It has been noted that treating women as a homogenous group, especially when it comes to maternity leave policy can lead to the creation of policies that are geared for one particular subgroup of women (Fass, 2009; Ramos-Olazagasti et al., 2014; Williams, 2010). Therefore, it is imperative that future studies of maternity leave include race/ethnicity and social class variables in their analyses so that a fuller picture of working mothers and their experiences can be captured and documented for academic, policy, and law-making purposes.

Other limitations in this area of research include the use of outdated datasets and indirect or proxy measures of maternity leave. The aim of this study therefore is to use a more recent dataset that uses direct measures of maternity leave to examine sociodemographic factors through an intersectional lens. This study is comprehensive because it will look at several aspects of maternity leave. Access to leave (paid and unpaid), use of leave (paid and unpaid), length of leave (paid and unpaid), pre-birth leave, length of postpartum leave, and compensation will all be examined in this study.

Hypotheses/Research Questions

1. What are the sociodemographic factors that predict access to, utilization of, length of, and compensation during maternity leave for a diverse sample of mothers in the U.S.?
2. Is the intersection of race/ethnicity and class a significant predictor of access to maternity leave, use of maternity leave, length of leave, and compensation during leave? If so does it predict differently for a white, black, and Hispanic mothers?
3. Low-income working mothers of color will have less access to paid leave compared to high-income white mothers.
4. Low-income working mothers of color will use leave less often compared to high-income white mothers.
5. Low-income working mothers of color will take shorter leaves compared to high-income working mothers.
6. Low-income working mothers of color will receive less compensation during leave compared to high-income working mothers.

CHAPTER THREE: METHODOLOGY

Research Design/ Description of the Dataset

This study will use data from the LTM III surveys. The LTM surveys were pioneered by Childbirth Connection, a nonprofit organization founded in 1918 that aimed to promote safe and effective maternity care (Lothian, 2003, Maternity Center Association, 2004). Through the LTM surveys, the agency hopes to give a national voice to the pregnancy, birth, and postpartum experiences of mothers. The organization's goals are to inform policy, practice, and education from knowledge about the attitudes, preferences, and beliefs of mothers. The LTM surveys are reported to be the first to examine a wide array of maternal practices and experiences from the pre-pregnancy to the postpartum period at the national level (Declerq, Sakala, Corry, & Applebaum, 2008). The dataset, questionnaire, and reports are available for public download from the Odum Institute's Dataverse at the University of North Carolina.

Childbirth Connection has been conducting the LTM surveys since 2002. The first LTM study was based on births occurring between 2000 and 2002 (Sakala, 2003). The second LTM study (LTM II) was based on births occurring during 2005 (Lowe, 2007; White, 2007), and the LTM III study was based on births occurring between 2011 and 2012 (Declerq, et al., 2014a).

Participant Recruitment and Selection

The LTMIII participants were recruited from a variety of panels (Harris Poll Online, Research Now/E-Rewards, GMI and Offerwise Hispanic panels). To address the possibility that potential participants could be on more than one panel, digital fingerprint technology, IP address verification, and GEO IP encoding were used (Declerq et al., 2013a). Email invitations were sent to a sample of women on the panel. The email included a direct link to the survey. The first

part of the survey contained a series of preliminary questions to determine their eligibility. Eligibility criteria included English-speaking mothers between 18 and 45 years of age who had given birth to a single child between July 1, 2011 and June 30, 2012 in a hospital. The child had to be alive at the time of the survey. Once eligibility was established, the participants were directed to the study questions.

From October 2012 to December 2012, potential participants were contacted via email and invited to complete the online survey. They had the opportunity to complete the survey in one sitting or to return later. Mothers who were recruited from the Harris Poll Online (HPOL) received 150 HIpoints and a \$10 Amazon gift card for completing the first survey and a \$15 Amazon gift card for completing the second survey

Participants

The results of the LTM III surveys are reported in two parts. For the initial survey, information about mothers' pre-pregnancy, prenatal, and birth experiences and attitudes about maternity care were collected. The report with these results is called *Listening to Mothers III: Pregnancy and Birth* (Declerq et al., 2013b). For the follow-up survey, information about maternal and child well-being, family relationships, employment, maternity leave, childcare, health insurance, and women's views of maternity care in the U.S were collected. The results from the follow-up survey are included in *Listening to Mothers III: New Mothers Speak Out* (Declerq et al., 2013a)

Description of Participants in the Initial Survey. There were a total of 2,400 participants in the initial survey (Declerq et al., 2014b) Among these participants, one-third of the mothers were between 18 – 24 years of age (32%), and 59% had some college or higher education. The majority were white, non-Hispanic (55 %), 15% were black, 23% Hispanic, and

7% Asian, Native American, Alaskan Native, Hawaiian, or Pacific Islander. Seventy-four percent of the mothers had given birth to one or two children (Declerq et al., 2013b).

Description of Participants in the Follow-up Survey. Forty-five percent of mothers from the initial survey responded to the follow-up survey, resulting in 1,072 participants. (Declerq et al., 2013a). One-third of these mothers were between the ages of 18 – 24. The results for education and race/ethnicity were identical to the initial survey results. Fifty-nine percent had at least some college education. Fifty-five percent were white, 15% black, 23% Hispanic, and 7% were Asian, Native American, Alaskan Native, Hawaiian, or Pacific Islander. Seventy-three percent had given birth to one or more children.

Weighting. The LTM III data were weighted to closely match the target population—mothers ages 18 to 45 who birthed a single infant in a hospital. Age, educational attainment, race/ethnicity, geographic region, household income, mode of birth, and number of times given birth were the variables used for weighting. Data from the March 2011 Supplement of the U.S. Census Bureau’s CPS, and the 2010 U.S. Centers for Disease Control and Prevention’s birth certificate were used for weighting. A propensity score was developed to determine the participant’s likelihood of being online. The propensity score included demographic, attitudinal, and behavioral factors that could create a selection bias. Weighting was conducted separately for each survey. The dataset combines both of these data with the sample size varying based on whether the question was asked in the initial survey.

Description of Participant Selection for this Study. Since this research is about maternity leave, only mothers who were employed full- or part-time during pregnancy were included in data analyses. This group of mothers was identified by their response to a question about their employment status during pregnancy. When only mothers who worked full or part-

time were selected a sample of 700 mothers was generated. The progression from the full sample to the sample selected for this study is presented in Figure 1.

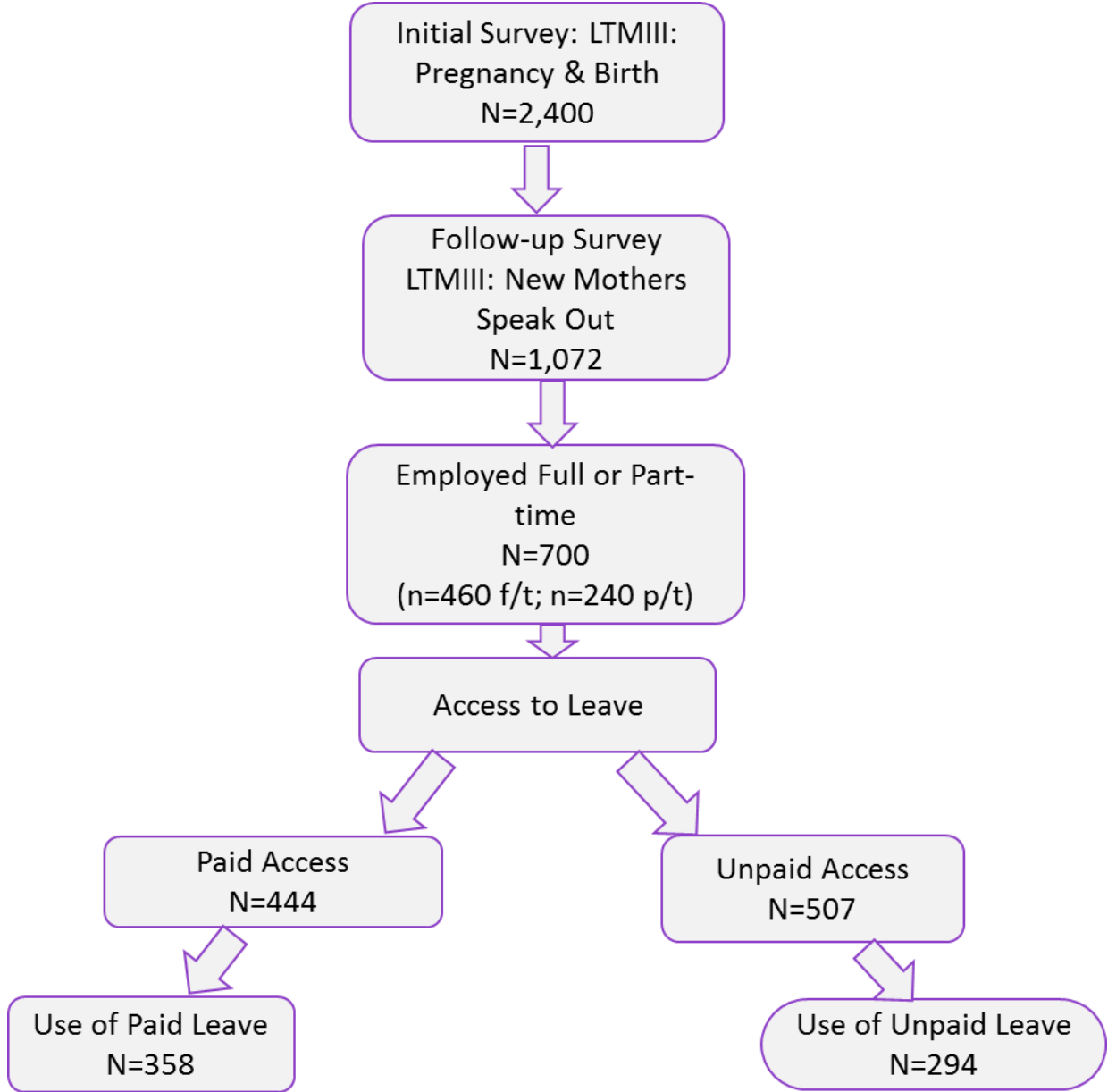


Figure 1. Flow Chart of Sample Selection, Access to Leave, and Use of Leave

Measures

Dependent Variables. Access to leave, use of leave, length of leave, and compensation during leave were the primary dependent variables. Measures of access to paid and unpaid maternity leave, paid and unpaid length of leave taken, and compensation during leave were assessed in the follow-up LTMIII survey. These measures will allow for clear distinctions between paid and unpaid leave access and usage.

Access to paid leave. Question Q2714 asked, “Did the employer you worked for during your pregnancy have a paid maternity leave benefit?” The options were: 1 (yes, but I didn’t take any paid leave); 2 (yes, and I took paid leave); 8 (not sure); and 23 (no, my employer did not have such a policy). This variable was recoded to *accpdlv* with values of 1 (access to paid leave) representing all of the responses originally coded as 1 or 2; and 2 (no access to paid leave) representing all of the responses originally coded as 23. This variable was further recoded to *accpdlv*r with values of 0 (no access to paid leave) representing all of the responses originally coded as 23; and 1 (access to paid leave) representing all of the responses originally coded as 1 or 2. This second recoding was for logistic regression analysis.

Access to unpaid leave. Question Q2721 asked “Did the employer you worked for during your pregnancy have a policy of providing unpaid maternity leave with a guarantee that you could return to your job or a similar one?” The options were: 1 (yes, but I didn’t take any unpaid leave); 2 (yes, and I took unpaid leave); 8 (not sure); and 3 (no, my employer did not have such a policy). This variable was recoded to *accunpdlv* with values of 1 (access to unpaid leave) representing all responses originally coded as 1 or 2; and 2 (no access to unpaid leave) representing all responses originally coded as 3. Question Q2721 was further recoded as

accunpdlvr with values of 0 (no access to unpaid leave) representing all of the responses originally coded as 3; and 1 (access to unpaid leave) representing all of the responses originally coded as 1 or 2. This second recoding was for logistic regression analysis.

Use of paid leave. For the mothers who had access to paid leave, a new variable usepdlv was created by recoding the responses to question Q2714. Original responses of 2 (yes and I took paid leave) were recoded to 1 (use paid leave) to represent mothers who had access to paid leave and took it. Original responses of 1 or 3 (yes, but I didn't take paid leave and no, my employer did not have such a policy, respectively) were recoded as 2 (Not use paid leave) to represent mothers who had access to paid leave and did not use it and mothers who did not use paid leave because they did not have access to it. To prepare for multivariate logistic regression analyses, this variable was recoded again into usepdlv, with mothers who did not use paid leave coded as 0 and mothers who used paid leave coded as 1.

Use of unpaid leave. For mothers who had access to unpaid leave, a new variable, useunpdlv was created by recoding the responses to question Q2721. Original responses of 2 (yes and I took unpaid leave) were recoded to 1 (use unpaid leave) to represent mothers who had access to unpaid leave and used it. Original responses of 1 (yes, but I did not take unpaid leave) and 3 (no, my employer did not have such a policy) were recoded as 2 (not use unpaid leave) to represent mothers who had access to unpaid leave but did not use it, and mothers who did not use unpaid leave because they did not have any access to it.. For logistic regression analyses, a further recoding into useunpdlvr, representing mothers who did not use unpaid leave coded as 0 and mothers who used unpaid leave coded as 1.

Length of paid maternity leave. This variable was measured by question Q2720_1, “For how many weeks did you receive paid leave?” It was measured continuously and ranged from 1 to 48. The variable was renamed as lngpdlv

Length of unpaid maternity leave. This was assessed with the question Q2722_1, “For how many weeks did you receive unpaid leave?” It was measured continuously and ranged from 0 to 52. The variable was renamed as lngunpdlv.

Pre-birth leave. Question 2713_1 used the question “How many weeks prior to your due date did you stop working at your paid job.” This continuous variable ranged from 0 to 36. It was renamed as preblv.

Total length of postpartum leave. Question Q2731_1 asked “How long after you gave birth did you return to work for pay?” This was measured in months and ranged from 0 to 11. It was renamed as totlv.

Wage compensation. Q2717_1 is the question “What percent of your regular salary did you receive during your maternity leave?” This continuous variable ranged from 1 to 100. It was renamed as compens.

Independent Variables. The following independent variables were used. An outline of how they are measured in the LTMIII survey follows.

Household Income. Question 520 “Which of the following income categories best describes your total 2011 household income before taxes?” has 27 categories. The dataset came with dummy coded variables representing 5 income categories (HH_Income_1= \leq \$29,400; HH_Income_2=\$29,401-\$37,000; HH_Income_3=\$37,001-\$52,300; HH_Income_4=\$52,301 - \$75,300; and HH_Income_5 = \geq \$75,301). A recoded variable, hhincome, included all 5

categories (1= \leq \$29,400; 2=29,401-37,000; 3=37,001-52,300; 4=52,301-75,300; and 5= \geq 75,301)

Poverty Level. Question Q522 had two categories of 1 (200% poverty or below) and 2 (above 200% level), and 3 (not sure/decline to answer). It was recoded into poverty with 1 (200% poverty or below) and 2 (above 200% level). In past research, low income has been defined as families with incomes below 200% of the federal poverty level (Chau, 2009; Gershoff, 2003; HHS, 2017). This same distinction is used for this study, whereby low income families are classified as those who are living below 200% of the federal poverty level.

Education. This variable was measured by 3 dummy coded variables measuring high school or less; some college; college graduate or higher. A recoded variable, education, was created to include all 3 categories: 1=high school or less; 2=some college, and 3=college grad or higher.

Insurance. Question Q1845 “What was the primary source of payment for all of your maternity services (provider and hospital bills, lab tests, etc.)? Was it...?” 1 (Medicaid or CHIP), 2 (other government program), 3 (private insurance), 4 (paid for it...out of pocket), 8 (not sure), 9 (decline to answer). The recoded insurance variable had 4 categories: 1 (Medicaid or CHIP); 2 (Other government program); 3 (Private insurance); and 4 (Out of pocket).

Race/ethnicity. Question Q482 measured race/ethnicity as 1 (White), 2 (Black/African-American), 3 (Hispanic/Latina), 4 (American Indian), 5 (All others), and 6 (Decline to answer). This was recoded (race) into 3 categories 1 (White), 2 (Black/African-American), and 3 (Hispanic/Latina). A dummy coded variable, racer, was also created with white as the reference group.

Partner Status. Question Q1915 “At the time you gave birth, were you...” with options of 1 (Unmarried with a partner), 2 (Unmarried with no partner), and 3(Married). This was renamed and recoded as partstatbrth with values of 1 (Married), 2 (Unmarried with a partner), and 3 (Unmarried no partner).

