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For Better, For Worse: The Effect of Maternity Leave Policy on Divorce Rates

by

Toni S. Forde

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Abstract

The Family and Medical Leave Act (FMLA) of 1993 was implemented with the goal of

helping employees better balance their work and family responsibilities by allowing them to take

unpaid, job-protected leave for specified family and medical reasons, including the birth and care

of a newborn child. Prior to 1993, maternity leave legislation in the United States varied from

state to state. The implementation of the FMLA thus created a "natural experiment" via which

we can study the effect of the law on divorce across states. We postulate that increased maternity

leave reduces stress in the household after the birth of a child, leading to greater marital

satisfaction and reducing the likelihood of divorce. Using data from the March Current

Population Survey (CPS) and difference-in-difference techniques, we examine the effect of the

FMLA on divorce rates at the state level. Results indicate that the FMLA had a negative and

statistically significant effect on divorce rates in all states for women with a child aged between 5

and 18 years, with the effect being greatest in states mandating short maternity leave pre-FMLA.

When sample weights are applied, a negative and statistically significant effect is observed only

for those states having no maternity legislation and those states mandating short maternity leave

pre-FMLA.

Keywords: divorce rate, FMLA, maternity leave

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1. Introduction

Significant changes in family and workforce demographics provided the impetus for the passage of the Family and Medical Leave Act (FMLA) of 1993. According to the U.S. Bureau of the Census (1994), 59.6% of married mothers with children under the age of 6 worked in 1993, compared with 36.7% in 1975 and 53.4% in 1985. The drastic growth in women's labor force participation, especially that of married women with young children, intensified the conflict between work and family responsibilities in many households.

While Congress sought to provide a comprehensive leave policy for employees, by its design, the FMLA does not apply to a significant share of the workforce. The federal mandate covers all public agencies and private sector employers with 50 or more employees, thus exempting 95% of businesses while only covering half of the workforce ("Family," 1993). Survey results cited by the U.S. Commission on Family and Medical Leave (1996) indicate that in 1995, 69.1% of female employees were covered under the FMLA, while 55.6% were both covered and eligible.

Among married employees working at both FMLA-covered and non-covered worksites, taking leave for the care of a newborn was second only to taking leave for the employee's own health (U.S. Commission on Family and Medical Leave, 1996). The addition of a newborn to the household marks a period of reorganization in the life cycle of the family and requires substantial adjustment to changing roles. According to the scarcity hypothesis or role strain perspective (Baruch, Biener, & Barnett, 1987; Goode, 1960; Hyde, Essex, Clark, & Klein, 2001), humans have a finite amount of energy. The greater the number of social roles an individual must juggle, the greater the "likelihood of stress, overload, and conflict, with negative consequences for well-being" (Hyde et al., 2001). The transition to parenthood therefore has the potential to create role



strain in a dual-earner couple and place the marital relationship under stress. Previous empirical research has shown that, after the birth of their first child, many couples experience a decrease in positive marital interaction, an increase in marital conflict, and a modest decline in marital satisfaction (Belsky & Pensky, 1988; Doss, Rhodes, Stanley, & Markman, 2009; Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008; Mitnick, Heyman, & Smith Slep, 2009; Shapiro, Gottman, & Carrère, 2000). Because the care of a newborn is one of several crucial junctures in the family life cycle targeted by the FMLA, it is important to consider the impact of the federal legislation on the marital relationship.

In this paper, we use data from the March CPS to examine the effects of the FMLA on divorce rates. Using a difference-in-difference identification strategy, we take advantage of the "natural experiment" created by the variation in state maternity leave statutes and the implementation of the FMLA. By the time the FMLA became law, several states had already implemented some form of maternity leave legislation while others had not. Among those states with existing maternity statutes, there was further variation in the length of leave granted by state law. We seek to enhance the literature by providing the first empirical evidence identifying the impact of federally mandated maternity leave on state-level divorce rates. We hypothesize that increased maternity leave reduces stress in the household after the birth of a child, leading to greater marital satisfaction and reducing the likelihood of divorce. Results indicate that the FMLA had a negative and statistically significant effect on divorce rates in all states for women with a child aged between 5 and 18 years, with the effect being greatest in states mandating short maternity leave pre-FMLA. When sample weights are applied, a negative and statistically significant effect is observed only for those states having no maternity legislation and those states mandating short maternity leave pre-FMLA. Thus, we find effects not only in states where



the FMLA led to the largest changes in maternity leave coverage but also in states where the FMLA led to only moderate changes.

The remainder of this paper is organized as follows: Section 2 provides a brief history of maternity leave legislation in the United States. Section 3 details a review of the literature. Sections 4 and 5 detail the difference-in-difference methodology and data used in this paper. Section 6 presents the estimated treatment effects of the FMLA on divorce rates. Section 7 concludes.

2. **Background**

2.1 **State Maternity/Family Leave Laws**

In the absence of any national policy on maternity/family leave legislation, 29 states¹ and the District of Columbia took the initiative to implement some type of maternity/family leave law to meet the changing needs of the American workforce. Eighteen states and the District of Columbia enacted legislation covering both private sector and state employees, whilst the remaining 10 states enacted legislation applicable to state employees only. As reported by the Commission on Medical and Family Leave (1996), "the early state statutes provided leave primarily for pregnancy and childbirth, but in later statutes the reasons for leave were broadened to include care of newborn and newly-adopted infants, elderly parents or other relatives" (p. 46).

¹ The Women's Bureau (1993) reports that 34 states, Puerto Rico, and the District of Columbia enacted some form of state maternity/family leave law prior to the passage of the Family and Medical Leave Act. Here, we treat Delaware, Kentucky, Missouri, New York, and South Carolina as having no maternity/family leave prior to 1993. Neither Missouri nor New York state laws required maternity/family leave to be granted. State laws in both Delaware and Kentucky granted leave only for the adoption of a child. South Carolina state law provided neither a "reasonable period" nor a fixed period of leave for the birth of a child but stated that "for any extended period of disability due to the employee's illness, or maternity, exceeding the amount of accrued sick leave, the employee may apply for unpaid leave which, along with any paid leave that has been taken, shall not exceed 6 months" (Women's Bureau, 1993, p. 11). Because the state provision is not clearly specified, we treat South Carolina as having no maternity/family leave prior to 1993. Lastly, we exclude Puerto Rico, an unincorporated territory of the United States.



Here, we focus our discussion on the provisions in state law applicable to pregnancy, childbirth, and care of a newborn.

The diversity of state initiatives varied widely amongst individual states (see Table A1). The length of period granted for leave by state statutes ranged from a short four weeks to one year. In California, for example, private sector employees were entitled to four months' unpaid leave for pregnancy disability, childbirth, and adoption, whereas state employees were granted up to one year of unpaid leave (Women's Bureau, 1993). Meanwhile, in both Minnesota and Wisconsin, private sector and state employees were entitled to six weeks' leave for childbirth and adoption (Women's Bureau, 1993). Although many states specified the length of maternity/family leave, some state laws only required a "reasonable period" of leave.

