

# Is a National Policy for Paid Parental Leave Possible in the United States?

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**ABSTRACT**

*The Family and Medical Leave Act (FMLA) was created in 1993 to address social and economic changes in the American family structure. This provision provided new parents with the opportunity to take up to twelve unpaid weeks off of work after the birth or adoption of a child. FMLA also guaranteed the employees' position and rate of pay upon return to work. The policy, according to congress, was enacted to protect and promote family/work balance and encourage stronger, healthier families. To be eligible, the employee must have worked at least 1250 hours during a twelve month period (Magill, 2015). Since the inception of FMLA, poverty has risen and the poverty gap has widened. Many American families live in poverty, decreasing the opportunity for new parents to utilize FMLA due to budgeting concerns. This places pressures on women to return to work as soon as possible when they are the primary breadwinners, and decreases opportunities for fathers to access parental leave. In this sense, the work/family balance becomes more difficult for lower and middle class families, and provides fewer opportunities for those infants to develop stronger bonds and stronger developmental skills than families without economic constraints. The creation and implementation of a national policy for paid maternity and paternity leave in the United States will positively impact the family unit, resulting in an overall positive social and economic impact*

*for the country. This report seeks to explain the social and economic impact of the creation of a national policy for paid maternity and paternity leave, as well as analyze policies in other developed countries.*

## **History**

The Family Medical Leave Act (FMLA) of 1993 is Public Law 103-3 and was enacted on February 05, 1993. It was created with the purpose of granting family and temporary medical leave under certain circumstances. Under section 2 of this Act, the following statement is made:

*“Congress finds that the number of single-parent households and two-parent households in which the single parent or both parents work is increasing significantly. It is important for the development of children and the family unit that fathers and mothers be able to participate in early childrearing and the care of family members who have serious health conditions. The lack of employment policies to accommodate working parents can force individuals to choose between job security and parenting. 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 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 (U.S. Department of Labor, 2012).”*

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to twelve work-weeks of leave in a twelve month period for the birth of a child and

to care for the newborn child within one year of birth, and/or the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement (U.S. Department of Labor, 2012). FMLA applies to all public agencies, including state, local and federal employers, local education agencies (schools), and private-sector employers who employed fifty or more employees in twenty or more work weeks in the current or preceding calendar year, including joint employers and successors of covered employers. The terms used in this definition are described in detail below:

- **Unpaid, Job Protected Leave:** While FMLA leave is unpaid, an employee may request, or an employer may require, the employee to use accrued paid vacation leave, sick leave, or personal time for some or all of the FMLA leave period. When paid leave is used for an FMLA covered reason, the leave is still protected under FMLA.
- **Twelve Month Period:** The FMLA entitles eligible employees who work for covered employers to take unpaid, job-protected leave in a defined 12-month period for specified family and medical reasons. Employers may select one of four following options to establish what they constitute to be the twelve month period, but this must be uniformly applied to all employees taking FMLA leave. The most common method used by employers is the calendar year, January 1<sup>st</sup> through December 31<sup>st</sup>. Employers may also chose to define the twelve month period as any fixed period of time utilized by the employer. Examples of this definition include the organization's fiscal year or an employee's anniversary date. A twelve month period may also be measured from the first date that an employee takes leave under the FMLA. The last method of the twelve month period is calculated by utilizing what is called the "rolling-back" method. This method

looks back 365 days from the date that an employee requests leave under the FMLA in order to determine how much, if any, leave is still available.

The employer may choose to change the method they use to define a twelve month period; however, before doing so they must give a minimum of at least 60 days notice to all employees of the intended change. Additionally, an employer may not change the method they use to define a twelve month period for the purposes of avoiding the requirements of leave under FMLA.

- **The Birth and Bonding of a Child within One Year of Birth:** Both mothers and fathers have the same rights to take time under the FMLA for the birth of a child. This time will expire one month after the birth of the child. Unless intermittent leave is approved by the employer, the employee must take the time under the FMLA as a continuous block of leave. The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement:

As with the time taken for the care and bonding of a newborn child, FMLA leave to bond with a child after placement must be taken as a continuous block of leave, unless intermittent leave is approved by the employer. An employee's entitlement to FMLA leave for the placement of a child for adoption or foster care expires 12 months after the placement. Additionally, FMLA leave may be taken before the actual placement or adoption of a child if an absence from work is required for the placement in order for the adoption or foster care to proceed. For example, the employee may be entitled to FMLA leave to attend counseling sessions, appear in court, consult with his or her attorney or the birth parent's representative, submit to a physical examination, or travel to another country to complete an adoption before the actual date of placement.