Partner support. Four separate questions asked about a mother’s perceptions of the degree to which her partner/spouse: 1) listened to her, 2) helped, 3) was affectionate with her, or 4) engaged in enjoyable activities. For example, question Q2615_3 was worded as follows “Since the birth of your baby, how often are the following types of support available from your spouse/partner? Affectionate, such as showing me affection and helping me feel wanted.” Responses for questions Q2615_1 through _4 were measured on a scale from 1 (None of the time) to 5 (All of the time). From these questions a composite score was calculated to measure partner support (partsupp). Values of the composite variable ranged from 4 to 20, where higher numbers indicate more support while lower numbers indicate less support.

Other support. A variety of questions asked about a mother’s perceptions of the degree to which other people she knows/spouse/partner listened to her, helped, was affectionate with her, or engaged in enjoyable activities. Question Q2620_3 is “Since the birth of your baby, how often are the following types of support available from other people you know/spouse/people you know?- Affectionate, such as showing me affection and helping me feel wanted.” Responses for questions Q2620) _1 through _4 were measured on a scale 1 (None of the time) to 5 (All of the time). From these questions a composite score was calculated to measure support from others (othsupp). Higher numbers on this new variable indicate more support while lower numbers indicate less support. The composite variable ranged from 4 to 20.

Work status. This variable, Q2702 “Were you employed during your pregnancy with your child...?” had categories of 1 (yes-part time), 2 (yes-full-time), 3 (yes-self-employed part time), 4 (yes-self-employed full time), and 5 (no). According to the protocol used by Shepherd-Banigan & Bell (2014) only full and part-time employed mothers were included. The sample of self-employed mothers was believed to be too small to produce meaningful comparisons with the other groups of employed mothers. Self-employed and unemployed mothers were not included in this study. This variable was also used as a criteria variable to select the subsample of mothers who were working for employers during pregnancy. A recoded variable, workstat, included 1 (part-time) and 2 (full-time) mothers.

Control variables. The following independent variables were used. An outline of how they are measured in the LTMIII survey follows.

Age of mother. Question Q106 measured mother’s age in 7 categories of 18-19; 20-24; 25-29; 30-34; 35-39; 40-44; and 45 years and over. This was renamed as agecat. Q105 measured the mother’s age continuously, it was used in analyses and renamed as age. Values ranged from 18 to 45.

Family size. Question Q519 “Including yourself, how many people live in your household” is a continuous variable ranging from 1 to 9. It was renamed as famsiz.

Region. “hRegion” splits the country into 4 regions 1 (Northeast), 2 (Midwest), 3 (South), and 4 (West). It was renamed as region.

Data Analysis

All data was analyzed using Stata Version 13.1 (College Station, TX). For the univariate analyses frequencies were obtained for categorical variables--access to paid and unpaid leave, use of paid and unpaid leave, income, poverty level, education, insurance, race/ethnicity, partner

status, work status, age, and region. Means and standard deviations were reported for length of paid and unpaid leave, pre-birth leave, total postpartum length of leave, compensation, partner support, other support, and family size. These analyses were conducted for the subsample of mothers (N=700) and also conducted by race/ethnicity.

Bivariate analyses were conducted using t-tests and ANOVA for continuous variables and chi-square for categorical variables. Analyses were conducted to examine the relationship between each dependent variable and each independent variable. The relationship between independent variables was also examined. For example, the relationship between partner status and work status was analyzed.

Survey weights were applied using the `svy` command, and multivariate linear and logistic regression analyses were conducted. Linear regressions were completed for length of paid and unpaid leave, pre-birth leave, total postpartum leave, and compensation. Logistic regression was conducted for access to paid and unpaid leave and use of paid and unpaid leave. For each dependent variable only variables that were significant at the .01 or .001 less alpha level in the bivariate analyses were included in the multivariate models.

To determine if the subsample of working mothers included in this study differed significantly from mothers who were self-employed or who were unemployed at the time of data collection, sensitivity analyses were conducted. These analyses were completed by comparing the two groups of mothers (subsample and sample) on socio-demographic variables.

For these analyses a new variable, *mothemp*, was created by recoding the work status variable into two categories. Mothers who were working full or part-time were coded as “1” and mothers who were either self-employed or not working were coded as “2.” These two groups of

mothers were compared on demographic variables using either chi square tests for categorical demographic variables or t-tests for interval/ratio demographic variables.

CHAPTER FOUR: RESEARCH FINDINGS-DESCRIPTIVE ANALYSES AND ACCESS TO LEAVE

Descriptive analyses

This chapter will include the results of univariate analyses of all variables included in this study. For categorical variables, the frequencies for each category will be provided for the total subsample. In addition the frequencies for each category will be provided for each racial/ethnic group. For interval/ratio variables, the mean and standard deviation were calculated for the total subsample and by racial group.

Sample Characteristics. Table 1 shows the sample characteristics for the independent, control, and access to leave variables. From the total sample (N=2700) 29% of mothers were selected into a subsample based on full or part-time employment during pregnancy. The following analyses were conducted for this subsample (N=700).

In this subsample of mothers, almost half of the mothers had a household income that was greater than \$75, 301 (42.4%), and one-tenth (10.1%) of the mothers were in the lowest income category (<\$29,400). More than three-quarters of the mothers lived above 200% of the federal poverty level (77.3%). Half of the mothers had at least a college degree (57.1%), while one-third attended some college (33%), and one-tenth had a high school diploma or dropped out (9.9%). The majority of mothers were privately insured (69.9%). A smaller group were insured by Medicaid (18.1%) or other government insurance (6.3%), and 3.9% were uninsured. The racial/ethnic composition was majority white (67%), with 16.3% Hispanic/Latina mothers and 10.3% black/African-American. The majority of mothers were married (74.9%), 19.6% were unmarried with a partner, and 4.7% were unmarried without a partner at the time they gave birth.

Table 1. Descriptive Statistics for Total Sample and by Race/Ethnicity

	% Total N=700	% White N=447	% Black N=70	% Hispanic N=113	χ^2
Income					61.22***
<\$29, 400	10.71	6.04	28.57	20.35	
\$29,401-\$37,000	5.00	3.58	8.27	8.85	
\$37,001-52,300	15.00	14.54	10.00	21.24	
\$52,301-75,300	22.86	27.96	18.57	16.81	
>\$75,301	42.43	47.87	34.29	32.74	
Poverty Level					44.91***
200% or below	18.71	12.53	38.57	33.63	
Above 200%	77.29	87.47	61.43	66.37	
Education					24.29***
HS or less	9.86	9.17	8.33	13.16	
Some college	33.00	28.78	45.83	47.37	
College grad or higher	57.14	62.05	45.83	39.47	
Insurance					69.39***
Medicaid or CHIP	18.14	11.69	39.44	32.43	
Other Gov't Ins	6.29	6.28	5.63	9.01	
Private Insurance	69.86	79.87	47.89	50.45	
Self-pay	3.86	2.16	7.04	8.11	
Race/Ethnicity					
White	67.00				
Black/African-American	10.29				
Hispanic/Latina	16.29				
Partner Status (birth)					69.65***
Married	74.86	83.30	47.14	58.77	
Unmarr w/ part	19.57	13.06	48.57	31.58	
Unmarr no part	4.71	3.64	4.29	9.65	

	% Total N=700	% White N=447	% Black N=70	% Hispanic N=113	χ^2
Work Status					12.43**
Part-time	34.29	30.06	31.94	47.37	
Full-time	65.71	69.94	68.06	52.63	
Age Category					65.39***
18-19	3.00	1.71	6.94	7.02	
20-24	14.86	9.59	29.17	24.56	
25-29	26.00	24.73	20.83	31.58	
30-34	33.00	38.59	22.22	16.67	
35-39	17.14	19.62	11.11	13.16	
40-45	5.43	4.90	9.72	7.02	
45+	0.57	0.85	0.00	0.00	
Region					46.31***
Northeast	17.14	19.19	6.94	20.18	
Midwest	24.57	27.72	20.83	15.79	
South	34.86	32.20	32.50	27.19	
West	23.43	20.90	9.72	36.84	
		White			
	Total	M	Black	Hispanic	F
	M (SD)	(SD)	M (SD)	M (SD)	
Partner Support Composite Score	15.65 (3.68)	15.49 (3.59)	16.37 (3.84)	15.60 (3.94)	1.56
Other Support Composite Score	14.10 (3.89)	13.95 (3.77)	14.77 (4.13)	14.34 (4.04)	1.68
Age	30.3 (5.83)	31.25 (5.39)	28.57 (6.93)	28.16 (6.28)	17.53***
Family Size	3.59 (1.06)	3.61 (.99)	3.38 (1.18)	3.68 (1.28)	1.92
Access to Paid leave					8.47**
Yes	63.43	62.23	77.46	71.70	
No	33.57	37.77	22.54	28.30	

	% Total N=700	% White N=447	% Black N=70	% Hispanic N=113	χ^2
Access to Unpaid Leave					0.57
Yes	72.43	80.60	76.56	80.00	
No	18.57	19.40	23.44	20.00	

*p<.05, **p<.01, ***p<.001

The composite score for spousal support had a range from 4 to 20 with an average score of 15.7 ($X=15.75$, $SD=3.91$). The composite score for support from others had a range from 4 to 20 with an average score of 14.2 ($X=14.15$, $SD=3.99$)

The average age was 30.3 years ($X=30.3$, $SD=5.83$). Two-thirds (65.7%) of this sample of mothers worked full-time for someone else during pregnancy; and one-third (34.3%) worked part-time for someone else. The average household size was 3.6 people ($X=3.59$, $SD=1.06$). More than one-third of the mothers were from the South U.S. (34.9%) with one-quarter each from the Midwest (24.6%) and West (23.4%), and the remaining mothers were from the Northeast (17.1%).

Sample Characteristics by Race/ethnicity. When the independent and control variables were analyzed by race/ethnicity, there were significant differences between the races on almost all variables. In terms of income, a higher percentage of white mothers are at the upper end of the income levels compared to black and Hispanic mothers. Similarly, twice as many black and Hispanic mothers have low incomes compared to white mothers. Almost half of white mothers (47.9%) reported a household income that was greater than \$75,301 while one-third of black (34.3%) and Hispanic (32.7%) mothers reported the same level of income. At the opposite end of the income level, for mothers reporting a household income of less than \$29,400 there were also discrepancies by race/ethnicity. Less than 6.0% of white mothers reported income less than \$29,400 while 29% of black mothers and 20% of Hispanic mothers were at this level; ($\chi^2=61.22$, $p<.001$). The results for poverty level were similar with almost 90% of white mothers (87.5%), and two-thirds of black (61.4%) and Hispanic (66.4%) mothers living above 200% of the poverty level. On the contrary, less than one-sixth of white mothers (12.6%) lived below 200% of the

poverty level, while one-third of black (38.6%) and Hispanic (33.6%) mothers lived below 200% of the poverty level ($\chi^2=44.91$, $p<.001$).

There was great variability in the education level attained by the three racial/ethnic groups ($\chi^2=24.29$, $p<.001$). Close to two-thirds of white mothers (62%) were college graduates or higher, while close to half of black mothers (45.8%) and over one-third of Hispanic mothers (39.4%) reached the same level of education. Almost half of black (46%) and Hispanic (47%) mothers started college, but did not complete it, while approximately one-fourth of white mothers (29%) started college and did not complete it. Over three-fourths of white mothers had private insurance (80%), while approximately half of black (47.9%) and Hispanic mothers (50.4%) had private insurance. One-third of black and Hispanic mothers had Medicaid (39.44% and 32.43%, respectively), while only 11.7% of white mothers used Medicaid to pay for maternity care.

The highest percentage of married mothers were white (83.3%) mothers, while marriage among black (47.1%) and Hispanic (58.8%) mothers were around the half-way mark ($\chi^2=69.65$, $p<.001$). Mothers of all races reported receiving approximately the same amount of support (emotional, affectionate, enjoyment) from their partners and others. One exception is that black mothers reported receiving slightly more practical help from others than white or Hispanic mothers ($F=2.94$, $p<.05$). White mothers (31.3 years) were significantly older than black (28.6 years) and Hispanic (28.2 years) mothers by an average of 3 years; ($F=17.33$, $p<.001$). White (69.9%) and black (68.1%) mothers worked more full-time hours compared to Hispanic mothers (52.6%); ($\chi^2=12.43$, $p<.01$).

The highest concentration of black and white mothers were in the South U.S. (32.2% and 32.5%, respectively), while the highest concentration of Hispanic mothers was in the West (36.8%); ($\chi^2=43.31$, $p<.001$).

Access to Leave-Univariate Results

Having access to maternity leave means that an employer has an official policy or employee benefit that provides time off work to a pregnant employee for the birth of a child. This access can be paid or unpaid and is highly variable from employer to employer. The national policy in the U.S. is for working mothers who meet certain eligibility requirements (outlined in chapter two) to receive unpaid, job-protected leave for a maximum of 12 weeks. Since this national leave policy is unpaid and contributes to inequalities by limiting access for low-income mothers who often cannot afford to take unpaid leave, there has been an ongoing recognition that paid leave could reduce these inequalities. While this debate about paid leave has been progressing, a handful of states have been implementing paid maternity leave policies. Research overall has found that having the ability to take job-protected leave can be predicted by factors such as race/ethnicity, income, insurance, and work status. Access to leave can also predict other aspects of maternity leave such as the use of leave and length of leave.

In this chapter, the relationship between access to leave and all of the independent and control variables will be provided. This will be completed for both access to paid leave and access to unpaid leave. Next, the results of a multiple regression model that included only significant bivariate factors will be described. Results for both paid and unpaid leave will be detailed. Lastly, a summary of the results will be provided.

Access to paid leave was measured by the question “Did the employer you worked for during your pregnancy have a paid maternity leave benefit?” Responses to this variable

included: “yes, but I didn’t take any paid leave;” “yes, and I took paid leave;” “not sure;” and “no, my employer did not have such a policy.” As shown in Table 1, of the mothers who worked during pregnancy, two-thirds had access to paid maternity leave (63.4%) and 33.6% had no access to paid leave. A higher percentage of Black (77.5%) and Hispanic (71.7%) mothers however, had access to paid leave compared to the total sample and compared to white mothers (62.2%).

Access to unpaid leave means that an employer provides time off work for childbirth, however, during that time, the mother does not receive any of her pre-birth wages. Access to unpaid leave was measured by the question “Did the employer you worked for during your pregnancy have a policy of providing unpaid maternity leave with a guarantee that you could return to your job or a similar one?” The options were: ‘yes, but I didn’t take any unpaid leave;’ “yes, and I took unpaid leave;” “not sure;” and “no, my employer did not have such a policy.” Of the mothers who worked during pregnancy, 72.4% had access to unpaid leave and 18.6% had no access to unpaid leave. Mothers of all races had similar access to unpaid leave (see Table 1).

Access to Leave -Bivariate Results

Access to paid maternity leave. Table 2 shows the bivariate results for access to paid leave. There was a significant relationship between access to paid leave and almost all of the independent variables. Of all the mothers who had access to paid leave, half of them had incomes higher than \$75,301 ($\chi^2=26.27, p<.001$). This finding was significant for all three races. Most of the mothers (85.2%) with access to paid leave were living above 200% of the poverty level had access to paid leave and one-quarter of mothers with no access to paid leave (27.0%) were living below the 200% poverty level ($\chi^2=14.17, p<.001$). Within racial categories, this finding was only significant for white and Hispanic mothers. The percentages for white mothers

was higher than for the sample with over 90% of white mothers with access to paid leave living above 200% of the poverty level ($\chi^2=8.22$, $p<.01$). For Hispanic mothers the percentage was slightly lower than for the sample with 77.3% of mothers with access to paid leave living above 200% of the poverty level ($\chi^2=11.31$, $p<.001$).