Eligibility requirements were often related to the number of hours worked and the length of service, and were as diverse as the state statutes themselves. For most states, employees were eligible for leave after being employed by the same employer for one year without a break in service. Eligible employees typically worked full-time and at least 1,000 hours prior to taking leave. In some states, however, employees became eligible for leave under less stringent service and work-hour requirements. For example, Hawaii required only that employees satisfy six months of continuous service to be eligible for leave benefits (Women's Bureau, 1993). In states where maternity leave laws covered both state and private sector employees, eligibility requirements were usually the same for all employees. In Colorado, there was no length of service requirement for either private sector or state employees to be eligible for maternity/family leave (Women's Bureau, 1993). States with maternity leave laws specific to state employees typically required that employees have permanent full-time or career service status.



Job protection and maintenance of health coverage were important aspects of state maternity/family legislation. Twenty-eight states required that employees be entitled to reinstatement to their original or an equivalent position after taking maternity/family leave. Reinstatement typically included retention of seniority, employee benefits, pay, retirement, and other fringe benefits. In Texas, an employee approved for leave without pay was guaranteed his or her job for a period of up to one year from the date upon which leave without pay was granted (Women's Bureau, 1993). Roughly half of states with existing maternity/family leave laws required that employers maintain coverage under any group health plan, typically at the same level of benefits provided to the employee prior to taking leave (Women's Bureau, 1993).

While no state guaranteed wage replacement specifically for the purposes of maternity leave, five states – California, Hawaii, New Jersey, New York², and Rhode Island – implemented temporary disability insurance (TDI) laws that provided partial salary replacements for non-work-related disabilities, including childbirth and pregnancy-related conditions. In California and Rhode Island, TDI was strictly employee funded, with employees in California contributing 1.25% of the first \$31,000 in annual earnings, and employees in Rhode Island contributing 1.3% of the first \$38,000 in annual earnings (Women's Bureau, 1993). Eligible employees in California were paid a maximum of \$336 per week, while employees in Rhode Island were paid a maximum of \$374 per week plus a dependent allowance (Women's Bureau, 1993). In states without TDI laws, maternity/family leave may be unpaid or employees may choose, or be required, to substitute accrued paid leave.

² While New York's TDI program did provide paid medical leave for childbirth and pregnancy-related conditions, the author can find no evidence to indicate that New York had any state-mandated maternity law in effect prior to 1993.

Although progressive, state maternity/family leave laws were not applicable to all employers and employees within the state. In most states, maternity/family leave laws sought to exempt small businesses from existing legislation. The employee exemption level varied widely across states. Hawaii, Tennessee, and Washington had the highest threshold for covered employees by including only those employers with 100 or more employees (Women's Bureau, 1993). California, District of Columbia, New Jersey³, Oregon, Rhode Island, and Wisconsin had laws exempting employers with fewer than 50 employees (Women's Bureau, 1993). Colorado and Montana had the most generous laws, covering employers with any number of employees (Women's Bureau, 1993).

Private sector employees working in states without any mandated maternity/family leave were reliant on their individual employers implementing voluntary leave policies granting employees access to employment-related leave benefits applicable to pregnancy and childcare. Access to, and extent of, employer-provided leave benefits were often dictated by the size of a firm and job classification. Employees working for medium-sized and large firms were more likely to be eligible for maternity/family leave than employees at smaller establishments. According to the 1991 Employee Benefits Survey (EBS) of medium-sized and large firms (Bureau of Labor Statistics, 1993), 36% of full-time employees were eligible for unpaid maternity leave. By 1993, 59% of full-time employees were eligible for unpaid maternity leave (Bureau of Labor Statistics, 1994b). In contrast, only 18% of full-time employees working at small private establishments were eligible for unpaid maternity leave (Bureau of Labor Statistics, 1994a). With respect to job classification, white-collar employees were more likely to have

³ Employers with fewer than 75 employees were exempted from maternity/family leave law from May 4, 1991, to May 3, 1993. The employee exemption level decreased to 50 employees after May 4, 1993 (Women's Bureau, 1993).



higher access to unpaid maternity leave than blue-collar employees. The 1991 EBS of small firms reported that white-collar employees were twice as likely to have access to unpaid maternity leave than their blue-collar counterparts (Bureau of Labor Statistics, 1994a).

Given the limited accessibility to maternity/family leave benefits in many states, there was plenty of room for improvement in state laws when the push for a national policy on maternity/family leave finally took root. However, there is no question that state initiatives played a critical role in shaping the current national policy on maternity/family leave.

2.2 Working towards a National Policy on Maternity/Family Leave

The history of labor laws regarding pregnancy includes laws related to both discrimination and maternity leave. Early attempts at maternity/family leave policy focused on restricting the maximum number of hours a woman could work in paid employment. The prevailing argument during what was known as the Protective Era was that "long hours of work, especially if done while standing, stretching, or making repetitive motions, would weaken childbearing capabilities" ("Evolution," 1993, p. 3). Although these first labor standards sought to eradicate deplorable conditions for female workers, they created great hardship by limiting women's ability to earn a living, such that "many women struggled for the right to work nights and overtime, to continue to work when pregnant, and to return to work after childbirth" (Spalter-Roth & Hartmann, 1990, p. 2). The Depression Era that followed did nothing to aid the plight of women. During this period, it was a widely accepted practice for employers to dismiss female employees who became married and to refuse to hire married women altogether ("Evolution," 1993; Spalter-Roth & Hartmann, 1990). Section 213 of the 1932 Economy Act authorized the dismissal of married women if their spouse was also employed by the government (Boris & Honey, 1988).



World War II brought an influx of women into the labor force and significant changes with respect to employer practices affecting pregnant women. The Women's Bureau of the Department of Labor sought to protect women's right to work by recommending that "employers grant six-weeks of prenatal leave and two months of postnatal leave, rather than dismissal, and guarantees of reinstatement and of seniority rights" ("Evolution," 1993, p. 3), but this standard for maternity care never became public policy. After World War II, the Women's Bureau adjusted its focus to fight for married women. In 1948, the Bureau again reiterated "the need for federally-mandated maternity leave" (Spalter-Roth & Hartmann, 1990, p. 2), but again its recommendation was dismissed by lawmakers.

The Civil Rights Era and the subsequent passage of the Civil Rights Act (CRA) of 1964 afforded the first legitimate "means for expanding the rights and protections for pregnant working women" ("Evolution," 1993, p. 4). Title VII of the CRA prohibited discrimination based on the sex of the employee. Initially, the Equal Employment Opportunity Commission (EEOC), the administrative agency charged with enforcing Title VII, chose to exclude pregnancy-related disabilities from its sex discrimination guidelines on the basis that "denial of benefits to pregnant employees comparable to those provided to male and nonpregnant employees did not constitute sex discrimination" ("Evolution," 1993, p. 4). The EEOC would issue new guidelines in 1972 clearly stating that "disabilities resulting from 'pregnancy, miscarriage, abortion, childbirth, and recovery therefrom are, for all job-related purposes, temporary disabilities' and must be treated as such with regard to leave, health or temporary disability insurance, accrual of seniority, and reinstatement" ("Evolution of legislation," 1993, p. 4).