The Family and Medical Leave Act clearly defines codes for enforcement for the protection of employers and employees. It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to the FMLA. The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal, and certain congressional, employees are also covered by the law, but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If any employee feels their rights under the FMLA have been violated, they may file a complaint with the Wage and Hour Division, or file a private lawsuit against the employer in court.

Under section 105 of the FMLA and section 825.220 of the FMLA, regulations prohibit the following actions from the employer. An employer is prohibited from interfering with, restraining, or denying the exercise of, or the attempt to exercise, any FMLA right. An employer is prohibited from discriminating or retaliating against an employee or prospective employee for having exercised or attempted to exercise any FMLA right. An employer is prohibited from discharging or in any other way discriminating against any person, whether or not an employee, for opposing or complaining about any unlawful practice under the FMLA. All persons, whether or not employers, are prohibited from discharging or in any other way discriminating against any person, whether or not an employee, because that person has filed any charge, has instituted, or caused to be instituted, any proceeding under or related to the FMLA; given, or is about to give, any information in connection with an inquiry or proceeding relating to any right under the FMLA; or has testified, or is about to testify, in any inquiry or proceeding relating to a right under the FMLA. Employers are prohibited from conducting any action that would interfere with

an eligible employee from using the FMLA. Some prohibited actions include: refusing to authorize FMLA leave for an eligible employee; discouraging an employee from using FMLA leave, manipulating an employee's work hours to avoid responsibilities under the FMLA, using an employee's request for or use of FMLA leave as a negative factor in employment actions, such as hiring, promotions, or disciplinary actions; or counting FMLA leave under "no fault" attendance policies.

### **Economic Impact**

The United States lack of a national policy for paid parental leave has not prohibited several other types of entities to establish programs for employees to have the opportunity to reap the benefit. Many examples are expansions of FMLA through employer policy or state/city statute, while others expand on the use of temporary disability programs that have an established funding source and are already in place. Some large companies are fairly progressive with their benefit packages are offering paid time off for family leave. For example, Google, Inc. provides 18 weeks of paid leave to new moms and 6 weeks paid time for new fathers (Google, Inc., 2013). Another similar area of need is general paid sick time. One of the most recent additions to this group is the city of New York, who followed in the footsteps of San Francisco, the District of Columbia and Milwaukee. As of April 1, 2014, New York City's Paid Sick Time Act took effect and is mandated for all employers who employ at least 5 people who work a minimum of eighty hours in a calendar year to offer a maximum of forty hours of sick leave in a calendar year (NYC Consumer Affairs, 2015). The increasing need for paid family leave is definitely a growing trend given that a 2008 report from the Bureau of Labor Statistics reveals greater than 60% of men and women in the workforce have children under the age of six. In 2013, the National Compensation Survey conducted by the Bureau of Labor Statistics

determined only 12% of workers had the option to take employer paid family leave (paid family leave in this survey does not include any other paid benefit time). Progressively, it is very apparent that our workplace norms and laws were established when a very different family model prevailed and it could be argued that by not changing the laws, the economy will continue to struggle to thrive because the outdated policies are not supportive of a strong middle class population (Taubman, 2009).

To date, two of the most notable paid parental leave systems in the United States are the states of New Jersey and California and their use of their temporary disability programs. Both of these states utilize their temporary disability programs as a catalyst for providing paid leave to parents and caregivers and funding strictly comes out of employee income. The use of temporary disability for pregnancy and childbirth began with the Pregnancy Discrimination Act (PDA) that was passed in 1978. A clear connection has been made since the passage of the PDA and the amount of time women remain in the workforce (IWPR, 2013).

- The State of California's Paid Family Leave (PFL) program, established in 2002, offers partial wage replacement of up to six weeks for eligible workers. Individual workers' weekly benefit amount is approximately 55 percent of their wage, up to a maximum of \$987 per week (Applebaum and Milkman, 2011). The cost of the wage replacement benefit is borne entirely by an employee payroll tax and there are no direct costs to employers. (IWPR 2013) Workers are able to apply as long as they have earned \$300 in a quarter of the base period, which is from 5 to 17 months. (Applebaum & Milkman, 2011). Government employees are not automatically eligible for PFL unless the unit opts in or it is negotiated as part of a union contract (IWPR, 2013).