Table 2. Bivariate Results for Access to Paid and Unpaid Maternity Leave

	Access to Paid Leave			Access to Unpaid Leave		
	Yes	No	χ^2	Yes	No	χ^2
Income			26.27***			8.60
<\$29, 400	8.47	14.60		9.28	15.32	
\$29,401-\$37,000	5.18	5.31		4.74	4.84	
\$37,001-52,300	12.47	21.68		15.26	16.13	
\$52,301-75,300	22.35	26.11		22.27	28.23	
>\$75,301	51.53	32.30		48.45	35.48	
Poverty Level			14.17***			13.58***
200% or below	14.82	26.99		16.08	30.65	
Above 200%	85.18	73.01		83.92	69.35	
Education			6.54*			2.92
HS or less	7.43	12.34		9.07	11.54	
Some college	32.21	35.74		31.16	36.92	
College grad or higher	60.36	51.91		59.76	51.54	
Insurance			19.42***			18.20***
Medicaid or CHiP	14.91	24.14		14.83	30.47	
Other Gov't Ins	5.73	6.90		6.01	7.03	
Private Insurance	73.39	68.53		74.55	60.16	
Self-pay	5.96	0.43		4.61	2.34	
Race/ethnicity			8.47**			0.57
White	68.51	79.00		73.01	70.59	
Black	13.22	7.31		10.25	12.61	
Hispanic	18.27	13.70		16.74	16.81	
Partner Status (birth)			6.57*			2.52
Married	75.00	75.50		77.23	71.43	
Unmarr w/ part	18.64	22.30		18.42	21.43	
Unmarr no part	6.36	2.20		4.36	7.14	

	Access to Paid Leave			Access to Unpaid Leave		
	Yes	No	χ^2	Yes	No	χ^2
Age Category			6.54			4.46
18-19	3.38	1.28		2.76	1.54	
20-24	15.54	13.62		13.61	16.15	
25-29	24.77	27.23		26.23	25.38	
30-34	33.11	34.04		35.31	30.00	
35-39	16.22	19.15		16.17	21.54	
40-45	6.53	3.83		5.33	5.38	
45+	0.45	0.85		0.59	0.00	
Work Status			12.66***			6.68**
Part-time	28.60	42.13		30.37	42.31	
Full-time	71.40	57.87		69.63	57.69	
Region			3.57			1.45
Northeast	15.99	19.15		16.37	20.77	
Midwest	24.32	24.26		25.05	23.08	
South	38.06	31.49		35.50	34.62	
West	21.61	25.11		23.08	21.54	
Access to Unpaid Leave			32.39***			
Yes	86.35	67.26		N/A	N/A	
No	13.65	32.74		N/A	N/A	
	Access to Paid Leave			Access to Unpaid Leave		
	Yes	No	t	Yes	No	t
Partner Support Composite Score	15.94	15.09	2.81**	15.73	15.12	1.59
Other Support Composite Score	14.53	13.36	3.78***	14.25	13.78	1.25
Age	30.36	30.44	-0.18	30.36	30.65	-0.52
Family Size	3.48	3.80	-3.81***	3.53	3.85	-3.17**

*p<.05, **p<.01, ***p<.001

Education and insurance were also significant for access to paid leave. Almost two-thirds (60.4%) of the mothers with access to paid leave were college graduates while half (51.9%) of mothers with no access to paid leave were college graduates ($\chi^2=6.54$, $p<.05$). This finding was only significant for Hispanic mothers, where 50% of mothers who had access to paid leave were college graduates and 16.7% without access to paid leave were college graduates ($\chi^2=11.36$, $p<.01$). Furthermore, two-thirds (63.3%) of Hispanic mothers who had no access to paid leave attended some college. Almost three-quarters (73.4%) of the mothers with access to paid leave were privately insured while two-thirds (68.5%) of mothers with no access to paid leave were privately insured ($\chi^2=19.42$, $p<.001$). This finding was similar and significant for white ($\chi^2=9.62$, $p<.05$) and Hispanic mothers ($\chi^2=11.11$, $p<.05$) but not black mothers. Overall, a higher percentage of mothers with access to paid leave were white (68.5%) compared to black (13.2%) or Hispanic mothers (18.3%) ($\chi^2=8.47$, $p<.01$).

Access to paid leave was connected to the partnered status of the mother at birth ($\chi^2=6.57$, $p<.05$) as well as to support from partners and others. An equal amount of mothers with access to paid and unpaid leave were married. Seventy-five percent of mothers with access to both types of leaves were married. By racial grouping, this was only true for white mothers who had a slightly higher percentage of mothers with access to paid and unpaid leave who were married (84.5% and 80.8%, respectively). Partner support and support from others was significantly related to access to paid leave. Mothers with access to paid leave reported higher levels of support from their partners than mothers with no access to paid leave ($t=2.81$, $p<.01$). Similarly, mothers with access to paid leave reported higher levels of support from other family members compared to mothers with no access to leave ($t=3.78$, $p<.001$). Mothers with and without access to paid leave were of a similar age (30 years).

Almost three-quarters of the mothers with access to paid leave were full-time workers (71.4%) versus a little over half of mothers with no access to paid leave who were full-time workers (57.9%) ($\chi^2=12.66$, $p<.001$). Almost half of the mothers (42.1%) with no access to paid leave were part-time employees compared to 28.6% of mothers with no access to paid leave being part-time employed. This was only significant for white mothers. The differences for black and Hispanic mothers were not significant.

More than four-fifths (86.4%) of mothers with access to paid leave, also had access to unpaid leave, while two-thirds (67.3%) of mothers with no access to paid leave had access to unpaid leave ($\chi^2=32.39$, $p<.001$). White mothers had a significant and similar percentage of mothers with unpaid leave also having paid leave (88.1% and 68.3%, respectively) ($\chi^2=25.46$, $p<.001$). For Hispanic mothers the relationship between access to paid and unpaid leave was significant however the frequencies were higher than for the sample or for white mothers. Over 90% of Hispanic mothers with access to paid leave also had access to unpaid leave while slightly more than half (55.2%) of Hispanic mothers without access to paid leave had access to unpaid leave ($\chi^2=17.06$, $p<.001$).

Access to unpaid maternity leave. There were fewer significant relationships between access to unpaid leave and other variables. Access to unpaid leave showed a significant relationship with poverty level, insurance, work status, and pre-birth leave. Access to unpaid leave varied significantly by poverty level ($\chi^2=13.58$, $p<.001$). Most mothers with access to unpaid leave (83.9%) were living above 200% of the poverty level while over two-thirds (69.4%) of mothers with no access to unpaid leave were living above 200% of the poverty level. This was true only for white mothers with 90.6% of mothers with access to unpaid leave living above 200% of the poverty level and 76.5% of white mothers without access to unpaid leave living

above 200% of the poverty level ($\chi^2=12.04$, $p<.01$). A little over 50% of mothers with access to unpaid leave (59.8%) and mothers without access to unpaid leave (51.5%) were college graduates. This relationship was not significant.

Most of the mothers with access to unpaid leave were privately insured (74.6%) compared to mothers without access to unpaid leave (60.2%). ($\chi^2=18.20$, $p=.001$). This was significant only for white mothers. Mothers with access to unpaid leave were mostly working full-time (69.6%), while over half of mothers with no access to unpaid leave were working full time (57.7%) ($\chi^2=6.68$, $p=.01$) This finding was significant for white mothers. There was a significant difference in the length of pre-birth leave taken by mothers with and without access to unpaid leave. On average, mothers with access to unpaid leave took 2.7 weeks of pre-birth leave, while mothers without access to unpaid leave took 3.8 weeks of pre-birth leave. Although almost half (48.4%) of the mothers with access to unpaid leave were in the highest income category ($>75,301$), the relationship between access to unpaid leave and household income was not significant. Neither education, race/ethnicity, partner status at birth, partner or other support, age, nor region, were significantly related to access to unpaid leave.

Access to Leave-Multivariate Results

Logistic regression analyses were completed for access to paid and unpaid leave. For all regression analyses, variables that reached the .01 or .001 significance level in the bivariate analyses were included as predictor variables along with race/ethnicity by income and race/ethnicity by poverty interaction variables. For access to paid leave this included: household income, poverty level, insurance, race/ethnicity, work status, partner support, other support, and family size. Mothers with lower household incomes, incomes below 200% of the poverty level,

with public insurance, non-white, working part-time, with little spousal or other support, were less likely to have access to paid leave than mothers with higher household incomes, incomes above 200% of the poverty level, private insurance, white, working full-time, and with greater support from spouses or others.

The results of the multiple regression analyses are shown in Table 3. The model including the target variables was significant in predicting access to paid leave ($F=24.88$, $p<.001$). Insurance status and support from spouses and others increased the probability of having access to paid leave. Specifically, mothers who paid for insurance out of pocket were 1,575% more likely to have access to paid leave than mothers with Medicaid. Support from others was also a significant predictor of having access to paid leave. For every unit increase in support from spouses and others, mothers were 10% more likely to have access to paid leave.

Table 3. Weighted Logistic Regression Predicting the Odds of Having Access to Paid and Unpaid Leave

	Access to Paid Leave		Access to Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Model Statistics	F (23, 529) = 24.88	p=0.000	F(22, 597)=2.01	p=0.0043
Income ^a				
\$29,401-\$37,000	3.44	(0.41, 28.83)	-	-
\$37,001-52,300	0.22	(0.22, 2.44)	-	-
\$52,301-75,300	0.59	(0.06, 6.55)	-	-
>\$75,301	0.98	(0.09, 10.67)	-	-
Poverty Level ^b				
Above 200%	2.24	(0.32, 15.48)	0.78	(0.13, 4.67)
Insurance ^c				
Other Gov't Ins	0.48	(0.14, 1.66)	1.00	(0.29, 3.42)
Private Insurance	0.69	(0.30, 1.57)	1.37	(0.63, 2.97)
Self-pay	16.75*	(1.05, 267.34)	2.83	(0.56, 14.29)
Race ^d				
Black	1.11	(0.17, 6.67)	2.85	(0.45, 18.41)
Hispanic	1.89	(0.26, 13.56)	1.41	(0.23, 8.61)

	Access to Paid Leave		Access to Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Race/ethnicity x Income				
White x \$29,401 - \$37,00	-	-	8.59*	(1.06, 69.29)
White x \$37,001-\$52,300	-	-	2.20	(0.31, 15.90)
White x \$52,301 - \$75,300	-	-	1.83	(0.20, 17.06)
White x >=\$75,301	-	-	4.93	(0.52, 47.11)
Black x \$29,401 - \$37,000	-	-	0.28	(0.01, 10.47)
Black x \$37,001-\$52,300	-	-	0.04*	(0.00, 0.55)
Black x \$52,301 - \$75,300	-	-	0.03	(0.00, 3.75)
Black x >=\$75,301	-	-	0.12	(0.00, 14.85)
Hispanic x \$29,401 - \$37,000	0.55	(0.02, 14.19)	4.19	(0.28, 62.56)
Hispanic x \$37,001-\$52,300	2.67	(0.08, 83.52)	1.79	(0.26, 12.16)
Hispanic x \$52,301 - \$75,300	2.05	(0.06, 65.98)	0.66	(0.06, 7.78)
Hispanic x >=\$75,301	5.50	(0.15, 199.96)	0.54	(0.04, 7.55)
Race/ethnicity x Poverty				
Black x Above 200% level	-	-	10.45	(0.12, 922.97)
Hispanic x Above 200% level	0.28	(0.02, 4.70)	6.62	(0.57, 77.12)
Work Status^e				
Full-time	1.34	(0.71, 2.51)	0.80	(0.34, 1.88)
Partner support	1.01	(0.93, 1.10)	-	-
Other Support	1.1*	(1.01, 1.19)	-	-

	Access to Paid Leave		Access to Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Family Size	0.68*	(0.51, 0.92)	0.79	(0.54, 1.56)

*p<.05, **p<.01, ***p<.001

^a <\$29,400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

The probability of having access to paid leave was reduced by family size.

For every unit increase in family size the likelihood of having access to paid leave was reduced by 32%

For access to unpaid leave the significant variables included in the regression model were: poverty level, insurance, work status, and family size. Mothers living below 200% of the poverty level with public insurance, and working part-time were less likely to have access to unpaid leave compared to mothers living above 200% of the poverty level, privately insured, and working full-time.

The race/ethnicity by income and race/ethnicity by poverty interaction variables were also included in this analysis. This model was significant in predicting access to unpaid leave ($F=2.01, p<.01$). The only significant predictor was the interaction between race/ethnicity and household income. White mothers with household income between \$29,401 and \$37,000 were 759% more likely to have access to unpaid leave compared to mothers with household incomes less than \$29,400. Black mothers with household incomes between \$37,001 and \$52,300 were 96% less likely to have access to unpaid leave compared to mothers with household incomes below \$29,400.

In summary, this sample of working mothers were predominantly high income, living above 200% of the poverty level, college graduate, privately insured, white, married, around age 30 with 3 children, working full-time and having good support from their partners and others. Among these sociodemographic factors, almost all of them were related to having access to paid leave. Mothers with higher incomes, living above 200% of the poverty level, college educated, white, married, with supportive partners and friends, and working full-time had a greater chance of having access to paid leave than mothers with lower incomes, living below 200% of the

poverty level, with high school education or less, unmarried, less supportive partners or friends, or working part-time.

By racial grouping, access to paid leave was significantly increased for white mothers who had high household incomes, lived above 200% of the poverty level, were privately insured, married, and working full-time. For black mothers access to paid leave was more likely when their household incomes were high. For Hispanic mothers, access to paid leave was more likely when household income was high, they lived above 200% of the poverty level, were college graduates, privately insured, and have access to unpaid leave. In terms of unpaid leave, the only significant finding by racial grouping was that white mothers were more likely to have access if they lived above 200% of the poverty level, were privately insured, and worked full-time.

Multivariate analyses revealed that access to paid leave can be predicted best by insurance status, support from spouses and others, and family size. Specifically, the probability of having access to paid leave was greater if mothers paid out of pocket, and for mothers with support from spouses and others. Access to paid leave was reduced as family size increases. For unpaid leave being a white mother in the second to lowest income category (\$29,401 - \$37,000) increased access to unpaid leave, while being a black mother with a middle household income range (\$37,001 - \$52,300) reduced access to unpaid leave.

While the findings in this chapter indicate that there are disparities in access to paid and unpaid leave, it is still unknown whether disparities exist with regard to actual leave taken. The following chapter will explore the relationship between use of paid and unpaid leave and the sociodemographic variables.

CHAPTER FIVE: RESEARCH FINDINGS-USE OF LEAVE

Once a working mother has access to maternity leave, the next step in her decision-making process is to decide if she is indeed going to use that leave. Use of maternity leave involves taking time off that is granted by an employer to care for a newborn and to recover from childbirth. Access to leave has been shown to be a strong predictor of use of leave. However, access to leave does not guarantee use of leave. Especially when it comes to unpaid leave, many working mothers cannot afford to take time off work, therefore available unpaid leave may be under-utilized. Lack of awareness of available leave has been cited as another reason for poor use of leave. One recent study has shown that even implementing policies such as paid leave at the state level has had little impact on the use of leave (Zagorsky, 2017)

Although use of leave is an important part of the maternity leave equation, little is known about how mothers in the U.S. are using leave and what factors are related to use of leave. In this chapter, univariate, bivariate, and multivariate analyses of the sociodemographic factors associated with the use of leave will be conducted. A logistic regression model using all of the significant bivariate factors associated with use of leave will be conducted. These analyses will be conducted for use of paid leave and use of unpaid leave.

Univariate Results

The use of leave variables were created by recoding the responses to the access to leave variables. Mothers who had access to leave and used it were coded as one group. Mothers who had access to leave and did not use it or who did not have access to leave at all were coded as another group. Approximately half of the mothers used paid leave (51.1%), and 45.9% did not use paid leave. There were 679 mothers included on this measure reflecting 97% of the

subsample of 700 mothers. Of the mothers who worked during pregnancy, 42% used unpaid leave and 49% did not use unpaid leave. There were 637 mothers included on this measure, reflecting 91% of the subsample of 700 mothers.

Bivariate Results

Use of paid maternity leave. Table 4 shows that use of paid leave was most significantly related to household income, poverty level, insurance, support from partners and others, work status, access to paid and unpaid leaves. Paid leave was used significantly more by mothers in the highest income bracket ($\chi^2=25.18$, $p<.001$). Over half of the mothers (52.3%) in the highest income bracket (more than \$75,301) used paid leave while one-third (36.6%) of mothers in the same income bracket did not use paid leave. Similarly, over three-quarters (87.1%) of mothers who used paid leave lived above 200% of the poverty level and 74.1% of mothers who did not use paid leave lived above 200% of the poverty level. More than half of mothers who used or did not use paid leave had a college degree or higher, indicating no significant differences based on education level.

Insurance and work status were important factors in the use of paid leave. Three-quarters of mothers (77.3%) who used paid leave had private insurance and two-thirds of mothers (65.5%) who did not use paid leave had private insurance ($\chi^2=21.62$, $p<.001$). The majority of mothers who used paid leave worked full time, while half of mothers who did not use paid leave worked full-time ($\chi^2=40.80$, $p<.001$).