Subsequent legal challenges to the 1972 EEOC guidelines led Congress to amend Title VII by passing the Pregnancy Discrimination Act (PDA) in 1978. This amendment required "public and private sector employers who offer health insurance and temporary disability plans to provide coverage to women for pregnancy, childbirth, and related medical conditions" ("Evolution," 1993, p. 4). As such, women who were pregnant or had recently given birth were to be treated the same as an employer's other disabled employees. Although the PDA won women the right to be treated equally in the workplace, it was not without its limitations. Crampton and Mishra (1995) state the following:

The PDA only provides protection for women who work for employers offering disability insurance benefits, and roughly only 40 percent of all women receive the type of maternity leave benefits that guarantee a job-protected leave with partial wage replacement (Zigler & Frank, 1988). In addition, because employers were not required to provide disability leaves or other benefits to employees, these leaves were only available to pregnant workers to the extent that they were provided for other comparable disabilities. (p. 278)

In short, the PDA was limited in scope and did not alleviate many of the disadvantages pregnant women face in the workplace. The PDA had two main shortcomings: (1) employers were not required to provide any period of leave; and (2) the law was applicable only to employers with 15 or more employees (National Partnerships for Women & Families, 2012). Even so, the PDA would lay the groundwork for future maternity/family leave policies.

The first maternity/family and medical leave bill was introduced in Congress in 1986 by the Colorado Democrat, Patricia Schroeder (Crampton & Mishra, 1995). If enacted, the legislation would have entitled employees to 18 work weeks of unpaid parental leave during any



24-month period to care for a newborn, newly adopted, or seriously ill child (Crampton & Mishra, 1995; "Recent Action," 1993). In addition, the bill proposed to establish 26 weeks of unpaid temporary disability or medical leave for use by pregnant or medically disabled employees in any one calendar year. Under both leave plans, employees would have been guaranteed continuation of health insurance benefits and job reinstatement ("Recent Action," 1993). Ultimately, this legislation was never voted on. However, variations of the proposed bill were introduced in subsequent Congressional meetings. In 1990, the bill H.R. 770 was introduced and passed by both the Senate and the House. H.R. 770 stipulated that all firms with 50 or more employees grant 12 weeks of combined parental and medical leave per calendar year ("Recent Action," 1993). Despite having the support of both the Senate and the House, H.R. 770 was vetoed by President Bush.

Family and medical leave legislation gained major traction in the 102nd Congress (1991) with the introduction of bill S. 5, the Family and Medical Leave Act of 1992, which was initially almost identical to H.R. 770. Revisions to the legislation included the ability of employers to "exempt the highest-paid 10 percent of their employees and restrict eligibility to those employees who had worked at least 25 hours per week during the previous 12 months" ("Recent Action," 1993, p. 13). In addition, health benefits would be retained by employees taking leave, and employees could use leave intermittently for planned medical procedures ("Recent Action," 1993). After refinements, and approval, by both the House and the Senate, the legislation was vetoed for the second time by President Bush. In his veto message, President Bush recommended new legislation establishing "an alternative flexible family leave plan that will encourage small and medium-sized businesses to provide family leave for their employees" (Bush, 1993). Under President Bush's proposed legislation, businesses with fewer than 500 employees, and with



established nondiscriminatory family leave policies for all employees, would be eligible for a refundable tax credit for purposes of providing up to 12 weeks of leave for family and medical purposes (Bush, 1993). This legislation was never voted on in either the House or the Senate.

Despite the veto of the Family and Medical Leave Act on two occasions, the legislation enjoyed majority support in Congress. This support, and the endorsement of President-elect Clinton, would ultimately pave the way for enactment of the national family and medical leave policy we know today.

2.3 Family and Medical Leave Act (FMLA) of 1993

On February 5, 1993, the Federal and Medical Leave Act (FMLA) became the first piece of legislation enacted under the new Clinton administration. The legislation became effective on August 5, 1993, for most employers and employees⁴, and allowed the United States to join the ranks of other industrialized countries already possessing a national policy standardizing family leave benefits. Passage of the FMLA by Congress was fueled by the following findings according to the Family and Medical Leave Act of 1993 (1994):

- (1) the number of single-parent households and two-parent households in which the single parent or both parents work is increasing significantly;
- (2) it is important for the development of children and the family unit that fathers and mothers be able to participate in early childrening and the care of family members who have serious health conditions;
- (3) the lack of employment policies to accommodate working parents can force individuals to choose between job security and parenting;

⁴ For employers and employees covered by a collective bargaining agreement (CBA), the FMLA became effective on the expiration of the CBA or on February 5, 1994, whichever was earlier.



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- (4) there is inadequate job security for employees who have serious health conditions that prevent them from working for temporary periods;
- (5) due to the nature of the roles of men and women in our society, the primary responsibility for family caretaking often falls on women, and such responsibility affects the working lives of women more than it affects the working lives of men; and
- (6) employment standards that apply to one gender only have serious potential for encouraging employers to discriminate against employees and applicants for employment who are of that gender. (§ 2601[a])

Motivated primarily by changing family and workforce demographics, Congress designed the FMLA with the overarching goal of facilitating a balance between the demands of the workplace and the needs of families in order to promote the stability and economic security of families (Family and Medical Leave Act of 1993, 1994, § 2601[b]).

The FMLA, which is administered by the Wage and Hour Division of the U.S. Department of Labor, grants eligible employees a total of 12 workweeks of leave during any 12-month period for specific family and medical reasons, including: (1) birth and care of a newborn child; (2) placement and care of an adopted child; (3) care of an immediate family member; and (4) employee's own serious health condition (Family and Medical Leave Act of 1993, 1994, § 2612[a][1]). Leave granted for the care of a newborn or the placement of an adopted child must be utilized within the 12-month period after the birth or placement of the child, otherwise it expires (Family and Medical Leave Act of 1993, 1994, § 2612[a][2]). However, with the approval of the employer, such leave can be taken intermittently or as part of a reduced schedule (Family and Medical Leave Act of 1993, 1994, § 2612[b][1]). Employees become eligible for leave after having worked at least 12 months for a covered employer and after accumulating at



least 1,250 hours with said employer during the specified period (Family and Medical Leave Act of 1993, 1994, § 2611[2][A]). Covered employers include public agencies and private sector employers employing "50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding year" (Family and Medical Leave Act of 1993, 1994, § 2611[4][A][i]). Spouses employed by the same employer may be limited to an aggregate entitlement of 12 workweeks of leave in any 12-month period (Family and Medical Leave Act of 1993, 1994, § 2612[f]). Employers are not required by the law to provide paid leave (Family and Medical Leave Act of 1993, 1994, § 2612[c]) but "an eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, or family leave of the employee for leave provided under [the FMLA]" (Family and Medical Leave Act of 1993, 1994, § 2612[d][2][A]). Employers, however, are required to maintain coverage, including family coverage, under any group health insurance plan for an employee taking FMLA leave at the same level of benefits the employee would have been entitled to had they continued to work (Family and Medical Leave Act of 1993, 1994, § 2614[c][1]). On return from leave, employees are entitled to be restored to the same, or an equivalent, position of employment held by the employee prior to the commencement of leave (Family and Medical Leave Act of 1993, 1994, § 2612[a][1]).

Although the FMLA encompasses several types of family and medical leave for both male and female workers, it is most notable for being the "first federal law requiring some U.S. employers to offer maternity leave to women with qualifying employment histories" (Ruhm, 1997, p. 175). And yet, despite its best intentions, the FMLA was ultimately designed as a policy



of limited scope due to the exclusion of small private employers⁵ and those individuals not meeting the general eligibility requirements for leave. Klerman and Leibowitz (1994) state the following:

Among the 63 percent of new mothers who were working a year before the birth of the child, only 77 percent meet the full-time work requirement. Of them, only 68 percent meet the job tenure requirement. Of those women who meet the full-time work and the job-tenure requirement only about 59 percent are working in large enough firms. Thus, the [FMLA] guarantees to only about 32 percent of working women the right to return to their pre-childbirth employer. (p. 3)

These findings indicate that many new mothers are not covered under the protections of the FMLA. This reality may have significant implications for the likely effects of the FMLA on the American family.

3. Literature Review

Understanding how maternity leave legislation affects divorce is of more than academic interest. After all, the FMLA was designed with the underlying goal of helping American families better balance their work and family responsibilities. Although numerous empirical studies have sought to analyze the direct or indirect consequences of the FMLA on the American family, there is currently a void in the literature with respect to the effects of the FMLA on divorce. For this reason, we highlight a study by Hyde et al. (2001) in which the authors investigate the relationship between the length of women's maternity leave and marital

⁵ Worksites at which an employer employs fewer than 50 employees and where the total number of employees employed by that employer within 75 miles of that worksite is fewer than 50 (Family and Medical Leave Act of 1993, 1994, § 2611[2][B]).



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incompatibility using a sample group from Wisconsin. Additionally, we review the literature on the impact of the FMLA on various outcomes.

3.1 Maternity Leave, Women's Employment, and Marital Incompatibility

Hyde et al. (2001) describe a study of significant relevance to the current study, and this will be discussed here in some detail. Like the current study, Hyde et al. (2001) examine the relationship between the length of women's maternity leave and the marital relationship. While the current study seeks to examine the impact of length of maternity leave at the state level, Hyde et al. (2001) examine the relationship between the length of maternity leave and marital incompatibility at the individual level, looking specifically at the woman's employment, her dissatisfaction with the division of household labor, and her sense of role overload.

To capture the complexity of the relationships among maternity leave, employment, and marital incompatibility, Hyde et al. (2001) build a conceptual framework incorporating three theoretical perspectives that feature prominently in the literature: the scarcity hypothesis, the stress perspective, and identity theory. The general idea of the scarcity hypothesis (Baruch, Biener, & Barnett, 1987; Goode, 1960; Hyde, Essex, Clark, & Klein, 2001) is that humans are subject to an energy constraint. As such, adding a social role, for example becoming a parent, creates stress and overload for an individual that could lead to negative psychological consequences for both the individual and her or his marital relationship. High employment hours and number of children should then be associated with feelings of role overload and marital distress. The stress perspective suggests that stress leads to psychological distress (Hyde et al., 2001). Although individuals may experience situations or events that are typically considered to be stressors, it is the subjective evaluation of the situation or event by the individual that proves crucial. Lastly, identity theory focuses on the related constructs of commitment and identity



salience (Hyde et al., 2001). The general idea of identity theory rests on the notion that individuals rank their multiple identities (e.g. wife, mother, employee) from most salient to least salient. Role conflicts will be strongest for the most salient identities. Thus, high family salience compounded with work salience should be associated with dissatisfaction with length of leave and role overload resulting from employment.

Based on this theoretical framework, Hyde et al. (2001) conceptualize short maternity leave (6 weeks or less) and high work hours as stressors that should, upon subjective evaluation by individuals, be captured in dissatisfaction with length of leave, work status, division of household labor, and childcare. In other words, longer maternity leave affords a woman the opportunity to cope with the demands of caring for a new baby and then subsequently managing the combination of motherhood and employment. Thus, longer maternity leave (12 weeks or more) should be associated with reduced role overload and marital dissatisfaction.

To test their conceptual model, Hyde et al. (2001) use a sample of 570 pregnant women and 550 husbands or partners of the women (all partners were men) recruited for participation in the Wisconsin Maternity Leave Health (WMLH) project, which began in 1990. Female participants in the study were interviewed at the 5th month of pregnancy, 1 month postpartum, and 4 months postpartum. Only those females employed at least 6 hours per week outside the home at the 5th month of pregnancy and 1 month postpartum were included in the analyses. Women whose husbands and partners did not participate were excluded.

Using logistic regression and standard multiple regression techniques, Hyde et al. (2001) first examine the extent to which employment variables, such as length of the women's maternity leave, employment hours 4 months postpartum, and relative salience of family versus work, predict dissatisfaction with the division of household labor, dissatisfaction with length of leave,



dissatisfaction with work status, and childcare discrepancy. For the sake of brevity, we highlight only the result obtained when dissatisfaction with the division of household labor was the outcome variable. For this logistic regression, Hyde et al. (2001) find that length of leave was a significant predictor for dissatisfaction with the division of household labor. The authors observed a negative and statistically significant effect, implying that women who took shorter leave were more dissatisfied.

Using standard multiple regression techniques, Hyde et al. (2001) then examine the extent to which the sources of dissatisfaction predict women's sense of role overload and whether length of leave and work hours had simple or interactive effects. Again, for the sake of brevity, we report the results most relevant to the current study. Hyde et al. (2001) find that length of leave has both indirect (negative) effects and direct (positive) effects on role overload. Lastly, Hyde et al. (2001) examine the extent to which the above-mentioned variables predict wives' marital incompatibility at 4 months postpartum for both first-time and experienced mothers. Role overload predicted increased marital incompatibility in experienced mothers but not first-time mothers, whereas discrepancies between preferred and actual childcare predicted increased marital incompatibility for first-time mothers but not experienced mothers. Length of leave as a predictor by itself was not statistically significant; however, the interaction of length of leave with discrepancies between preferred and actual childcare was negative and statistically significant. This result lends support to the hypothesis that short leave is a risk factor that, combined with another risk factor, contributes to personal and marital distress.

3.2 Impact of the FMLA on Various Outcomes

The FMLA has been a focal point of numerous empirical studies since its enactment in 1993. Researchers have considered the effects of the FMLA on various outcomes, including



parents' leave taking (Baum, 2003b; Berger & Waldfogel, 2004; Han & Waldfogel, 2003; Han, Ruhm, & Waldfogel, 2009; Waldfogel, 1999a), maternal labor market outcomes (Baum, 2003a, 2003b; Berger & Waldfogel, 2004; Goodpaster, 2010; Han, Ruhm, & Waldfogel, 2009; Hofferth & Curtin, 2006; Waldfogel, 1999a), child health and development (Berger, Hill, & Waldfogel, 2005; Rossin, 2011), and maternal health (Dagher, McGovern, & Dowd, 2014).

Baum (2003a), Goodpaster (2010), and Waldfogel (1999a) each exploit state-level variation in maternity leave statutes to examine the effect of FMLA implementation on maternal labor market outcomes. Additionally, each study employs difference-in-difference (DD) and difference-in-difference (DDD) identification strategies. Using the National Longitudinal Survey of Youth (NLSY), Baum (2003a) finds that maternity leave legislation had small insignificant positive effects on employment and small insignificant negative effects on wages. Waldfogel (1999a) arrives at a similar conclusion using the March 1992–1995 Current Population Survey (CPS). Focusing on the labor participation rate of new mothers and using data from the 1989–2003 Monthly CPS, Goodpaster (2010) finds that, post-FMLA, employed and expecting married mothers residing in states without existing maternity leave statutes are 2.7 percentage points more likely to leave the labor force than employed and expecting married mothers residing in states with existing maternity leave statutes. Furthermore, Goodpaster (2010) finds that the increase in the proportion of mothers exiting the labor force as a direct result of the FMLA accounts for approximately two-thirds of the overall drop in labor force participation for married new mothers for the period 1998–2003.