Support from partners and from others seemed to be important in the use of paid leave. Mothers who used paid leave reported higher support from their partners ($X=16.0$) compared to mothers who did not use paid leave ($X=15.2$, $t=2.59$, $p<.01$). Similarly, mothers who used paid

leave reported higher support from others ($X=14.5$) compared to mothers who did not use paid leave ($X=13.7$, $t=2.57$, $p<.01$). There was no significant relationship between the use of paid leave and education, race/ethnicity, partner status, age, family size, or region. Approximately half of mothers in all regions of the country used paid leave.

Table 4. Bivariate Results for Use of Paid and Use of Unpaid Maternity Leave

	Use of Paid Leave		χ^2	Use of Unpaid Leave		χ^2
	Yes	No		Yes	No	
Income			25.18***			4.69
<\$29, 400	7.60	13.92		7.80	12.84	
\$29,401-\$37,000	4.68	5.83		4.26	5.20	
\$37,001-52,300	11.11	20.71		15.60	15.29	
\$52,301-75,300	24.27	22.98		24.82	22.32	
>\$75,301	52.34	36.57		47.52	44.34	
Poverty Level			17.86***			6.92**
200% or below	12.87	25.89		14.54	22.94	
Above 200%	87.13	74.11		85.46	77.06	
Education			4.00			2.39
HS or less	7.54	10.90		9.86	9.33	
Some college	31.84	35.20		29.25	34.99	
College grad or higher	60.61	53.89		60.88	55.69	
Insurance			21.62***			10.86*
Medicaid or CHiP	12.50	24.37		13.15	22.19	
Other Gov't Ins	4.83	7.59		6.57	5.92	
Private Insurance	77.27	65.51		77.16	66.86	
Self-pay	5.40	2.53		3.11	5.03	
Race/ethnicity			1.52			2.14
White	71.08	73.27		75.09	70.31	
Black	12.65	9.57		10.47	10.94	
Hispanic	16.27	17.16		14.44	18.75	
Partner Status (birth)			0.99			4.71
Married	75.99	74.29		78.91	73.59	
Unmarr w/ part	18.64	21.32		18.03	19.88	
Unmarr no part	5.37	4.39		3.06	6.53	

	Use of Paid Leave			Use of Unpaid Leave		
	Yes	No	χ^2	Yes	No	χ^2
Age Category			6.75			12.95*
18-19	3.35	1.87		2.72	2.33	
20-24	13.41	16.51		9.86	17.78	
25-29	24.58	26.79		29.25	23.32	
30-34	33.80	33.02		37.41	31.49	
35-39	17.60	16.82		15.31	18.95	
40-45	6.98	4.05		4.76	5.83	
45+	0.28	0.93		0.68	0.29	
Work Status			40.80***			3.76
Part-time	22.35	45.48		28.91	36.15	
Full-time	77.65	54.52		71.09	63.85	
Region			0.49			3.02
Northeast	16.76	17.45		16.33	18.08	
Midwest	24.30	24.30		27.55	22.16	
South	36.87	34.58		32.99	37.32	
West	22.07	23.68		23.13	22.45	
Access to Paid Leave			400.81***			10.50***
Yes	100.00	26.79		57.39	69.82	
No	0.00	73.21		42.61	30.18	
Access to Unpaid Leave			15.08***			140.00***
Yes	85.54	73.03		100.00	62.10	
No	14.46	26.97		0.00	37.90	
Use of Paid Leave			679.00***			2.24
Yes	100.00	0.00		N/A	N/A	
No	0.00	100.00		N/A	N/A	
Use of Unpaid Leave			2.24			637***
Yes	43.38	49.34		100.00	0.00	
No	56.62	50.66		0.00	100.00	

	Use of Paid Leave			Use of Unpaid Leave		
	Yes	No	t	Yes	No	t
Partner Support Composite Score	16.00	15.25	2.59**	15.57	15.64	-.21
Other Support Composite Score	14.48	13.72	2.57**	14.15	14.15	-.02
Age	30.63	30.12	1.13	31.41	30.43	-.04
Family Size	3.54	3.65	-1.30	3.61	3.59	0.24

*p<.05, **p<.01, ***p<.001

When it came to use of paid leave based on access to paid leave, all of the mothers who used paid leave had access to it. However, over one-quarter (26.79%) of the mothers who did not use paid leave had access to it ($\chi^2=400.81$, $p<.001$). Four-fifths of the mothers who used paid leave had access to unpaid leave and three-quarters of mothers who did not use paid leave had access to unpaid leave ($\chi^2=15.08$, $p<.001$). Use of paid leave did not have a significant relationship with use of unpaid leave.

Use of unpaid maternity leave. Use of unpaid leave had some similarities to use of paid leave as well as some differences. There were significant relationships between use of unpaid leave and poverty level, insurance status, age, access to paid and unpaid leave, use of paid leave. Table 4 shows that over four-fifths of mothers who used unpaid leave lived above 200% of the poverty level and three-quarters (77.1%) of mothers who did not use paid leave lived above 200% of the poverty level ($\chi^2=6.92$, $p<.05$). Unpaid leave was most frequently used by mothers with private insurance (77.2%) while two-thirds of mothers who did not use unpaid leave had private insurance ($\chi^2=10.86$, $p<.01$). Use of unpaid leave did not significantly vary based on race/ethnicity, education level, partner status at birth, partner support, support from others, age, family size, or region. Mother's age was significantly related to use of unpaid leave. The majority of mothers who used or did not use unpaid leave were between 25 and 39 years of age. However, for mothers between the ages of 20 and 24, a greater percentage (17.8%) did not use unpaid leave ($\chi^2=140.00$, $p<.001$).

For the relationship between access to leave and use of unpaid leave, half of mothers who used unpaid leave had access to paid leave and over two-thirds of mothers who did not use unpaid leave had access to paid leave ($\chi^2=10.50$, $p<.001$). Although all of the mothers who used

unpaid leave had access to it, 62.1% who did not use unpaid leave had access to unpaid leave ($\chi^2=140.00$, $p<.001$).

Multivariate Results

Logistic regression analyses were completed for use of paid and unpaid leave. For all regression analyses, variables that reached the .01 or .001 significance level in the bivariate analyses were included as predictor variables along with race/ethnicity by income and race/ethnicity by poverty interaction variables. For use of paid leave these variables included: household income, poverty level, insurance, partner support, other support, and work status. The model including these variables was not significant in predicting use of paid leave ($F=1.20$, $p=0.25$) as shown in Table 5.

For use of unpaid leave, the significant variables included in the regression model included: poverty level and insurance along race/ethnicity and the interaction variables. This model was significant in predicting use of unpaid leave ($F=26.84$, $p<.001$). The only significant predictors were the interaction between race/ethnicity and income and race/ethnicity and poverty level. However, due to small sample sizes specific odds ratios could not be obtained. Analyses showed the possibility that black mothers of all income levels were more likely to use unpaid leave than all of the lowest income mothers ($\leq \$29,400$).

Table 5. Weighted Logistic Regression Predicting the Odds of Using Paid and Unpaid Maternity Leave

	Use of Paid Leave		Use of Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Model Statistics	F (22, 533) =1.20	p=0.246	F(20, 431)=26.84	p=0.0000
Income ^a				
\$29,401-\$37,000	2.96	(0.40, 21.90)	-	-
\$37,001-52,300	0.31	(0.03, 2.71)	-	-
\$52,301-75,300	0.65	(0.07, 5.86)	-	-
>\$75,301	0.94	(0.10, 8.83)	-	-
Poverty Level ^b				
Above 200%	2.44	(0.42, 14.32)	0.53	(0.09, 3.09)
Insurance ^c				
Other Gov't Ins	0.88	(0.25, 3.07)	1.01	(0.25, 4.11)
Private Insurance	1.56	(0.69, 3.55)	1.48	(0.65, 3.36)
Self-pay	2.57	(0.58, 11.32)	0.56	(0.16, 1.99)
Race ^d				
Black	2.78	(0.36, 21.42)	1.94	(0.32, 11.88)
Hispanic	4.14	(0.57, 30.10)	0.85	(0.14, 5.32)

	Use of Paid Leave		Use of Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Race/ethnicity x Income				
White x \$29,401 - \$37,00	-	-	1.99	(0.20, 20.45)
White x \$37,001 - \$52,300	-	-	4.21	(0.48, 37.22)
White x \$52,301 - \$75,300	-	-	5.46	(0.56, 53.22)
White x >=\$75,301	-	-	2.63	(0.27, 25.85)
Black x \$29,401 - \$37,000	-	-	255,944.50	(41,764.56, 1,569,110)
Black x \$37,001 - \$52,300	1.09	(0.02, 52.31)	-	-
Black x \$52,301 - \$75,300	0.06	(0.00, 7.35)	-	-
Black x >=\$75,301	0.09	(0.00, 9.41)	-	-
Hispanic x \$29,401 - \$37,000	0.16	(0.01, 3.70)	1.23	(0.13, 11.85)
Hispanic x \$37,001 - \$52,300	0.17	((0.00, 13.16)	1.09	(0.10, 11.49)
Hispanic x \$52,301 - \$75,300	0.23	(0.00, 10.79)	0.39	(0.02, 7.07)
Hispanic x >=\$75,301	0.15	(0.00, 10.13)	0.66	(0.04, 10.03)
Race/ethnicity x Poverty				
Black x Above 200% level	2.86	(0.05, 154.35)	-	-
Hispanic x Above 200% level	2.15	(0.06, 76.65)	5.27	(0.34, 82.05)
Work Status^e				
Full-time	1.87	(0.97, 3.60)	-	-

	Use of Paid Leave		Use of Unpaid Leave	
	Odds Ratio (OR)	Confidence Interval (95% CI)	Odds Ratio (OR)	Confidence Interval (95% CI)
Partner support	1.04	(0.96, 1.13)	-	-
Other Support	1.06	((0.97, 1.15)	-	-

*p<.05, **p<.01, ***p<.001

^a <\$29, 400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

These results show that the use of maternity leave is related to several factors. Use of paid leave is most related to household income, poverty level, insurance status, support from partners and others, work status, access to paid and unpaid leave. Mothers who were more likely to use paid leave had the highest household incomes, lived above 200% of the poverty level, had private insurance, received more support from partners and others, worked full-time, and had access to both paid and unpaid leave. For the use of unpaid leave, mothers who were more likely to use unpaid leave lived above 200% of the poverty level, had private insurance, and had access to paid and unpaid leave.

The results in this chapter highlight that there are disparities when it comes to the use of paid and unpaid leave. Socioeconomic factors such as household income, poverty, and insurance seem to be significant factors in the use of paid and unpaid leave. Now that the factors related to the use of leave have been revealed, it is important to know how much leave is being taken by mothers. The next chapter will focus on the length of paid and unpaid leave, length of pre-birth leave, and the total length of postpartum leave.

CHAPTER SIX: RESEARCH FINDINGS-LENGTH OF LEAVE

Length of maternity leave has been studied extensively. The first studies were aimed at determining the optimal length of maternity for both mother and newborn. After the implementation of FMLA most studies about the length of maternity leave were aimed at finding out how much leave mothers were actually taking. The research shows two things: 1) length of leave taken by mothers is consistent with the maximum allowed by FMLA—12 weeks; and 2) that the length of mother’s maternity leave aligns closely with the length of leave that is sanctioned by her employer. More recent research has been exploring the covariates of length of leave. Household income, insurance status, race/ethnicity, employment status, and age have been shown to have a significant relationship with length of leave.

One of the benefits of the LTMIII dataset is that information about 4 different types of leave lengths were collected. This chapter will focus on the univariate, bivariate, and multivariate analyses of length of paid leave, length of unpaid leave, length of pre-birth leave, and total length of postpartum leave.

Univariate Results

The length of leave variables were measured by the following questions: “for how many weeks did you receive paid leave;” “for how many weeks did you receive unpaid leave;” how many weeks prior to your due date did you stop working at your paid job;” and “how long after you gave birth did you return to work for pay?” The length of paid leave ranged from 1 to 48 weeks and had 358 respondents. Length of unpaid leave ranged from 0 to 52 weeks and had 294 respondents. Length of pre-birth leave ranged from 0 to 36 weeks and all 700 mothers responded to this question. Total leave length ranged from 0 to 11 months and had 545

respondents. Mothers took an average of 8.2 weeks of paid leave ($X=8.16$, $SD=5.20$); 7.4 weeks of unpaid leave ($X=7.37$, $SD=6.02$), 3 weeks of pre-birth leave ($X=3.07$, $SD=5.17$), and 2.4 months total leave ($X=2.4$, $SD=1.92$).

Bivariate Results

Length of paid maternity leave. There was little variability in the length of paid leave taken by this sample of working mothers (Table 6). The length of paid leave was significantly different based on the type of insurance used to pay for maternity care, and by the mother's age category. Analysis of Variance (ANOVA) results show that there was a statistically significant difference in the amount of paid leave taken by mothers based on whether they used Medicaid, other government insurance programs, private insurance, or were self-pay during their recent pregnancy ($F=5.66$, $p<.001$). Post-hoc Tukey analyses showed that this difference was between mothers who used Medicaid and those who were privately insured ($t=6.62$, $p<.01$). Mothers who used Medicaid insurance took on average 5.8 weeks of paid leave, while those who were privately insured took 8.8 weeks of paid leave.

The only other variable that showed significant results for length of paid leave was the mother's age category ($F=4.42$, $p<.001$). Post-hoc Tukey analyses revealed that the differences were between mothers who were between the ages of 40 and 44 and mothers in five other age categories: 1) the 18 - 19 age category ($t=3.06$, $p<.05$); 2) the 20 - 24 age group ($t=4.36$, $p<.001$); 3) the 25 - 29 age group ($t=4.70$, $p<.001$); 4) the 30 - 34 age group ($t=3.82$, $p<.01$); and 5) the 35 - 39 age group ($t=3.16$, $p<.05$). Mothers in the 40 - 44 age group took an average of 12.5 weeks of paid leave, while those in the 18 through 39 age groups took leaves that ranged from 7.1 weeks to 8.7 weeks.

Table 6. Average Length of Paid and Unpaid Maternity Leave

	Length of Paid Leave			Length of Unpaid Leave		
	M	SD	t or F	M	SD	
Income			1.17			1.04
<\$29, 400	7.69	5.84		9.64	11.30	
\$29,401-\$37,000	7.75	5.74		7.83	5.54	
\$37,001-52,300	7.21	5.70		7.89	3.95	
\$52,301-75,300	7.64	4.28		6.78	4.95	
>\$75,301	8.76	5.48		7.19	6.08	
Poverty Level			-0.32			1.92
200% or below	7.95	5.00		9.10	8.81	
Above 200%	8.22	5.33		7.13	5.48	
Education			1.71			0.47
HS or less	6.44	3.25		6.34	4.51	
Some college	8.10	5.30		7.43	6.80	
College grad	8.40	5.33		7.51	5.86	
Insurance			5.66***			3.46*
Medicaid or CHiP	5.77	2.78		6.18	3.90	
Other Gov't Ins	6.51	4.20		4.69	2.52	
Private Insurance	8.79	5.58		7.93	6.51	
Self-pay	6.79	1.72		3.89	2.20	
Race/ethnicity			2.15			1.82
White	8.29	4.81		7.59	5.80	
Black	9.43	8.53		5.38	3.32	
Hispanic	7.17	4.11		7.92	8.76	
Partner Status (birth)			0.50			2.08
Married	8.03	4.46		7.60	6.22	
Unmarr w/ part	8.67	7.42		7.02	5.32	
Unmarr no part	8.74	6.01		3.56	2.74	
Age Category			4.42***			2.81**
18-19	7.08	8.76		4.00	3.46	
20-24	7.08	4.79		4.41	3.96	

	Length of Paid Leave			Length of Unpaid Leave		
	M	SD	t or F	M	SD	
25-29	8.12	4.43		7.36	6.41	
30-34	8.27	3.62		7.67	5.35	
35-39	8.75	3.93		7.87	5.67	
40-45	12.52	10.86		11.43	10.69	
45+	4.00	0.00		8.00	0.00	
Work Status						-0.67
Part-time	7.59	5.48	-1.12	7.00	5.15	
Full-time	8.32	5.12		7.52	6.35	
Region			0.75			0.21
Northeast	8.75	4.42		8.67	5.85	
Midwest	8.56	6.65		7.02	5.52	
South	7.90	4.59		7.27	6.72	
West	7.70	4.93		7.72	5.76	
Access to Paid Leave	N/A	N/A				-
Yes				5.81	5.16	5.47***
No				9.55	6.49	
Access to Unpaid Leave			-1.49	N/A	N/A	
Yes	7.91	5.14				
No	9.13	5.33				
Use of Paid Leave	N/A	N/A				-
Yes				5.76	5.36	4.65***
No				8.95	6.26	
Use of Unpaid Leave			-1.81	N/A	N/A	
Yes	7.50	5.27				
No	8.54	5.08				

	Length of Paid Leave	Length of Unpaid Leave
	r	r
Partner Support Composite Score	0.10	-0.05
Other Support Composite Score	0.11	-0.14
Age	0.23	0.18
Family Size	-0.01	0.04
Length of Paid Leave	N/A	0.20
Length of Unpaid Leave	0.20	N/A
Pre-birth Leave	0.05	0.12
Total Length of Leave	0.18	0.33

*p<.05, **p<.01, ***p<.001

Length of paid leave did not vary significantly by income, poverty level, education, race/ethnicity, partner status, partner or other support, continuous age, work status, family size, or region. For all income categories, paid leave was between 7.7 and 8.8 weeks. Although mothers with a high school diploma or less took less paid leave (M=6.4 weeks) than mothers who had some college (M=8.1 weeks) or were college graduates (M=8.4 weeks), these differences were not statistically significant. Mothers of the 3 race/ethnicity categories took between 7.2 weeks of paid leave (Hispanic mothers) and 9.4 weeks of paid leave (black mothers), with white mothers taking 8.3 weeks of paid leave. Mothers in all 3 types of partner statuses took about 8 weeks of paid leave. Both part- and full-time working mothers took about 8 weeks of paid leave. Mothers who were employed part-time during pregnancy took an average of 7.6 weeks of paid leave, while mothers who were employed full-time during pregnancy took an average of 8.3 weeks of paid leave.