The incidence of leave-taking among women (and men) post-FMLA is another important question frequently addressed by researchers. Theoretically, the FMLA should have an impact only on mothers whose employers did not already provide maternity leave at or above the level



guaranteed under the federal mandate. Several studies have found that leave-taking increased after FMLA implementation (Han & Waldfogel, 2003; Han, Ruhm, & Waldfogel, 2009; Waldfogel, 1999a). Waldfogel (1999a) compares the effects of the FMLA on the mean probability of leave-taking in states with and without existing maternity leave legislation separately for treatment groups (women with children under age 1 and women with children under 18) and control groups (childless women and men aged 19 to 45) in different-sized (very small, small, medium, and large) firms. For medium-sized firms (100 to 499 employees), Waldfogel (1999a) finds that the FMLA has a positive effect on leave-taking. She finds no change in leave-taking among the very small firms (1 to 24 employees) that were not covered by the FMLA, but she does find that the FMLA increased leave-taking in both small firms (25 to 99 employees) and large firms (500 or more employees). Using data from the June CPS Fertility Supplements, Han, Ruhm, and Waldfogel (2009) find that the FMLA increased leave-taking by 5.4, 8.7 and 5.6 percentage points in the birth month, one month after birth, and two months after birth, respectively. Han, Ruhm, and Waldfogel (2009) also find that the magnitude of increases in leave-taking are markedly greater for college-educated or married mothers relative to their less-educated or single counterparts. In contrast to these studies, Baum (2003b), using a sequential-discrete-outcome model and data from the NLSY, finds that maternity leave legislation does not have a statistically significant effect on the incidence of leave-taking.

Other studies have examined the effects of the FMLA on child health outcomes and maternal health. Maternity leave legislation is predicted to affect child health outcomes by increasing the length of time a mother can spend in the care of her newborn. Research suggests that maternity leave does lead to better health outcomes for newborns. Combining natality and mortality data from the 1989–1997 Vital Statistics database at the National Center for Health



Statistics, Rossin (2011) finds that maternity leave not only decreases the likelihood of a premature birth but also has statistically significant effects on infant birth weights. Additionally, Rossin (2011) finds that the FMLA has a negative and statistically significant effect on infant mortality among college-educated and married women. Berger, Hill, and Waldfogel (2005) use data from the NLSY to examine the effects of a mother's early return to work (within 12 weeks) after giving birth. Employing OLS and propensity score matching models, they find notable associations between an early return to work and poor child health and development outcomes, including a reduction in immunizations and increased behavioral issues at age 4 years. Although child health outcomes are typically the focus of policy and research, maternity leave policy also has indirect benefits for the mental and physical health of the mother. Maternity leave affords mothers the opportunity to recover from pregnancy and childbirth and to better adapt to the imbalance a new addition to the household may create. Dagher, McGovern, and Dowd (2014), using data from the Maternal Postpartum Health Study, find a U-shaped relationship between maternity leave duration and postpartum depressive symptoms, with a minimum at 6 months. The authors also find that longer leave durations have marginally significant positive effects on maternal physical health. Taking stock of their findings, Dagher, McGovern, and Dowd (2014) conclude that the 12 weeks' leave mandated by the FMLA may be inadequate for mothers at risk of postpartum depression.

4. Estimation Methodology

The variation in existing maternity leave legislation at the state level prior to 1993 creates a "natural experiment" that allows for the identification of the effect of maternity legislation on divorce rates. First, several states passed laws providing the right to maternity leave before the FMLA was enacted, while others did not. Second, the length of leave granted by state law varied



widely among those states that did pass some type of maternity leave legislation. With the enactment of the FMLA in 1993, availability of maternity leave coverage was expanded in some states but not others, introducing a new source of variation that we can exploit to evaluate the effect of the federal policy on divorce rates. The FMLA should have increased the availability of maternity leave more in states that did not have any pre-FMLA state leave policies.

We use the variation in maternity leave legislation (see Figure 1) to define three treatment groups and a control group. States that passed no maternity leave legislation were assigned to treatment group 1, states that mandated maternity leave laws of less than 12 weeks' duration were assigned to treatment group 2,6 and states that mandated maternity laws applicable exclusively to public sector employees were assigned to treatment group 3. States that mandated maternity leave laws of 12 weeks or more were assigned to the control group. These states can serve as a control group because the FMLA did not increase leave coverage relative to the coverage the states had already mandated. This type of "reverse experiment" has been previously utilized by Gruber (1992, 1994) and Baum (2003a).

We use a difference-in-difference (DD) design to estimate the causal effect of FMLA on divorce rates among females aged 19 to 45. The FMLA took effect in August 1993, so we define a pre-treatment period of reference years 1988–1993 and a post-treatment period of years 1995–1998. We include the survey year 1993 because the ASEC interview was conducted in March, which was fully before the FMLA was enacted in August of 1993. We exclude the survey year 1994 because the FMLA was in effect for only half of the survey year and therefore provides no useful information for our analysis. The multivariate regression model of the DD estimation is of the form below:

⁶ We treat states which mandated "reasonable period" leave as having granted less than 12 weeks' leave to employees.



$$\begin{split} D_{st} &= \beta_{0} + \beta_{1} noLeave_{st} + \beta_{2} shrtLeave_{st} + \beta_{3} pubSecLaw_{st} + \beta_{4} FMLA_{t} \\ &+ \beta_{5} (noLeave_{st} \times FMLA_{t}) + \beta_{6} (shrtLeave_{st} \times FMLA_{t}) \\ &+ \beta_{7} (pubSecLaw_{st} \times FMLA_{t}) + \beta_{8} state_{s} + \beta_{9} year_{t} + \beta_{10} X_{st} + \varepsilon_{st} \end{split} \tag{1}$$

 D_{st} represents the divorce rate of married females in state s in year t. In this study, we utilize the refined divorce rate, defined as the number of divorces per 1,000 married women. This rate is preferable to other measures of divorce rate because the denominator includes only those people at risk of divorce (Amato, 2010; England & Kunz, 1975; South, 1985). In calculating D_{st} , we first calculate the numerator – the number of new divorces⁷ in state s in year t – which is defined as:

$$\sum Divorce_{s,t,new} = \sum Divorce_{s,t} - \sum Divorce_{s,t-1} + \sum Remarriages_{s,t} + \sum Deaths_{s,t}$$
(2)

Here, we assume that remarriages and deaths are negligible⁸ in any given year, so the above equation simplifies to:

$$\sum Divorce_{s,t,new} = \sum Divorce_{s,t} - \sum Divorce_{s,t-1}$$
 (3)

To better represent the real-world case, we shift the age range of females from 18–44 in year t–1 to 19–45 in year t such that:

$$\sum Divorce_{s,t,age_{19-45},new} = \sum Divorce_{s,t,age_{19-45}} - \sum Divorce_{s,t-1,age_{18-44}}$$
(4)

We include both divorce and separation in the numerator. Separation is the first indication that a marriage has dissolved, and, in many cases, the only step couples take to end their union. As

⁸ We make this assumption because the number of widowed females accounts for less than 1% of all observations. Further, we are unable to account for remarriages using the March CPS, which represents a significant limitation to our analysis.