Mothers with access to unpaid leave took almost two weeks less paid leave (7.9 weeks) compared to mothers without access to unpaid leave (9.1 weeks), however, this difference was not significant. Mothers who used unpaid leave took one week less paid leave than mothers who did not use unpaid leave. This finding was also not significant.

Length of unpaid maternity leave. As shown in Table 6, the length of unpaid leave taken had similar results to the length of paid leave. This type of leave varied based on insurance status, age category, access to paid leave, and use of paid leave. Although there was a significant difference in the amount of unpaid leave taken based on insurance type ($F=3.46$, $p<.05$), post-hoc analysis did not reveal where this difference was as none of the tests were statistically significant. Mothers who used Medicaid insurance took an average of 6.2 weeks of unpaid

leave, mothers using other government insurance took 4.7 weeks, privately insured mothers took 7.9 weeks, and self-pay mothers took 3.9 weeks. Based on age category, the length of unpaid leave varied significantly ($F=2.81$, $p<.01$). The significant variation was between mothers who were 20-24 years of age and those who were between 40 and 44 years of age. The younger mothers took an average of 4.4 weeks of unpaid leave, and the older mothers took 11.4 weeks of unpaid leave. This is a difference of 7 weeks in unpaid leave.

Having access to paid leave was a significant factor in the amount of unpaid leave taken by this group of working mothers. Mothers with access to paid leave took approximately four less week of unpaid leave ($M=5.8$ weeks) compared to mothers who had no access to paid leave (9.6 weeks) ($t=-5.47$, $p<.001$). Similarly, mothers who used paid leave took on average 3 less weeks of unpaid leave ($M=5.8$ weeks) compared to mothers with no access to paid leave ($M=9.0$ weeks) ($t=4.65$, $p<.001$).

Length of pre-birth leave. The amount of leave that mothers took before delivering their babies varied by poverty level, education, insurance, access to paid leave, and use of paid and unpaid leave (Table 7). Mothers living at or below 200% of the federal poverty level took 3.9 weeks of pre-birth leave. This is one week less than the amount taken by mothers who live above 200% of the federal poverty level ($t=1.95$, $p<.05$). There was a statistically significant difference between mothers with high school or less, some college education, or a college degree in the amount of pre-birth leave taken ($F=3.25$, $p<.05$). The location of this difference however, was not apparent from post-hoc analysis.

Table 7. Average Length of Pre-birth and Total Postpartum Leave

	Pre-birth Leave			Total Leave (in months)		
	M	SD	t or F	M	SD	t or F
Income			2.02			2.25
<\$29,400	4.25	6.40		2.16	1.85	
\$29,401-\$37,000	4.37	5.49		3.38	2.90	
\$37,001-52,300	3.27	4.82		2.27	2.21	
\$52,301-75,300	3.03	5.91		2.25	1.80	
>\$75,301	2.65	4.55		2.44	1.72	
Poverty Level			1.95*			-0.05
200% or below	3.91	5.89		2.38	2.22	
Above 200%	2.91	5.05		2.38	1.84	
Education			3.25*			0.42
HS or less	3.84			2.24	1.86	
Some college	3.58			2.49	2.22	
College grad	2.65			2.37	1.74	
Insurance			5.00**			0.76
Medicaid or CHiP	4.46	6.32		2.46	2.46	
Other Gov't Ins	4.09	6.83		2.01	1.36	
Private Insurance	2.60	4.74		2.43	1.78	
Self-pay	3.22	2.59		2.00	1.96	
Race/ethnicity			1.14			1.52
White	2.86	5.22		2.36		
Black	3.33	4.67		2.81		
Hispanic	3.61	4.86		2.34		
Partner Status (birth)			1.40			2.11
Married	2.91	5.47		2.31	1.72	
Unmarr w/ part	3.36	4.19		2.44	2.20	
Unmarr no part	4.30	3.85		3.08	2.70	

	Pre-birth Leave			Total Leave (in months)		
	M	SD	t or F	M	SD	t or F
Age Category			1.55			0.62
18-19	4.76	8.49		2.79	2.44	
20-24	4.01	5.52		2.58	2.42	
25-29	3.00	5.48		2.30	1.94	
30-34	2.70	4.88		2.46	1.65	
35-39	3.00	4.35		2.27	1.78	
40-45	2.13	3.81		2.21	1.87	
45+	5.75	7.04			1.29	
Work Status			6.06			0.76
Part-time	4.67	6.51		2.49	0.16	
Full-time	2.24	4.07		2.36	0.09	
Region			0.88			3.11*
Northeast	2.90	4.04		2.67	1.86	
Midwest	2.61	4.98		1.99	1.36	
South	3.41	5.75		2.49	2.32	
West	3.18	5.02		2.52	1.79	
Access to Paid Leave			-0.36			0.75
Yes	2.86	4.81		2.44	1.91	
No	3.00	4.95		2.31	1.97	
Access to Unpaid Leave			-2.22*			0.37
Yes	2.72	4.86		2.43	1.90	
No	3.81	5.30		2.34	2.06	
Use of Paid Leave			-			0.86
Yes	2.19	3.43	4.13***	2.46	1.86	
No	3.72	5.97		2.32	2.01	

	Pre-birth Leave			Total Leave (in months)		
	M	SD	t or F	M	SD	t or F
Use of Unpaid Leave			- 3.42****			0.36
Yes	2.22	4.04		2.44	1.80	
No	3.56	5.58		2.38	2.04	
	Pre-birth Leave			Total Leave (in months)		
	r			r		
Partner Support Composite Score	0.04			-0.06		
Other Support Composite Score	-0.05			-0.03		
Age	-0.08			-0.06		
Family Size	-0.09			-0.04		
Length of Paid Leave	0.05			0.18		
Length of Unpaid Leave	0.12			0.33		
Pre-birth Leave	N/A			0.09		
Total Length of Leave	0.09			N/A		

*p<.05, **p<.01, ***p<.001

Mothers who had private insurance took 2.6 weeks of pre-birth leave, while mothers with Medicaid insurance took 4.5 weeks of pre-birth leave ($F=5.00$, $p<.01$).

Having access to unpaid leave appeared to reduce the length of pre-birth leave taken ($t=-2.22$, $p<.05$). Mothers with access to unpaid leave took 2.7 weeks while mothers without access took 3.8 weeks of pre-birth leave. Mothers who used paid or unpaid leave also took less pre-birth leave than mothers who did not. Mothers who used paid leave took 2.2 weeks of pre-birth leave, and mothers who did not use paid leave took longer leaves at 3.7 weeks ($t=-4.13$, $p<.001$). Mothers who used unpaid leave took 2.2 weeks of pre-birth leave while mothers who did not use unpaid leave took 3.6 weeks of pre-birth leave ($t=-3.42$, $p<.001$).

Total length of postpartum leave. The total length of postpartum leave taken is the amount of time that mothers took to return to work following childbirth. This varied only by the region that mothers lived in ($F=3.11$, $p<.05$). See Table 7. This difference was primarily between mothers in the Midwest ($M=2.0$ months) and the Northeast ($M=2.7$ months) $t=-2.67$, $p<.05$. The total amount of leave taken did not vary by race/ethnicity, income, poverty level, education, or work status. All of the mothers in these categories took between 2.3 and 2.8 months of leave in all. The total length of leave taken by mothers with and without access to unpaid leave was 2 months

Multivariate Results

Length of paid leave. Linear regression analyses were completed for all of the length of leave variables. Variables that reached the .01 or .001 significance level in the bivariate analyses were included as predictor variables along with race/ethnicity by income and race/ethnicity by poverty interaction variables. For length of paid leave this included: insurance and age category.

The model including these variables was significant in predicting access to paid leave ($F=3.83$, $p<.001$), and account for 20% of the variation in length of paid leave (Table 8)

Privately insured mothers took leaves that were 2.5 weeks longer than mothers who used Medicaid ($t=2.31$, $p<.05$). The mothers of differing races took varying leaves based on their income or poverty leave. Black mothers with household incomes between \$52,301 and \$75,300 who were likely to take leaves that were 8 weeks less than all mothers of the lowest income level. When using poverty level as the measure of income, black mothers who were living above 200% of the poverty level took leaves that were 5.5 weeks longer than mothers of all races living below 200% of the poverty level. For Hispanic mothers with incomes that are above 200% of the poverty level, paid leave taken was 4 weeks shorter than all mothers living below the poverty level.

Length of unpaid leave. For length of unpaid leave the significant variables included: insurance (significant at the .05 level), age category, access to paid leave, and use of paid leave. The model including these variables was significant in predicting access to paid leave ($F=5.39$, $p<.001$), and accounted for 31% of the variation in length of unpaid leave. The interaction between race/ethnicity and income showed the only significant relationship to length of unpaid leave. White mothers with household incomes between \$29,401 and \$37,000, and black mothers with household incomes between \$37,001 and \$52,300 as well as those with household incomes that were greater than \$75,300 took significantly shorter unpaid leaves than mothers of the lowest income level (5.3, 7.2, and 3.9 weeks respectively).

Length of pre-birth leave. For this variable, all significant variables, including those at the 0.05 significance level were included. These were poverty, education, and insurance. The model was significant in predicting length of pre-birth leave ($F=1.74$, $p<.05$), and accounted for 6% of the

variation in pre-birth leave (Table 9). Race/ethnicity and income were the only significant findings for pre-birth leave. Specifically, middle-income black mothers (\$37,001 - \$52,300) took 2.1 weeks longer pre-birth leave than all lowest income mother of all races ($t=2.02$, $p<.05$).

Table 8. Weighted Multivariate Regression Predicting the Length of Paid and Unpaid Leave

	Length of Paid Leave		R ²	Length of Unpaid Leave	
	Beta Coefficient (β)	Confidence Interval (95% CI)		Beta Coefficient (β)	Confidence Interval (95% CI)
Model Statistics	F (24, 291) = 3.83	p=0.000	0.2	F(27, 230)=5.39	p=0.000
Insurance ^a					
Other Gov't Ins	0.99	(-1.51, 3.49)		-2.02	(-5.40, 1.35)
Private Insurance	2.46*	(0.37, 4.56)		1.54	(-1.12, 4.20)
Self-pay	2.28	(-0.24, 4.79)		1.34	(-3.01, 5.73)
Race ^b					
Black	0.57	(-2.48, 3.63)		-0.25	(-4.04, 3.53)
Hispanic	0.59	(-2.46, 3.64)		10.89	(-11.69, 33.47)
Race/ethnicity x Income					
White x \$29,401 - \$37,00	-0.93	(-4.25, 2.38)		-5.33*	(-10.25, -0.42)
White x \$37,001-\$52,300	1.45	(-3.11, 2.38)		-2.17	(-5.89, 1.55)
White x \$52,301 - \$75,300	-1.98	(-6.52, 2.565)		-3.24	(-8.55, 2.07)
White x >=\$75,301	0.56	(-4.05, 5.16)		-3.70	(-8.58, 1.19)
Black x \$29,401 - \$37,000	-	-		0.36	(-4.43, 5.15)
Black x \$37,001-\$52,300	-2.15	(-6.01, 1.71)		-7.19***	(-11.46, -2.92)
Black x \$52,301 - \$75,300	-8.37**	(-14.71, -2.04)		-3.95	(-8.98, 1.07)
Black x >=\$75,301	-4.05	(-10.64, 2.53)		-3.87*	(-7.73, -0.00)

	Length of Paid Leave		R ²	Length of Unpaid Leave	
	Beta Coefficient (β)	Confidence Interval (95% CI)		Beta Coefficient (β)	Confidence Interval (95% CI)
Race/ethnicity x Income					
Hispanic x \$29,401 - \$37,000	0.19	(-3.04, 3.42)		-11.20	(-32.41, 10.00)
Hispanic x \$37,001-\$52,300	-0.37	(-3.58, 2.84)		-11.51	(-33.41, 10.38)
Hispanic x \$52,301 - \$75,300	1.44	(-2.91, 5.79)		-11.64	(-33.48, 10.20)
Hispanic x >=\$75,301	3.32	(-1.03, 7.66)		-9.76	(-31.77, 12.26)
Race/ethnicity x Poverty					
White x Above 200% level	-0.18	(-4.09, 3.72)		0.85	(-3.32, 5.02)
Black x Above 200% level	5.53*	(0.50, 10.56)		-	-
Hispanic x Above 200% level	-4.24**	(-7.35, -1.14)		-3.38	(-7.93, 1.18)
Age Category^c					
20-24	-2.69	(-7.90, 2.51)		-2.13	(-5.64, 1.37)
25-29	-2.70	(-7.36, 1.97)		1.39	(-1.64, 4.43)
30-34	-1.78	(-6.76, 3.20)		2.26	(-0.82, 5.33)
35-39	-1.21	(-6.16, 3.73)		0.69	(-2.69, 4.06)
40-44	3.8	(-3.98, 11.58)		0.97	(-8.75, 10.70)
45 +	-	-		-1.17	(-4.84, 2.50_)
Access to paid leave	-	-		-2.34	(-5.29, 0.61)
Use of paid leave	-	-		-1.13	(-3.70, 1.04)

*p<.05, **p<.01, ***p<.001

^a Medicaid; ^b White; ^c 18-19

Table 9. Weighted Multivariate Regression Predicting the Length of Pre-birth and Total Postpartum Leave

	Length of Pre-birth Leave			Total Leave Length		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Model Statistics	F (22, 597) = 1.740	p=0.0198	0.06	F(20, 471)=2.49	p=0.0004	0.14
Poverty Level ^a						
Above 200%	2.13	(-2.33, 4.50)		-	-	
Education ^b						
Some college	-0.29	(-1.90, 1.33)		-	-	
College Grad or higher	-0.56	(-2.08, 0.97)		-	-	
Insurance ^c						
Other Gov't Ins	1.02	(-1.55, 3.60)		-	-	
Private Insurance	-0.30	(-1.48, 0.87)		-	-	
Self-pay	0.75	(-9.92, 2.50)		-	-	
Race ^d						
Black	0.04	(-2.26, 2.34)		-	-	
Hispanic	2.49	(-0.46, 5.44)		-	-	