⁷ Because the March CPS does not provide actual end dates for separation and divorce, our calculation of the number of new divorces is based on the current marital status reported by each individual at the time of the survey.

such, it is necessary to include separations in the calculation of divorce rate to get a better estimate of the proportion of marriages that ultimately end in divorce. Lastly, to complete our calculation of the divorce rate, we include the total number of married females aged 19 to 45 in state s in year t in the denominator such that:

$$D_{st} = \frac{\sum Divorce_{s,t,age_{19-45},new}}{\sum (Married\ females)_{s,t,age_{19-45}}} \times 1,000$$
 (5)

 $noLeave_{st}$ is a group-specific indicator variable equal to 1 if the state had no maternity leave law prior to 1993 (treatment group 1). $shrtLeave_{st}$ is a group-specific indicator variable equal to 1 if the state had less than twelve weeks' maternity leave prior to 1993 (treatment group 2). $pubSecLaw_{st}$ is a group-specific indicator variable equal to 1 if the state had maternity leave laws applicable exclusively to public sector employees prior to 1993 (treatment group 3). $state_s$ and $year_t$ are vectors of state-specific and year-specific indicator variables that represent fixed effects for state and time. $FMLA_t$ is an indicator variable that equals 1 if the survey year falls in the post-treatment period 1995–1998. The estimates of interest are β_5 , β_6 , and β_7 , which capture the effects of maternity legislation on the respective treatment groups.

5. Data

In addition to the state maternity leave law data documented in Table A1, we use the March Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), better known as the March CPS. The CPS provides current estimates of the economic status and activities of the civilian, noninstitutionalized population of the United States. Approximately 47,000 households are interviewed on an annual basis, translating into

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⁹ Martin and Bumpass (1989) argue that "separation is a more meaningful definition of disruption than divorce because of the dependence of the latter on variations in the legal process and because subgroup variations in the timing and probability of divorce after separation make it a misleading indicator of marital disruption (McCarthy, 1978; Sweet and Bumpass, 1974)" (p. 38).

approximately 140,000 individual records. The March CPS distinguishes itself from the basic monthly CPS in that it collects data from Armed Forces members residing with their families in civilian housing units or on a military base. Additionally, the March CPS oversamples Hispanic households identified the previous November.

Although the primary purpose of the CPS is to collect labor market information from households, the March CPS is also a very important source of demographic information on the population. Demographic information collected includes age, sex, race, and, most importantly for this study, marital status. We aggregate the individual data from the 1988–1998 March CPS¹⁰ to create a state-year panel data set. As noted in Section 4, we include the survey year 1993 and exclude the survey year 1994. The 1988–1993 March CPS provides six years of data pre-FMLA, while the 1995–1998 March CPS provides four years of data post-FMLA. Because maternity leave mandates are expected to mainly benefit women of childbearing age, we restrict our sample to women aged 19 to 45.¹¹ Because the FMLA limits coverage to those employees working for a covered employer and those having worked 1,250 hours or more during the previous 12 months, we exclude unemployed, self-employed, and part-time¹² workers from our analysis. Lastly, we aggregate the data to the state level creating a panel data set of 51 states with 10 years of observations for each state.

Treatment and control groups are identified using information documented in Table A1: states that passed no maternity leave legislation are assigned to treatment group 1, states that mandated maternity leave laws of less than 12 weeks' duration are assigned to treatment group 2,

¹⁰ Data extracted from the Integrated Public Use Microdata Series (IPUMS) at the Minnesota Population Center.

¹² While the March CPS collects data on hours worked over the last year, it does not record the number of hours worked by an individual prior to going on leave. As such, we use the usual hours worked last year variable to determine whether an individual usually works full-time (35 or more hours per week) or part-time (fewer than 35 hours per week).



¹¹ We temporarily include females aged 18 in the sample to more effectively calculate the number of new divorces in each state per year as noted in Section 4.

states that mandated maternity laws applicable exclusively to public sector employees are assigned to treatment group 3, and states that mandated maternity leave laws of 12 weeks or more are assigned to the control group. Table 1 reports the results of balancing tests for all demographic characteristics included in the DD specifications by treatment group. Two-sample t-tests were performed for each demographic characteristic, comparing the means of each treatment group with the control group. The mean differences for the 26-35 and 36-45 age categories were statistically significant for treatment group 1. There were statistically significant differences in multiple race categories for all three treatment groups - white and Asian for treatment group 1, black and white for treatment group 2, and black, native, and Asian for treatment group 3. The mean difference for the Hispanic ethnicity variable was statistically significant for all three treatment groups. Regarding the number of children present in the household aged between 5 and 18 years, both treatment groups 1 and 2 were statistically significant for 0 and 2 children present, while treatment group 3 was statistically significant for 0 and 1 child present. A similar result was obtained for the number of children below 18 years of age present in the household. In the case of education, the categories 12th grade and less or high school diploma were statistically significant for all three treatment groups, while the category for bachelor's degree and higher was statistically significant for treatment groups 1 and 3. Lastly, the class of worker, whether a private or public sector employee, was statistically significant only for treatment groups 1 and 3.

6. Results

First, we estimate the effects of maternity leave legislation on divorce rates for all females aged 19 to 45 using three DD specifications: state effects only (Model 1), both year and state effects (Model 2), and demographic controls plus year and state effects (Model 3). We



estimate all three DD specifications using the refined divorce rate as the dependent variable. Additionally, we estimate all three DD specifications with and without CPS-provided weights. Table 2 combines the results of DD specifications obtained with and without weights: columns 1-3 report estimates without weights, while columns 4-6 report estimates with CPS-provided weights applied. For Model 1 (column 1), we find negative and statistically significant effects of the FMLA on divorce rates in states with short leave (treatment group 2) and states with exclusively public sector leave laws pre-FMLA (treatment group 3); however, when CPSprovided weights are applied (column 4), the DD estimators in question are no longer statistically significant. When year effects are included in Model 2 (columns 2 and 5), we now find a negative and statistically significant effect of the FMLA on divorce rates in states with no maternity leave laws pre-FMLA (treatment group 1), but only for the unweighted sample. After the inclusion of demographic controls in Model 3 (columns 3 and 6), we find negative and statistically significant effects of the FMLA on divorce rates in states with short leave (treatment group 2) and states with exclusively public sector leave laws pre-FMLA (treatment group 3). Lastly, it should be noted that the effect of the FMLA on divorce rates is greater for states with exclusively public sector leave laws in all DD specifications.

Next, we estimate the effects of maternity legislation on divorce rates separately for four different subgroups: females with no kids, females with a child under the age of 1, females with a child under the age of 5, and females with a child aged between 5 and 18 years. Table 3 combines the results of DD specifications obtained with and without weights: columns 1–4 report estimates without weights, while columns 5–8 report estimates with CPS-provided weights applied. Using only the DD specification inclusive of demographic controls, as well as year and state effects, we find that varying the age of the child does not result in any statistically



significant effect of the FMLA on divorce rates for females with a child under the age of 1 (columns 2 and 6) and under the age of 5 (columns 3 and 7). A similar result is observed in the case of females with no children (columns 1 and 5). We do find negative and statistically significant effects of the FMLA on divorce rates for females with children between 5 and 18 for all three treatment groups in the unweighted sample (column 4). In contrast, when CPS-provided weights are applied (column 8), we find negative and statistically significant effects of the FMLA on divorce rates for females with children between 5 and 18 living in states with no leave laws (treatment group 1) and short leave laws pre-FMLA (treatment group 2). Lastly, it should be noted that the effect of the FMLA on divorce rates for females with a child between 5 and 18 is greater for states with short leave laws pre-FMLA (treatment group 2) than for states with no leave laws pre-FMLA (treatment group 2) than for states with no

7. Conclusion

In this paper, we present the first state-level empirical evidence examining the effect of the FMLA on divorce rates. We found mixed evidence of the impact of the FMLA on divorce rates. When we considered all females in the sample, we found that the federal legislation decreased divorce rates in states that had mandated maternity leave of less than 12 weeks' duration and exclusively for public sector employees prior to the FMLA. When we varied the age of the child present in the household, we found that the federal legislation decreased divorce rates for females with a child between 5 and 18 living in all states for the unweighted sample. We also found that only when CPS-provided weights were applied did the federal legislation decrease divorce rates for females with a child between 5 and 18 living in states that, prior to the FMLA, had mandated no maternity leave laws and exclusively public sector leave laws. In all cases, the effect of the FMLA was smallest in states that had no mandated maternity leave prior



to the FMLA, which is surprising given that these states would have seen the greatest expansion in maternity leave coverage.

There are several limitations to this study that we must consider. First, because the FMLA does not cover all employees, identifying which individuals were eligible and covered under the FMLA would have been useful prior to aggregating the individual observations to the state level. This strategy would no doubt yield a better picture of the impact of the FMLA on divorce, as well as improving estimates. This type of identification is not possible using the March CPS.

Second, although the March CPS is an important source of demographic information, it does not necessarily provide extensive detail on these variables. Regarding marital status, the March CPS lacks actual end dates for separation and divorce. The Fertility and Marriage Supplement of the June CPS does provide this level of detail, but it is only available for 1980, 1990, and 1995. Exact dates for both separation and divorce would go a long way in improving the accuracy of estimates.

After being in effect for 24 years, and given the fact that the FMLA targets crucial junctures in the family life cycle, there is an abundance of knowledge to be garnered by continued research on the impact of the FMLA on the well-being of employees and their families.



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9. Tables

Table 1

Balancing Tests of Demographic Characteristics

	Long leave law	No leave law Short leave law		ave law	Public sector law		
		Mean difference	t	Mean difference	t	Mean difference	t
Age:							
19 to 25	0.180312	0.0123	1.47	0.0206	1.95	0.0147	1.56
26 to 35	0.436526	0.0294**	2.68	0.00368	0.26	-0.00241	-0.20
36 to 45	0.383162	-0.0417***	-3.82	-0.0243	-1.77	-0.0123	-1.01
Race:							
White	0.816374	-0.0348***	-4.26	-0.0688***	-6.82	-0.0154	-1.63
Black	0.112363	-0.0128	-1.77	0.0684***	8.88	-0.0201*	-2.46
Native	0.004309	-0.00287	-1.64	-0.00386	-1.79	-0.00836***	-3.60
Asian	0.063971	0.0506***	13.45	0.00589	0.88	0.0464***	9.68
Other	0.002983	-0.000118	-0.10	-0.00155	-0.92	-0.00249	-1.53
Ethnicity:							
Hispanic	0.212794	0.143***	20.51	0.168***	17.67	0.0501***	5.18
Number of children							
between 5 and 18:							
0	0.657607	0.0619***	5.73	0.0324*	2.41	0.0473***	3.95
1	0.152469	-0.0144	-1.75	0.00274	0.27	-0.0313***	-3.36
2	0.132913	-0.0382***	-4.70	-0.0309**	-3.12	-0.0140	-1.62
3	0.044415	-0.00635	-1.33	-0.00504	-0.85	-0.00138	-0.27
4	0.009281	-0.00280	-1.20	-0.000247	-0.09	-0.00109	-0.44
5	0.002320	-0.000781	-0.66	0.0000516	0.04	-0.000272	-0.22
6+	0.000994	0.000505	0.89	0.000994	1.48	0.000706	1.14



	Long leave law	No lea	No leave law Short leave law		eave law	Public sector law	
		Mean difference	t	Mean difference	t	Mean difference	t
Number of children under							
18:							
0	0.561485	0.0535***	4.82	0.0216	1.55	0.0428***	3.45
1	0.182963	-0.000680	-0.08	0.00737	0.69	-0.0138	-1.41
2	0.174677	-0.0387***	-4.35	-0.0227*	-2.09	-0.0258**	-2.65
3	0.061651	-0.0110	-1.95	-0.00913	-1.32	0.000591	0.10
4	0.012264	-0.00422	-1.56	0.0000134	0.00	-0.00703*	-2.25
5	0.005966	0.000906	0.56	0.00234	1.18	0.00280	1.69
6+	0.000994	0.000178	0.27	0.000541	0.70	0.000418	0.61
Education level:							
12th Grade and less	0.309911	0.0371***	6.23	0.0541***	7.14	0.0221**	3.09
HS Diploma or GED	0.205834	-0.0668***	-6.29	-0.0417**	-3.18	-0.0469***	-4.00
Some college	0.091482	0.00358	0.40	0.00983	0.87	-0.00701	-0.69
Associate's degree	0.289692	-0.00418	-0.64	-0.00471	-0.58	0.00824	1.17
Bachelor's degree and							
higher	0.103083	0.0303**	3.07	-0.0175	-1.36	0.0236*	2.12
Class of worker:							
Private sector employee	0.815711	0.0201*	2.27	0.0108	0.99	0.0392***	3.90
Public sector employee	0.184289	-0.0201*	-2.27	-0.0108	-0.99	-0.0392***	-3.90
N	3017	6126		2204		3472	

Note. Unweighted means for females aged 19 to 45. Uses data from the March CPS 1992. Number of children under the age of 1 and under the age of 5 were also tested but were not included in the analysis because the mean differences for all three treatment groups were not statistically significant.

*** p<0.01, ** p<0.05, * p<0.1



Table 2

Effect of the Family and Medical Leave Act (FMLA) on Divorce Rates among Females Aged 19 to 45

	Ţ	Inweighted Mea	ins	Weighted Means			
	(1)	(2)	(3)	(4)	(5)	(6)	
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	
N. 1	1.065	20 (1)	24.01	4.640	20.60	14.60	
No leave law \times FMLA	-1.065	-30.61*	-24.01	4.640	-20.68	-14.68	
	(6.468)	(16.04)	(15.12)	(6.168)	(12.74)	(11.02)	
Short leave law × FMLA	-14.13**	-43.67***	-43.62***	-7.829	-33.15**	-30.93***	
	(6.895)	(16.22)	(15.67)	(7.299)	(13.33)	(11.43)	
Public sector law × FMLA	-17.49*	-47.03**	-45.08**	-10.28	-35.60**	-31.10**	
	(9.702)	(17.62)	(18.21)	(7.271)	(13.32)	(14.08)	
Constant	13.39***	28.43***	-413.6	18.20***	33.94***	-479.6	
	(1.438)	(7.785)	(1,176)	(1.324)	(8.375)	(815.4)	
Observations	510	510	510	510	510	510	
R-squared	0.005	0.068	0.127	0.002	0.051	0.110	
Number of States	51	51	51	51	51	51	
Year Fixed Effects	No	Yes	Yes	No	Yes	Yes	
State Fixed Effects	Yes	Yes	Yes	Yes	Yes	Yes	
Demographic Controls	No	No	Yes	No	No	Yes	

Note. Robust standard errors clustered at the state level in parentheses. The dependent variable is the refined divorce rate. Models are estimated using an OLS difference-in-difference design. Demographic controls include age, race, ethnicity, number of own children between 5 and 18 years, number of own children under the age of 18, education level, and class of worker. Uses data from the March CPS 1988–1998, excluding year 1994. For columns 4–6, CPS-provided individual weights were applied prior to aggregating data at the state level.