	Length of Pre-birth Leave			Total Leave Length		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Race/ethnicity x Income						
White x \$29,401 - \$37,00	4.35	(-1.08, 9.78)		0.45	(-1.32, 2.21)	
White x \$37,001-\$52,300	0.55	(-1.72, 2.82)		-1.20*	(-2.24, -0.15)	
White x \$52,301 - \$75,300	-1.29	(-4.29, 1.71)		-2.30**	(-3.75, -0.84)	
White x >=\$75,301	-1.62	(-4.52, 1.27)		-2.02**	(-3.50, -0.54)	
Black x <=\$29,400	-	-		-0.10	(-3.83, -0.54)	
Black x \$29,401 - \$37,000	0.19	(-2.94, 3.32)		0.73	(-2.24, 3.70)	
Black x \$37,001-\$52,300	2.12*	(0.06,4.19)		1.76	(-0.71, 4.24)	
Black x \$52,301 - \$75,300	-3.39	(-7.75, 0.97)		-0.99	(-2.05, 0.60)	
Black x >=\$75,301	-2.10	(-6.29, 2.09)		0.42	(-0.50, 1.34)	
Hispanic x <=\$29,400	-	-		-3.08**	(-5.38, -0.78)	
Hispanic x \$29,401 - \$37,000	-0.90	(-5.26, 3.45)		-0.98	(-2.39, 0.44)	
Hispanic x \$37,001-\$52,300	-2.02	(-5.48, 1.44)		0.14	(-1.24, 0.95)	
Hispanic x \$52,301 - \$75,300	0.25	(-4.25, 4.75)		-0.57	(-1.23, 0.10)	
Hispanic x >=\$75,301	-1.53	(-5.26, 2.20)		0.4	(-0.45, 1.26)	
Race/ethnicity x Poverty						
White x Above 200% level	-	-		2.22***	(0.89, 3.56)	
Black x Below 200% level	-	-		0.92	(-2.30, 4.13)	
Black x Above 200% level	0.71	(-3.67, 5.09)		-	-	
Hispanic x Below 200% level	-	-		2.35*	(0.11, 4.58)	
Hispanic x Above 200% level	-2.42	(-6.08, 1.24)		-	-	

	Length of Pre-birth Leave			Total Leave Length		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Region ^e						
Midwest	-	-		-0.81**	(-1.41, -2.145)	
South	-	-		-0.55	(-1.18, 0.08)	
West	-	-		-0.26	(-1.08, 0.556)	

*p<.05, **p<.01, ***p<.001

^a200% or below; ^b HS or less ; ^c Medicaid; ^d White; ^e Northeast

Total length of postpartum leave. The only significant variable from bivariate analyses for total length of postpartum leave was region. When this was included in a model with race/ethnicity by income and race/ethnicity by poverty interactions, the model was significant in predicting total length of postpartum leave ($F=2.22$, $p<.01$), and accounted for 12% of the variation in total length of postpartum leave. Both interaction terms were significant with white mothers with household incomes that were above \$37,000 taking approximately 1 to 2 months less leave than white mothers with household incomes that were lower than \$29,400. Hispanic mothers of the lowest income level took 3 months less leave than white mothers of the same income level ($< \$29,400$) ($t=-2.49$, $p<.05$). When poverty level was analyzed, white mothers living above 200% of the poverty level and Hispanic mothers living below 200% of the poverty level each took 2 months less overall leave compared to white mothers living below 200% of the poverty level. For overall postpartum leave, region was a significant predictor with mothers in the Midwest taking approximately one month less leave than mothers who lived in the east.

Bivariate results indicated that insurance status, age of the mother, access to paid and unpaid leave, and use of paid and unpaid leave were significant factors in the length of paid, unpaid, pre-birth, and total postpartum leave taken. Mothers with private insurance took longer paid and unpaid leaves than mothers with Medicaid insurance. On the other hand, mothers with Medicaid took longer pre-birth leaves than mothers with private insurance. Older mothers took significantly longer paid and unpaid leaves compared to younger mothers. This leave was on average 7 weeks longer. The overall trend was that if mothers had access to or used paid leave, their length of unpaid leave was shorter than if they had no access or did not use paid leave. Multivariate results indicate that the interaction between race/ethnicity and income or race/ethnicity and poverty level were significant predictors of length of paid and unpaid leave.

In this chapter the average length of four types of maternity leaves were revealed. The use of leave and the amount of time that a mothers takes from work to care for a newborn and herself depends a great deal on the ability to economically sustain a family while on leave. Now the attention will be turned to how much wages mothers are earning during leave.

CHAPTER SEVEN: RESEARCH FINDINGS-COMPENSATION

For working mothers who receive paid maternity leave, payment is usually calculated as a percentage of their salary. The amount of compensation that a mother receives during maternity leave is important since that it may determine her ability to financially afford to take time off work. For poor working mothers or single mothers who have to rely solely on their incomes, taking unpaid time off work may not seem feasible to them. In an effort to receive “paid maternity leave,” some working mothers have been crafting paid leave out of any available sick, vacation, or personal leave benefits that they are entitled to at their jobs. Another way to get “paid maternity leave” is to pay into a short-term disability insurance plan prior to giving birth and this usually covers about 60% of the employee’s salary.

Research on wage replacement during leave is sparse. The most recent study about compensation revealed that black, privately insured, high income, full-time working, partnered mothers received the highest wage replacement compared to their respective groups. In this chapter, after describing the univariate statistics for compensation, the factors associated with compensation will be identified through bivariate and multivariate analyses.

Univariate Results

Mothers received almost three-fourths of their pre-birth salary as compensation during leave ($X=73.65$, $SD=25.1$). Compensation was measured by the question “what percentage of your regular salary did you receive during your maternity leave?” The value for this variable ranged from 1% to 100%. The average compensation for this sample of working mothers was 75% of her pre-birth salary (see Table 1). Forty-six percent of mothers received 60% compensation, forty-one percent of mothers received 50% compensation, and thirty percent of

mothers received 80% compensation. All percentages in this section represent the percent of pre-birth wages that a mother received during paid maternity leave. There were 358 mothers included on this measure, reflecting the number of mothers who used paid leave (51.1% of the subsample). Therefore, 48.9% of the subsample were not included in this measure of compensation.

Bivariate Results

Table 10 shows that the percent of pre-birth wages that mothers received while on maternity leave varied significantly by poverty level, education, insurance, partner status at birth, age category, and work status. Mothers who were living above 200% of the federal poverty level received an average of 74.6% of pre-birth wages, while mothers who were living below 200% of the poverty level received an average of 66% of their pre-birth wages ($t=-2.16, p<.05$). A mother's level of education also impacted the amount of pay she received while on maternity leave ($F=3.71, p<.05$). The greatest discrepancy in compensation was between mothers who have a high school diploma or less (65% compensation on average) and those with a college graduate degree (76% compensation on average).

Mothers who had private insurance, were married, over 40 years of age, and worked more hours, all received the highest compensation during maternity leave. As the type of insurance that a mother used to pay for maternity care varied, so did the amount of compensation that she received during leave ($F=8.07, p<.001$). Mothers who had private insurance received 77% of their pre-birth wages on average, compared to mothers who had Medicaid (62% of pre-birth wages on average; $t=3.93, p<.001$) or mothers who used other government programs (59% of pre-birth wages on average; $t=3.03, p<.01$).

Table 10 Percent of Pre-birth Wages Received as Compensation During Leave

	Percent Compensation During Leave		
	M	SD	t or F
Income			1.82
<\$29, 400	63.42	31.52	
\$29,401-\$37,000	67.50	20.90	
\$37,001-52,300	73.06	25.71	
\$52,301-75,300	72.37	24.98	
>\$75,301	76.17	24.41	
Poverty Level			-2.16*
200% or below	65.89	27.52	
Above 200%	74.65	24.77	
Education			3.71*
HS or less	64.92	30.31	
Some college	70.66	24.45	
College grad	76.30	24.42	
Insurance			8.07***
Medicaid or CHiP	61.77	26.80	
Other Gov't Ins	58.94	31.09	
Private Insurance	77.22	23.02	
Self-pay	67.10	27.39	
Race/ethnicity			0.46
White	74.50	25.16	
Black	70.71	25.89	
Hispanic	72.76	23.70	
Partner Status (birth)			7.74***
Married	75.52	24.68	
Unmarr w/ part	71.85	23.36	
Unmarr no part	52.89	26.84	

	Percent Compensation During Leave		
	M	SD	t or F
Age Category			3.51**
18-19	54.58	30.44	
20-24	64.31	28.68	
25-29	73.06	22.65	
30-34	75.44	25.11	
35-39	78.21	23.94	
40-45	83.20	17.55	
45+	60.00	0.00	
Work Status			-4.83***
Part-time	62.06	26.44	
Full-time	76.98	23.71	
Region			0.08
Northeast	73.80	22.96	
Midwest	72.62	23.50	
South	73.72	28.07	
West	74.54	23.44	
Access to Paid Leave			
Yes	N/A	N/A	
No			
Access to Unpaid Leave			0.14
Yes	73.50	25.93	
No	72.91	23.03	
Use of Unpaid Leave			-3.85
Yes	67.33	26.75	
No	78.08	23.52	
Partner Support Composite Score	0.02		

	Compensation During Leave
	r
Other Support Composite Score	0.03
Family Size	0.07
Length of Paid Leave	0.21
Length of Unpaid Leave	0.17
Pre-birth Leave	0.03
Total Length of Leave	-0.13
Percent Compensation	N/A

*p<.05, **p<.01, ***p<.001

In regards to marital status, unmarried mothers with no partners received the least amount of compensation at an average of 53% of pre-birth wages ($F=7.74$, $p<.001$). This was significantly different from mothers who were unmarried with a partner (72% of pre-birth wages on average; $t=-2.96$, $p<.01$) and married mothers (an average of 76% of pre-birth wages; $t=-3.88$, $p<.001$).

Age was significantly related to compensation as well ($F=3.51$, $p<.01$), with the youngest group of mothers receiving the lowest compensation during leave. Mothers who were between 18 and 19 years of age received an average of 54% of pre-birth wages, This figure was significantly different than the compensation received by mothers who were in the 35 – 39 age range (78.2% of pre-birth wages on average; $t=3.05$, $p<.05$) and the 40 – 44 age range (83.2% of pre-birth wages on average; $t=3.31$, $p<.05$). Similarly, for mothers in the 20 – 24 age range, compensation was on average 64% of pre-birth wages. This was significantly different from mothers in the 35 – 39 age range (78.2% average pre-birth wages; $t=2.95$, $p<.05$) and from mothers in the 40 – 44 age range (83.2% average pre-birth wages, $t=3.12$, $p<.05$).

Mothers who worked full-time hours received an average of 77% compensation, compared to mothers who worked part-time who received 62% average compensation. Compensation was about the same for all mothers regardless of race/ethnicity, with no statistically significant differences. White mothers received 74.5% compensation, black mothers received 70% compensation, and Hispanic mothers received 73% compensation. Although compensation varied by household income, from 63% for the lowest income level to 76% for the highest income level, the difference was not statistically significant. Compensation that mothers received varied significantly based on their use of unpaid leave ($t=-3.84$, $p<.001$). Mothers who

used unpaid leave received 67.3% of their pre-birth wages, while mothers who did not use unpaid leave received 78.1% of their pre-birth wages

Multivariate Results

Linear regression analysis was completed for all variables that reached the .01 or .001 significance level in the bivariate analyses. This included: insurance, partner status, age category, and work status. The model including these variables was significant in predicting access to paid leave ($F=3.77$, $p<.001$), and account for 25% of the variation in compensation leave (Table 11).

Results show that mothers who were unmarried without a partner received 30% less compensation than mothers who were married ($t=-2.25$, $p<.05$). Mothers who were 20 and above received compensation that was between 24% and 38% higher than mothers who were between 18 and 19 years of age. Black mothers with household incomes between \$37,001 and \$52,300 received compensation that was 33% less than all low income mothers and those with household incomes between \$52,301 and \$75,300 received compensation that was 45% less than white, black, or Hispanic mothers of the lowest income level.

Similar to the other components of maternity leave—access to leave, use of leave, and length of leaves, there was variation in wage replacement for this sample of mothers. Privately insured, married, working full-time, mothers over the age of 40 received the highest compensation during maternity leave, compared to their counterparts. The most significant predictors of wage replacement were the interaction between race/ethnicity and household income, partner status, and age. The interaction between race/ethnicity and household income was significant only for black mothers at the middle income levels. They received significantly less compensation compared to all mothers at the lowest income level.

Table 11. Weighted Multivariate Regression Predicting Percent of Wage Compensation During Maternity Leave

	Compensation		R ²
	Beta Coefficient (β)	Confidence Interval (95% CI)	
Model Statistics	F (27, 287) = 3.77	p=0.000	0.25
Poverty Level ^a			
Above 200%	-	-	
Insurance ^b			
Other Gov't Ins	-14.18	(-39.14, 10.80)	
Private Insurance	5.71	(-6.86, 18.27)	
Self-pay	-9.98	(-25.44, 5.48)	
Race ^c			
Black	-17.07	(-49.21, 15.08)	
Hispanic	-13.03	(-48.92, 22.85)	
Race/ethnicity x Income			
White x \$29,401 - \$37,00	-20.96	(-56.28, 14.35)	
White x \$37,001-\$52,300	-23.57	(-55.17, 8.03)	
White x \$52,301 - \$75,300	-4.53	(-36.54, 27.48)	
White x >=\$75,301	0.85	(-31.20, 32.90)	
Black x \$29,401 - \$37,000	-	-	
Black x \$37,001-\$52,300	-33.41*	(-60.49, -6.34)	
Black x \$52,301 - \$75,300	-45.43*	(-87.50, -3.36)	
Black x >=\$75,301	-18.67	(-59.77, 22.43)	
Hispanic x \$29,401 - \$37,000	21.06	(-12.36, 54.49)	
Hispanic x \$37,001-\$52,300	4.25	(-29.64, 38.13)	
Hispanic x \$52,301 - \$75,300	-11.70	(-55.99, 32.58)	
Hispanic x >=\$75,301	-12.16	(-53.13, 28.80)	
Race/ethnicity x Poverty			
White x Above 200% level	-5.77	(-25.46, 13.92)	
Black x Above 200% level	30.12	(-3.86, 64.12)	
Hispanic x Above 200% level	13.53	(-16.02, 43.08)	

	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Partner Status (Birth)^d			
Unmarr w/ part	6.95	(-4.68, 18.59)	
Unmarr no part	-30.00*	(-56.25, -3.75)	
Age Category^e			
20-24	28.52*	(3.45, 53.60)	
25-29	24.92*	(2.66, 47.18)	
30-34	24.72*	(2.21, 47.24)	
35-39	30.68**	(8.30, 53.06)	
40-44	38.09***	(16.15, 60.02)	
45 +	-	-	
Work Status^f			
Full-time	-2.38	(-13.43, 8.68)	

*p<.05, **p<.01, ***p<.001

^a 200% or below; ^b Medicaid; ^c White; ^d Married; ^e 18-19; ^f Part-time

Now that all components of maternity leave have been analyzed the results of the sensitivity analyses will be discussed. The purpose of these analyses was to see if this subsample of mothers differed significantly from the larger sample of mothers who participated in the LTMIII study.

Research Findings: Sensitivity Analysis

Mothers who were selected for this study were compared on several demographic variables to mothers who were excluded because they were not working or were self-employed. These analyses revealed that the two groups of mothers differed significantly on income, poverty level, education, and insurance. As shown in Table 12, the subsample of mothers had significantly higher income than the other mothers, especially at the higher income levels ($\chi^2 = 49.28, p < .001$). Nearly half of the mothers in the subsample had household incomes that were greater than \$75,301 (44.2%) compared to one-quarter of the excluded mothers (24.2%). Similarly, 80% of mothers included in the subsample were living above 200% of the federal poverty level, compared with 60% ($\chi^2 = 40.69, p < .001$).

A significantly higher percentage of mothers in the subsample had a college degree 57.1% compared to 38.2% of mothers not included in the subsample ($\chi^2 = 49.91, p < .001$). There was a significantly higher percentage of the subsample mothers who had private insurance (71.2%) compared to excluded mothers (50.4%). There was also more mothers in the group that was excluded who had Medicaid insurance. The mothers did not significantly differ based on race/ethnicity, age, partner status at birth or region of residence.

Overall, it appears that the subsample of mothers who were included in this study had more financial resources, access to private insurance, and had higher levels of education than the

overall study sample.

Table 12 Comparison between Study Participants and Excluded Participants

	Study Participants	Excluded Participants	χ^2
Income			49.28***
<\$29, 400	11.16	22.32	
\$29,401-\$37,000	5.21	8.41	
\$37,001-52,300	15.63	17.97	
\$52,301-75,300	23.81	27.25	
>\$75,301	44.20	24.06	
Poverty Level			40.69***
200% or below	19.49	37.97	
Above 200%	80.51	62.03	
Education			49.91***
HS or less	9.86	23.39	
Some college	33.00	38.44	
College grad	57.14	38.17	
Insurance			48.40***
Medicaid or CHiP	18.49	35.85	
Other Gov't Ins	6.40	9.80	
Private Insurance	71.18	50.42	
Self-pay	3.93	3.92	
Race/ethnicity			2.44
White	71.60	70.06	
Black	10.99	9.01	
Hispanic	17.40	20.93	

	Study Participants	Excluded Participants	χ^2
Partner Status (birth)			2.48
Married	75.50	71.08	
Unmarr w/ part	19.74	23.51	
Unmarr no part	4.76	5.41	
Age Category			1.03
18-19	3.00	2.96	
20-24	14.86	16.94	
25-29	26.00	24.19	
30-34	33.00	32.53	
35-39	17.14	17.20	
40-45	5.43	5.65	
45+	0.57	0.54	
Region			2.01
Northeast	17.14	14.25	
Midwest	24.57	25.81	
South	34.86	34.14	
West	23.43	25.81	

*p<.05, **p<.01, ***p<.001

These differences could possibly account for the consistent finding of disparities based on household income, poverty level, and insurance status. Differences between the subsample and overall study sample means that the results of this study are generalizable mostly to mothers who have high household income, private insurance, and are college educated. This is one possible limitation of this study. Some others will be discussed below.