*** p<0.01, ** p<0.05, * p<0.1



Table 3

Effect of the Family and Medical Leave Act (FMLA) on Divorce Rates among Females Aged 19 to 45 by Age of Child

		Unweight	ed Means			Weighte	ed Means	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Females							
	aged							
	19 to 45,							
	no kids	kids < 1	kids < 5	kids 5-18	no kids	kids < 1	kids < 5	kids 5-18
No leave law × FMLA	-9.713	85.29	-26.82	-39.43**	3.275	52.80	-21.99	-28.96*
	(21.37)	(57.29)	(24.78)	(19.15)	(18.04)	(51.10)	(26.86)	(15.02)
Short leave law × FMLA	-0.591	39.37	-37.17	-50.33**	17.65	-12.50	-44.21	-40.09**
	(30.92)	(59.63)	(26.93)	(22.10)	(26.63)	(59.71)	(28.48)	(16.90)
Public sector law × FMLA	-39.41	55.23	-45.80	-47.81*	-15.95	18.99	-48.17	-29.97
36	(26.36)	(52.94)	(27.44)	(26.04)	(20.93)	(52.05)	(29.02)	(19.78)
Constant	-731.5	2,911***	-35.32	1,283	-1,081*	-1,013	-740.5	6,508**
	(931.5)	(822.1)	(1,341)	(1,995)	(587.6)	(763.7)	(541.0)	(3,117)
Observations	510	497ª	510	510	510	497	510	510
R-squared	0.084	0.122	0.112	0.069	0.086	0.131	0.107	0.053
Number of States	51	51	51	51	51	51	51	51

Note. Robust standard errors clustered at the state level in parentheses. The dependent variable is the refined divorce rate. Models are estimated using an OLS difference-in-difference design and include year and state effects. Demographic controls include age, race, ethnicity, number of own children between 5 and 18 years, number of own children under the age of 18, education level, and class of worker. Uses data from the March CPS 1988–1998, excluding year 1994. For columns 5–8, CPS-provided individual weights were applied prior to aggregating data at the state level.

^a Thirteen state-year observations were found to be missing for the outcome variable when we restricted the data set to females with children under the age of 1. To test whether coefficient estimates obtained with these missing state-year observations were accurate and comparable to estimates from the remaining analyses, we first deleted the 13 missing state-year observations in question and then repeated our analysis. We found that the coefficient estimates were identical to those estimates obtained with the missing state-year observations.

**** p<0.01, *** p<0.05, * p<0.1



10. Figures

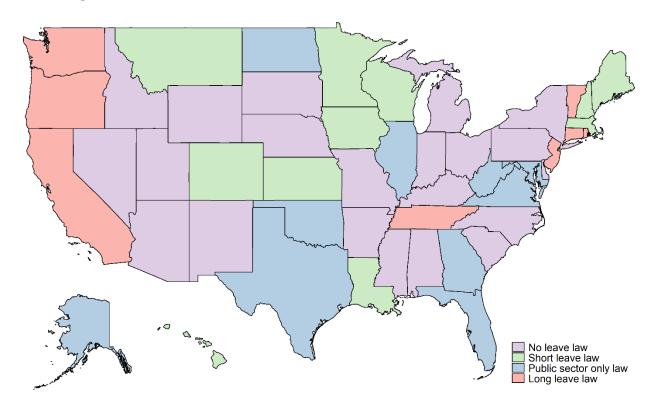


Figure 1. Variation in state maternity leave legislation before 1993. States with short leave laws had less than 12 weeks' maternity leave. States with long leave laws had at least 12 weeks' maternity leave.



Table A1 Status of State-Level Maternity Leave Laws Effective June 1993

State	Covered employees	Minimum tenure (months)	Minimum hours worked	Leave period (weeks)	Job protection	Health coverage	Exemption level ¹³
AL							
AK	S	6	910	18	Yes	Yes	21
AZ							
AR							
CA	P, S	12	-	16	Yes	Yes	50
CO	P, S	0	0	RP	Yes	No	1
ω CT	P	12	1000	16	Yes	No	100
∞	P	12	1000	12	Yes	No	75–99
	S	-	-	24	Yes	Yes	-
DE							
DC	P, S	12	1000	16	Yes	Yes	50
FL	S	-	-	24	Yes	No	-
GA	S	12	-	12	Yes	Yes	-
HI	P, S	6	-	RP	Yes	No	100
	S^{14}	6	-	4	Yes	No	100
ID							
IL	S	-	-	52	Yes	Yes	-
IN							

Number of employees below which employer is exempt from maternity/family leave law.
 Effective January 1, 1992, for state employees and January 1, 1994, for the private sector.



State	Covered employees	Minimum tenure (months)	Minimum hours worked	Leave period (weeks)	Job protection	Health coverage	Exemption level ¹³
IA	P, S	-	-	8	No	No	4
KS	P, S	-	-	RP	Yes	No	4
KY							
LA	P, S	-	-	6	No	No	25
ME	P, S	12	-	10	Yes	Yes	25
MD	S	_	-	12	Yes	No	-
MA	P, S	3	-	8	Yes	No	6
MI	,						
MN	P, S	12	-	6	Yes	Yes	21
MS							
MO	5 6						
MT	P, S	-	-	RP	Yes	No	1
NE NV							
NH	P, S	_	_	RP	Yes	No	6
NJ	P, S	12	1000	12	Yes	No	75
NM	1,5	12	1000	12	103	110	7.5
NY							
NC							
ND	S S	12	1040	8	Yes	Yes	-
	S	12	2080	16	Yes	Yes	-
OH	~	_					
OK	S	6 3	-	12	Yes	Yes	-
OR	P, S	3	-	12	Yes	No	25
PA RI	P, S S	12	1560	13	Yes	Yes	50 ¹⁵ 30

¹⁵ Threshold applicable to any private sector business entity with any number of employees.

State	Covered employees	Minimum tenure (months)	Minimum hours worked	Leave period (weeks)	Job protection	Health coverage	Exemption level ¹³
SC							
SD							
TN	P, S	12	-	16	Yes	No	100
TX	S	-	-	6	Yes	No	-
UT							
VT	P, S	12	1560	12	Yes	Yes	10
VA	S	12	-	6	No	Yes	-
WA	P, S	12	1820	12	Yes	Yes	100
WV	S	3	-	12	Yes	Yes	-
WI WY	P, S	12	1000	6	Yes	Yes	50

Note: P = private sector employees; S = state employees; RP = "reasonable period" of leave.

Source: Women's Bureau, State maternity/family leave law (Washington, DC, U.S. Department of Labor, June 1993).