Study Limitations

The use of secondary data limits the researcher in using data that was conceptualized by other researchers, therefore it lacks specificity. This dataset provided valuable information about the work experiences of working mothers. However, questions such as the mothers' actual wages, their occupations, and other factors that could impact their economic and job statuses were missing from the dataset. Knowing the types of jobs that mothers have is important in understanding maternity leave. This is because maternity leave is more common in salaried jobs which sets women on a career path and offers more flexibility than an hourly, service job where both the employer and employee sees her position as easily replaceable.

The study is further limited to the inclusion of only mothers who gave birth in a hospital. This excludes the population of mothers who give birth in birthing centers or at home. It is possible that mothers who give birth outside of a hospital setting may have a different work experience than those who give birth in hospitals. By excluding these groups of mothers these results again can only be generalized to mothers who gave birth in the hospital.

To be recruited in the LTMIII study, a mother had to have access to a computer since all of the study was conducted online. This limits the sample to mothers of a certain economic position because personal computers are not accessible to everyone. The use of online

recruitment could in itself show a sampling bias because of what access to computers inherently means on a social and economic level.

CHAPTER EIGHT: CONCLUSION

Discussion

The purpose of this study was to continue with a new trend in maternity leave research by examining the sociodemographic factors that are important to working mothers when taking maternity leave. The goal was to conduct this investigation with a recent dataset that included a racially representative sample of working mothers from varying socioeconomic classes. Intersectionality theory and methodology was applied during this analysis to help broaden our understanding of how a diverse sample of working mothers are experiencing maternity leave.

The results indicate that for this sample of working mothers, sociodemographic factors do predict access to leave, length of leave, and compensation received while on leave. The results are summarized per the research questions/hypotheses below:

1. What are the sociodemographic factors that predict access to, utilization of, length of, and compensation during maternity leave for a diverse sample of mothers in the U.S.?

The predictors of access to paid leave are insurance status, support from partners and others, and family size. Mothers who paid for maternity care out of pocket were over 1000 times more likely to have access to paid leave compared to mothers receiving public insurance. Support from partners and others increased the chances of having access to paid leave by 10%, whereas access to paid leave was reduced as family size increased.

Like the Shepherd-Banigan and Bell (2014) study, insurance was a significant predictor of access to paid leave. They however found other significant predictors—race/ethnicity, income, and employment status—that were not found in this study. This could be due to their

collapsing insurance into two categories (private and other). All four categories were kept for this study.

The finding of insurance as a strong predictor of access to paid maternity leave is significant. Mothers who have the ability to pay for maternity care out of pocket and then having access to paid leave, points to the use of disability insurance to fund maternity leave. This finding highlights the importance of having clear definitions of terms such as “paid maternity leave,” and “private insurance” in maternity leave research. This is due to the fact that “paid maternity leave” may not mean that it is being paid for by the employer or the government but that working mothers are funding their own maternity leave.

In the U.S., working mothers who have access to disability insurance pay for this insurance as a workplace benefit while pregnant. After giving birth, disability insurance allows a mother to take job-protected leave from work while receiving some wage replacement based on what she paid for disability insurance. The use of disability insurance for pregnancy is made possible by the PDA, which provided for pregnant employees to receive the same benefits and working conditions that workers who were disabled were entitled to receive.

Therefore, although mothers are endorsing access to paid leave, this paid leave may not be the paid leave that is primarily sponsored and paid for by the employer or government. It is paid for by the employee’s pre-pregnancy contributions to an insurance policy. This highlights the importance of differentiating between paid maternity leave and an insurance benefit that is applied to maternity leave.

In future research it would be important to make a clear distinction between “paid leave” that is solely employee-funded (due to use of benefits such a vacation and sick leave, or by

paying for disability insurance coverage) and “paid leave” that is funded by the employer or the government such as the paid leaves that have been implemented at the state level in five U.S. states.

The relationship between having spousal and other support and access to paid leave is an interesting finding. It could be that mothers who have support from spouses or others may be able to choose jobs that offer better maternity benefits. Support could help with this choice by allowing mothers time to find the best job that would provide paid maternity benefits. Whereas, mothers without this form of support may have to hurriedly choose jobs that provide little paid maternity benefits because they could be the sole provider for their family.

For access to unpaid maternity leave, there seems to be almost equal access based on sociodemographic factors. As for predictors, only a race/ethnicity by household income interaction was significant. Compared to all mothers with household incomes below \$29,400, white mothers at the second to lowest income level were over 700 times more likely to have access to unpaid leave; while black mothers of the middle income level had the least access to unpaid leave. This finding brings to question the role of other variables such as type of occupation. Is it possible that white mothers of the lowest household income levels were working in salary-type jobs that gave access to unpaid leave, while middle income black mothers were working hourly jobs that tend to provide less access to unpaid leave? There is also the possibility that black mothers’ household incomes were a result of more than one part-time job, while for white mothers the household income was due to one steady, full-time job. Part-time employees rarely have access to the national unpaid leave that is available through FMLA. Another factor to consider is that for this study household income was used to approximate

income. Household income includes the income of all household family members, therefore, for black mothers the higher household income may not be indicative of their wages alone and gave no indication of their occupation. In future studies, knowledge of the mother's occupation as well as her personal income levels could be helpful in further delineating the role of race/ethnicity and class in maternity leave.

There were no significant sociodemographic predictors for use of paid leave. For unpaid leave, however, there was an indication that black mothers of all income levels were more likely to use unpaid leave than all mothers at the lowest income level. However, small cell sizes, in some cases cell sizes below 10, created error terms in the odds ratios, making this indication inconclusive.

The lack of predictors for use of paid and unpaid leave may suggest that access to leave is an important dimension of maternity leave that determines the remaining dimensions of leave. This finding could also be due to the fact that the use of leave variables were created from the existing access to leave variables. To gain more information about the role of the use of leave, future studies could include a separate question.

Having a data set with a bigger sample size and a wider diversity of mothers of varying intersectional locations could also enhance our understanding of dimensions of leave such as use of leave. This dataset was chosen because it focused primarily on working mothers and it included questions about all of the dimensions of leave that were of interest for this study. The fact that this group of mothers differed from the U.S. population in terms of household income, poverty level, education, and insurance status means that these results could mainly be generalized to higher income, educated working mothers with access to private insurance. In

addition, the small cell sizes that were produced when a race/ethnicity by class interaction was examined may limit our conclusions about intersectionality and maternity leave.

Length of paid leave was significantly predicted by insurance with privately insured mothers taking paid leaves that were two weeks longer than publically insured mothers. An interaction between race/ethnicity and household income predicted shorter paid maternity leaves for black middle income mothers, while a race/ethnicity by poverty interaction predicted longer leaves for black mothers living above 200% of the poverty level and shorter leaves for Hispanic mothers living above 200% of the poverty level. Hispanic mothers living above 200% of the poverty level took shorter leaves than white mothers living below the 200% poverty level. Length of unpaid leave was also predicted best by the intersection between race/ethnicity and household income. Lower-income white mothers and middle-income black mothers, and the highest income black mothers took shorter leaves than all mothers of the lowest income group.

The importance of intersectionality was only significant for Hispanic mothers when lengths of leaves were examined. For Hispanic mothers, higher household incomes led to shorter paid leaves; lower incomes led to shorter overall leaves, and living at the lower poverty level led to longer overall leaves. These findings are similar to Manuel and Zambrana's (2009) finding that low-income Hispanic mothers took shorter leaves. As in this previous study, race/ethnicity alone or income alone were not significant predictors of length of leave, and the predictability of a race/ethnicity and income effect was what mattered for Hispanic mothers. These results are replicated here. However, an additional finding with this current study is that for Hispanic mothers higher income could mean shorter paid leaves and lower poverty level could mean longer overall leaves. These findings could be interpreted in light of the amount of support that

Hispanic mothers may have at home. Hispanic mothers with a higher household income may have both financial and instrumental support at home in terms of a working spouse and or family to help with child care. Both of these situations may increase the likelihood that higher income Hispanic mothers may take shorter paid leaves. The longer leaves noted for lower poverty level Hispanic mothers could be due to the use of two social class measures.

Since this was an exploratory study, household income and poverty level were both included in analyses to identify the more powerful predictor. This could have introduced collinearity into the regression analyses and resulted in false positive findings. In future studies, only one of these variables should be used to measure social class.

For pre-birth leave, only a race/ethnicity by household income predicted the length of this leave. Middle income black mothers took pre-birth leaves that were two weeks longer than the white mothers with the lowest household income. These mothers may be using as much unpaid leave available due to their limited access to paid leave.

Total postpartum leave overall was best predicted by race/ethnicity by household income, race/ethnicity by poverty level interactions, and region. White mothers with household incomes above \$37,000 took less overall leave than white mothers of the lowest income level. Hispanic mothers of the lowest income level took less overall leave than the white mothers of the lowest income level. Black mothers living above 200% of the poverty level and Hispanic mothers living below 200% of the poverty level both took longer overall leaves than white mothers living below 200% of the poverty level. Mothers living in the Midwest region of the U.S. took approximately one month less overall leave than mothers living in the East region of the U.S.

For compensation, a race/ethnicity by household income interaction, partner status, and age categories were the best predictors. Black mothers of the middle income levels received 33% to 45 % less compensation than low income white mothers. Unmarried and unpartnered mothers fared the worst of all partnered stati receiving 30% less compensation than married mothers. Mothers who were 20 years or older received 25% to 38% more compensation than mothers who were 18 to 19 years of age.

The findings for compensation during leave highlight the importance of race/ethnicity and income, partner status, and age in determining how much compensation a mother will receive while on leave. Similarly, Shepherd-Banigan and Bell (2014) found that race/ethnicity, income, insurance status, partner status, and employment status were significant predictors of compensation received during leave. The difference is that for this study the intersection of race/ethnicity and income was significant while the prior researchers did not explore intersectionality, however they did find that race/ethnicity and income separately predicted compensation. Another difference is that this study did not find insurance or work status to be significant predictors of compensation. This again could be due to the prior researchers use of two categories for insurance compared to the four categories used in this study.

Some of the predictor variables of compensation such as partner status and age seem to have little relation to how much an employer decides to pay a mother for maternity leave, and seem to have little relation to each other. Therefore, it is possible that they may be connected to other variables that are important in determining compensation. These variables could be occupation or education. For example a mother's education level could be related to her partner status. By having a partner, she may be able to pursue higher levels of education due to support

with childcare. Having a higher level of education may place her in a position to find employment that would provide greater compensation during leave. Since neither education nor occupation were used for the regression analyses for compensation, this could not be determined.

2. Is the intersection of race/ethnicity and class a significant predictor of access to maternity leave, use of maternity leave, length of leave, and compensation during leave? If so does it predict differently for a white, black, and Hispanic mothers?

The intersection of race/ethnicity and class did prove to be a significant predictor of access to leave, length of leave, and compensation during leave. The intersection of race/ethnicity and class was not a significant predictor of use of leave. The results for intersectional variables only are summarized in Tables 13 through 17. These findings are similar to those of Manuel and Zambrano (2009) who found that intersectionality was a useful variable to include in maternity leave research. However, Manuel and Zambrana examined length of leave only. They did not examine intersectionality for its ability to predict access to leave, use of leave, or compensation. This study extends the previous research by looking at intersectionality and other aspects of maternity leave such as access to leave, use of leave, and compensation. There were differential predictions of the outcome variables for mothers of different intersectional locations. The intersectional locations of black mothers were significant predictors for three dimensions of maternity leave (access, length, and compensation). For Hispanic mothers intersectionality predicted primarily length of paid leave significantly. For white mothers, the intersectional approach predicted access to unpaid leave, length of unpaid leave, and total postpartum leave. Results showed that lower-income white mothers had greater access to unpaid leave, however, they took shorter unpaid leaves than other groups of mothers.

Table 13. Summary of Interaction of Race/Ethnicity by Class Results for Access to Paid and Unpaid Leave

	Access to Paid Leave		Access to Unpaid Leave	
	Odds Ratio (OR)	CI (95% CI)	Odds Ratio (OR)	CI (95% CI)
Model Statistics	F (23, 529) = 24.88	p=0.000	F(22, 597)=2.01	p=0.0043
Race/ethnicity x Income				
White x \$29,401 - \$37,00	-	-	8.59*	(1.06, 69.29)
White x \$37,001-\$52,300	-	-	2.20	(0.31, 15.90)
White x \$52,301 - \$75,300	-	-	1.83	(0.20, 17.06)
White x >=\$75,301	-	-	4.93	(0.52, 47.11)
Black x \$29,401 - \$37,000	-	-	0.28	(0.01, 10.47)
Black x \$37,001-\$52,300	-	-	0.04*	(0.00, 0.55)
Black x \$52,301 - \$75,300	-	-	0.03	(0.00, 3.75)
Black x >=\$75,301	-	-	0.12	(0.00, 14.85)
Hispanic x \$29,401 - \$37,000	0.55	(0.02, 14.19)	4.19	(0.28, 62.56)
Hispanic x \$37,001-\$52,300	2.67	(0.08, 83.52)	1.79	(0.26, 12.16)
Hispanic x \$52,301 - \$75,300	2.05	(0.06, 65.98)	0.66	(0.06, 7.78)
Hispanic x >=\$75,301	5.50	(0.15, 199.96)	0.54	(0.04, 7.55)
Race/ethnicity x Poverty level				
Black x Above 200% level	-	-	10.45	(0.12, 922.97)
Hispanic x Above 200% level	0.28	(0.02, 4.70)	6.62	(0.57, 77.12)

*p<.05, **p<.01, ***p<.001

^a <\$29, 400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

Table 14. Summary of Interaction of Race/Ethnicity by Class Results for Use of Paid and Unpaid Leave

	Use of Paid Leave		Use of Unpaid Leave	
	Odds Ratio (OR)	CI (95% CI)	Odds Ratio (OR)	CI (95% CI)
Model Statistics	F(20,533)=1.20	p=0.246	F(20,432)=26.84)	p=0.0000
Race/ethnicity x Income				
White x \$29,401 - \$37,00			1.99	(0.20, 20.45)
White x \$37,001-\$52,300	-	-	4.21	(0.48, 37.22)
White x \$52,301 - \$75,300	-	-	5.46	(0.56, 53.22)
White x >=\$75,301	-	-	2.63	(0.27, 25.85)
Black x \$29,401 - \$37,000	-	-	255,944.50	(41,764.56, 1,569,110)
Black x \$37,001-\$52,300	1.09	(0.02, 52.31)	-	-
Black x \$52,301 - \$75,300	0.06	(0.00, 7.35)	-	-
Black x >=\$75,301	0.09	(0.00, 9.41)	-	-
Hispanic x \$29,401 - \$37,000	0.16	(0.01, 3.70)	1.23	(0.13, 11.85)
Hispanic x \$37,001-\$52,300	0.17	(0.00, 13.16)	1.09	(0.10, 11.49)
Hispanic x \$52,301 - \$75,300	0.23	(0.00, 10.79)	0.39	(0.02, 7.07)
Hispanic x >=\$75,301	0.15	(0.00, 10.13)	0.66	(0.04, 10.03)
Race/ethnicity x Poverty				
Black x Above 200% level	2.86	(0.05, 154.35)	-	-
Hispanic x Above 200% level	2.15	(0.06, 76.65)	5.27	(0.34, 82.05)

*p<.05, **p<.01, ***p<.001

Table 15. Summary of Interaction of Race/Ethnicity by Class Results for Length of Paid and Unpaid Leave

	Length of Paid Leave			Length of Unpaid Leave		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Model Statistics	F (24, 291) = 3.83	p=0.000	0.2	F(27, 230)=5.39	p=0.000	0.31
Race/ethnicity x Income						
White x \$29,401 - \$37,000	-0.93	(-4.25, 2.38)		-5.33*	(-10.25, -0.42)	
White x \$37,001-\$52,300	1.45	(-3.11, 2.38)		-2.17	(-5.89, 1.55)	
White x \$52,301 - \$75,300	-1.98	(-6.52, 2.565)		-3.24	(-8.55, 2.07)	
White x >=\$75,301	0.56	(-4.05, 5.16)		-3.70	(-8.58, 1.19)	
Black x \$29,401 - \$37,000	-	-		0.36	(-4.43, 5.15)	
Black x \$37,001-\$52,300	-2.15	(-6.01, 1.71)		-7.19***	(-11.46, -2.92)	
Black x \$52,301 - \$75,300	-8.37**	(-14.71, -2.04)		-3.95	(-8.98, 1.07)	
Black x >=\$75,301	-4.05	(-10.64, 2.53)		-3.87*	(-7.73, -0.00)	
Hispanic x \$29,401 - \$37,000	0.19	(-3.04, 3.42)		-11.20	(-32.41, 10.00)	
Hispanic x \$37,001-\$52,300	-0.37	(-3.58, 2.84)		-11.51	(-33.41, 10.38)	
Hispanic x \$52,301 - \$75,300	1.44	(-2.91, 5.79)		-11.64	(-33.48, 10.20)	
Hispanic x >=\$75,301	3.32	(-1.03, 7.66)		-9.76	(-31.77, 12.26)	

	Length of Paid Leave		R ²	Length of Unpaid Leave		R ²
	Beta Coefficient (β)	Confidence Interval (95% CI)		Beta Coefficient (β)	Confidence Interval (95% CI)	
Race/ethnicity x Poverty						
White x Above 200% level	-0.18	(-4.09, 3.72)		0.85	(-3.32, 5.02)	
Black x Above 200% level	5.53*	(0.50, 10.56)		-	-	
Hispanic x Above 200% level	-4.24**	(-7.35, -1.14)		-3.38	(-7.93, 1.18)	

*p<.05, **p<.01, ***p<.001

^a <\$29, 400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

Table 16. Summary of Interaction of Race/Ethnicity by Class Results for Length of Pre-birth Leave and Total Postpartum Leave

	Length of Pre-birth Leave			Total Postpartum Leave Length		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Model Statistics	F (22, 597) = 1.740	p=0.0198	0.06	F(20, 471)=2.49	p=0.0004	0.14
Race/ethnicity x Income						
White x \$29,401 - \$37,00	4.35	(-1.08, 9.78)		0.45	(-1.32, 2.21)	
White x \$37,001-\$52,300	0.55	(-1.72, 2.82)		-1.20*	(-2.24, -0.15)	
White x \$52,301 - \$75,300	-1.29	(-4.29, 1.71)		-2.30**	(-3.75, -0.84)	
White x >=\$75,301	-1.62	(-4.52, 1.27)		-2.02**	(-3.50, -0.54)	
Black x <=\$29,400	-	-		-0.10	(-3.83, -0.54)	
Black x \$29,401 - \$37,000	0.19	(-2.94, 3.32)		0.73	(-2.24, 3.70)	
Black x \$37,001-\$52,300	2.12*	(0.06,4.19)		1.76	(-0.71, 4.24)	
Black x \$52,301 - \$75,300	-3.39	(-7.75, 0.97)		-0.99	(-2.05, 0.60)	
Black x >=\$75,301	-2.10	(-6.29, 2.09)		0.42	(-0.50, 1.34)	
Hispanic x <=\$29,400	-	-		-3.08**	(-5.38, -0.78)	
Hispanic x \$29,401 - \$37,000	-0.90	(-5.26, 3.45)		-0.98	(-2.39, 0.44)	
Hispanic x \$37,001-\$52,300	-2.02	(-5.48, 1.44)		0.14	(-1.24, 0.95)	
Hispanic x \$52,301 - \$75,300	0.25	(-4.25, 4.75)		-0.57	(-1.23, 0.10)	
Hispanic x >=\$75,301	-1.53	(-5.26, 2.20)		0.4	(-0.45, 1.26)	

	Length of Pre-birth Leave			Total Leave Length		
	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²	Beta Coefficient (β)	Confidence Interval (95% CI)	R ²
Race/ethnicity x Poverty						
White x Above 200% level	-	-		2.22***	(0.89, 3.56)	
Black x Below 200% level	-	-		0.92	(-2.30, 4.13)	
Black x Above 200% level	0.71	(-3.67, 5.09)		-	-	
Hispanic x Below 200% level	-	-		2.35*	(0.11, 4.58)	
Hispanic x Above 200% level	-2.42	(-6.08, 1.24)		-	-	

*p<.05, **p<.01, ***p<.001

^a <\$29, 400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

Table 17. Summary of Interaction of Race/Ethnicity by Class Results for Compensation

	Compensation		R ²
	Beta Coefficient (β)	Confidence Interval (95% CI)	
Model Statistics	F (27, 287) = 3.77	p=0.000	0.25
Race/ethnicity x Income			
White x \$29,401 - \$37,00	-20.96	(-56.28, 14.35)	
White x \$37,001-\$52,300	-23.57	(-55.17, 8.03)	
White x \$52,301 - \$75,300	-4.53	(-36.54, 27.48)	
White x >=\$75,301	0.85	(-31.20, 32.90)	
Black x <=\$29,400	-	-	
Black x \$29,401 - \$37,000	-	-	
Black x \$37,001-\$52,300	-33.41*	(-60.49, -6.34)	
Black x \$52,301 - \$75,300	-45.43*	(-87.50, -3.36)	
Black x >=\$75,301	-18.67	(-59.77, 22.43)	
Hispanic x <=\$29,400	-	-	
Hispanic x \$29,401 - \$37,000	21.06	(-12.36, 54.49)	
Hispanic x \$37,001-\$52,300	4.25	(-29.64, 38.13)	
Hispanic x \$52,301 - \$75,300	-11.70	(-55.99, 32.58)	
Hispanic x >=\$75,301	-12.16	(-53.13, 28.80)	

	Compensation		R ²
	Beta Coefficient (β)	Confidence Interval (95% CI)	
Race/ethnicity x Poverty			
White x Above 200% level	-5.77	(-25.46, 13.92)	
Black x Below 200% level	-	-	
Black x Above 200% level	30.12	(-3.86, 64.12)	
Hispanic x Below 200% level	-	-	
Hispanic x Above 200% level	13.53	(-16.02, 43.08)	

*p<.05, **p<.01, ***p<.001

^a <\$29, 400; ^b 200% or below; ^c Medicaid; ^d White; ^e Part-time

3. Low-income working mothers of color will have less access to paid leave compared to high-income white mothers.

None of the low-income mothers of color had significantly less access to paid leave compared to high-income white mothers. It was revealed, however, that low- to middle-income mothers black mothers had the least access to unpaid leave compared to all low income mothers.

4. Low-income working mothers of color will use leave less often compared to high-income white mothers.

In terms of use of leave, no intersectional locations were significant predictors. It would appear that leave was used uniformly by mothers of all intersectional locations.

5. Low-income working mothers of color will take shorter leaves compared to high-income working mothers.

For length of leave, middle income black mothers took less weeks of paid leave. Higher income Hispanic mothers took less paid leave than lower income mothers. Middle and high income black mothers took less unpaid leave than all low income mothers. Middle-income black mothers took more pre-birth leave than low income white mothers; and low income Hispanic mothers took the lowest overall postpartum leave. In summary, high-income working mothers did not seem to have an advantage over low-income working mothers for the amount of time taken off work for maternity leave.

6. Low-income working mothers of color will receive less compensation during leave compared to high-income working mothers.

Middle to high income black mothers received the lowest compensation of all groups of mothers. Therefore, low-income mothers of color were not found to receive less compensation compared to high income mothers.

In summary, the first two research questions were answered and the four hypotheses were rejected. This study showed that sociodemographic variables are significant predictors of access to leave, length of leave, and compensation received during leave. Furthermore, intersectionality is an important theory and methodology to use in maternity leave research as it helps to highlight the specific areas where inequalities exist in maternity leave. For example, this study highlighted that middle income black mothers are the only group that has been left out of having the most basic dimension of leave that is nationally supported by law—access to unpaid leave. Although it was expected that all low-income mothers of color would have less access to paid leave, the results show that an unexpected income category (middle-income) of mothers of one racial/ethnic category (black) were being left out of an unpredicted dimension of maternity leave (unpaid leave).

The results for intersectionality were confounded by the use of a specialized sample of mothers who were generally of a higher income and education level, the use of two measures of social class, and the lack of information about other important variables such as occupation and mother's personal incomes. A larger sample size could also bolster the results on intersectionality by increasing the cell sizes of some intersectional locations.

Of note for this study is the lack of significant findings for education as a predictor of maternity leave. Although prior researchers have found a significant predictive effect for education (Lerner, 2015, Manuel & Zambrana, 2009, Shepherd-Banigan & Bell, 2014) and

education is an important measure of social class, no significant findings were found in this study. One explanation could be in the methodology. All 3 education categories were used in this study. Prior studies separated samples into two groups—college educated and non-college educated (Shepherd-Banigan & Bell, 2014) and perhaps using two groups would yield some significant findings for this variable in future studies.

Implications

In summary, working mothers in the U.S. have to create individualized maternity leaves due to the lack of a national paid policy on maternity leave. The individualized nature of these leaves are often dependent on sociodemographic factors such as income, work status, race/ethnicity, and social class. Since these factors are known to create inequalities in society, they can influence a working mothers decisions about maternity leave and place her at a disadvantage. The pathways to maternity leave and the significant predictors of the outcomes variables used in this study are outlined in Figure 2.

Maternity leave is crucial for the well-being of both mother and child, and it has been linked to critical outcomes such as infant mortality. Therefore, unequal access to, use of, or length of maternity leave can potentially place women and children at great risks post-delivery and beyond.

Maternity Leave Pathways

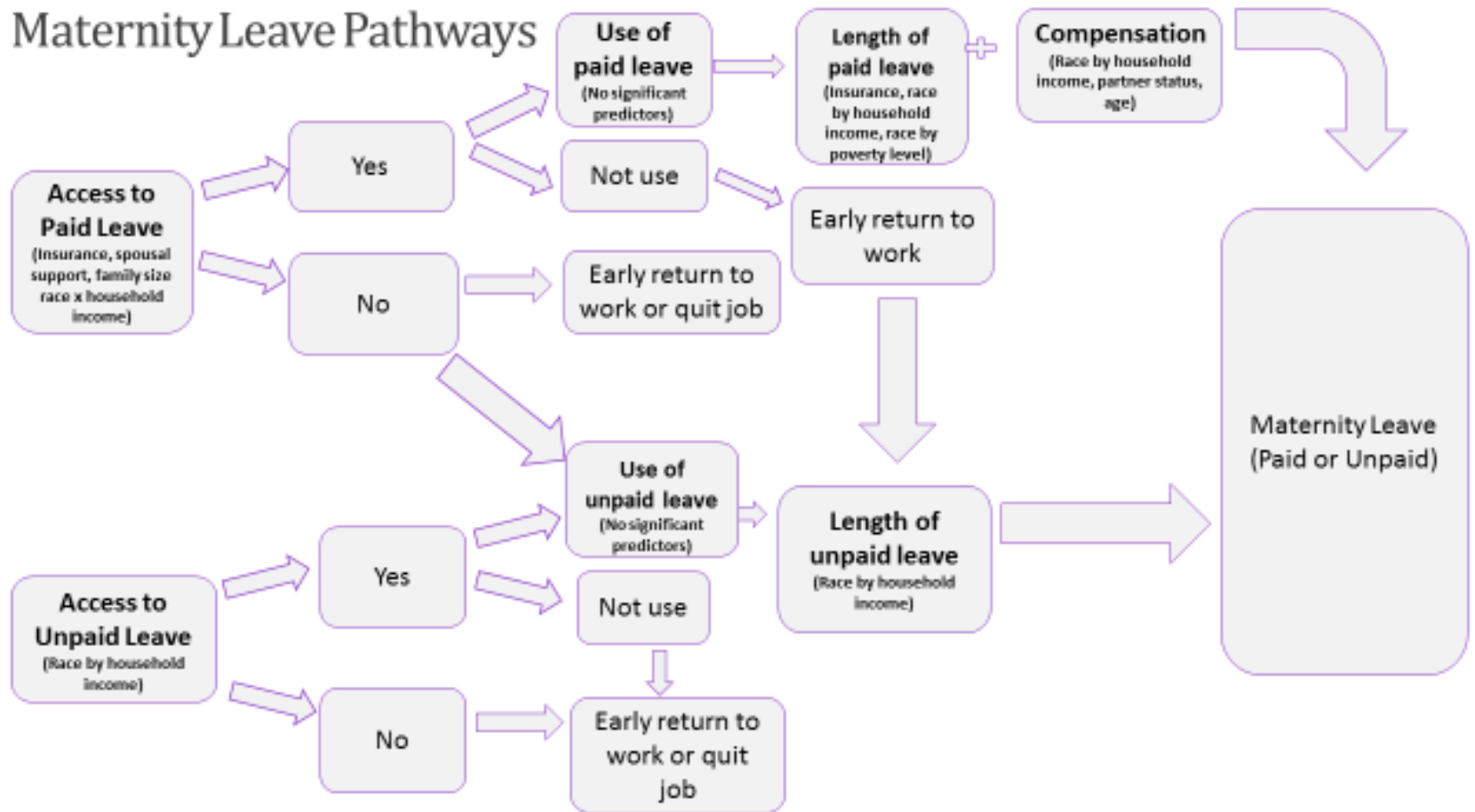


Figure 2. Maternity Leave Pathways with Significant Predictors of Each Dimension

In this study the finding that middle-income black mothers were being left out of having access to unpaid leave is important in highlighting how privilege is reproduced through maternity leave. For black mothers, the maternity leave literature has often studied the relationship between length of leave and breastfeeding outcomes. The reason is that breastfeeding is used as a marker for health disparities since breastfed infants tend to have better developmental and cognitive outcomes (McCarter-Spauling, Lucas, & Gore, 2011). Length of maternity leave is also seen to affect breastfeeding. Therefore, short maternity leaves are expected to reduce the likelihood of breastfeeding and thereby create an avenue for the creation of inequality, the authors noted.

McCarter-Spauling, Lucas, and Gore (2011) found that for the 155 black mothers who were recruited for their study, length of leave was significantly associated with the likelihood of breastfeeding. Shorter leaves meant a higher likelihood of weaning and consequently more inequality. Therefore, the finding in this study that middle-income black mothers do not even have access to unpaid leave like others groups of mothers indicates that there are most likely breastfeeding less than other mothers, weaning early if they do start breastfeeding, and as a result placing their infants at greater risk for health disparities. This finding is bolstered by the additional finding that this same group of middle income black mothers are taking the shortest unpaid leaves of all mothers and are taking longer pre-birth leaves. The time that they are taking for maternity care is before childbirth and not focused on the postpartum period.

As the debate about a national paid maternity leave policy continues, it is imperative that research is conducted to accentuate the experiences of all mothers. A comprehensive investigation of maternity leave practices can be crucial in guiding policy. This study aimed to

do so and found significant evidence for keeping intersectionality at the forefront of future scholarship in maternity leave research.

APPENDIX: INSTITUTIONAL REVIEW BOARD APPROVAL



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246

Telephone: 407-823-2901, 407-882-2012 or 407-882-2276 www.research.ucf.edu/compliance/irb.html

NOT HUMAN RESEARCH DETERMINATION

From: **UCF Institutional Review Board**
#1
FWA00000351, IRB00001138

To: **Christine N. Ittai**

Date: **October 28, 2018**

Dear Researcher:

On 10/28/2018, the IRB determined that the following proposed activity is not human research as defined by DHHS regulations at 45 CFR 46 or FDA regulations at 21 CFR 50/56:

Type of Review: Not Human Research Determination
Project Title: The Intersection of Race and Class in Maternity Leave:
Who's Left Out?
Investigator: Christine N. Ittai
IRB ID: SBE-18-14496
Funding Agency: N/A
Grant Title: N/A
Research ID: N/A

University of Central Florida IRB review and approval is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are to be made and there are questions about whether these activities are research involving human subjects, please contact the IRB office to discuss the proposed changes.

This letter is signed by:

A handwritten signature in black ink that reads "Kamille Chaparro". The signature is written in a cursive style with a long horizontal line extending to the right.

Signature applied by Kamille Chaparro on 10/28/2018 09:51:29 PM EDT

Designated Reviewer

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