- Family Leave Insurance was established in 2009 in New Jersey. Similar to California's program, it offers eligible workers up to six weeks of partially paid leave to bond with a newborn or newly adopted child or to provide care for a seriously ill family member. In 2013, the program provides two-thirds of weekly pay up to \$584 per week; as with California's PFL, the program is entirely financed by worker payroll deductions (IWPR, 2013). Research conducted by Applebaum and Milkman, 2011, addressed the effectiveness of California's program. The research included surveys of 253 employers and 500 individuals in years 2009 and 2010. The report offers several key findings. (See Appendix A for table summary of report findings). Key points of their research include:
  - Has not "cost" them anything/ has had "minimal impact on their business operations"
  - 86.9% said no cost increases and 8.8% reported cost savings
  - 91% stated no known cases of abuse
  - Realized cost savings by coordinating employer benefits with paid family leave
  - Small businesses were more likely to report negative effects Employees:
  - More than 50% were unaware of the program even though they had had a qualifying event
  - PFL increased retention, particularly in low quality jobs
  - 11% more employees returned to same employer of those who used PFL than did not
  - Respondents felt better equipped to take care of their child due to PFL
  - Increased breastfeeding initiation and duration rates Interestingly, a large discussion of this report is on the fact that there was a higher than expected percentage of people who are aware of the potential benefit yet are not choosing to use it. When asked why they

chose not to take advantage of this, the findings were as follows: (Total more than 100% due to respondents being able to answer yes to more than one option.)

- 31% still cannot afford to utilize PFL
- 31% were afraid their employer would be unhappy
- 29% worried about diminished opportunities for advancement with use of PFL
- 24% were afraid of being fired
- 18% felt it was just too much hassle

The majority of Americans are in favor of paid family leave; however, these findings clearly indicate that many Americans are not comfortable with utilizing such a benefit and how it will affect their future employment even when the law protects them.

Rhode Island has also joined New Jersey and California in offering access to paid family leave. A full copy of Rhode Island's Family and Medical Leave Act can be viewed in Appendix B. New York, Hawaii and Puerto Rico have state funded disability programs and therefore, are in a better position to adopt paid family leave policies since the administrative and financial infrastructures are established. The state of Washington has also passed a Paid Family Leave Law, but has not been able to implement it due to a lack of funding source. The Washington law proposes a flat fee of \$250 a week wage replacement (Applebaum & Milkman, 2011).

### **Federal Legislation**

President Obama mentioned this topic in his most recent State of the Union address and presented his plan for federal workers. He used his power of executive order and established that all federal employees have access to six weeks of paid leave after the birth or adoption of a child.

The administration also has several family friendly initiatives for 2016 and includes them in the proposed budget. A few of these initiatives include: supporting paid sick leave, helping states establish paid leave funds, building the knowledge base about work-family policies, modernizing FMLA, enhancing enforcement of equal pay laws and access to equal Pay (The White House, 2015).

Senator Kirsten Gillibrand (D-NY) and Representative Rosa DeLauro (D-Conn) have introduced the Family and Medical Leave Insurance Act on December 12, 2013. (S.1810) This bill would use the Social Security Administration system as the financial handler and proposes employers and employees contribute equal amounts. For a median wage worker, it would add up to about \$1.50 a week. Eligibility would mean the employee falls under the Social Security Act and has worked 12 months prior to receiving the benefit. Unlike FMLA, there would be no minimum on the number of employees of the business. Representative DeLauro also introduced the Healthy Families Act in March of 2013 (H.R. 1286), which mandates employers to offer employees 1 hour of sick time for every 30 hours worked. This is similar to the Paid Sick Leave Act in New York City and provides a much needed benefit to the so many workers in service industries where any benefit time is scarce. The proposed Family and Medical Leave Inclusion Act (H.R. 1751/S. 846), introduced by Representative Carolyn B. Maloney (D-NY) and Senator Dick Durbin (D-IL) would expand the definition of family under the FMLA to allow workers to take leave to care for a same-sex spouse, domestic partner, a parent-in-law, an adult child, sibling, grandchild, or grandparent who has a serious health condition. Representative Maloney has also introduced, as of February 5, 2014, the Family and Medical Leave Enhancement Act of 2014 (H.R. 3999), which proposes to extend FMLA protection to employers with 25 or more employees and to allow eligible employees to take up to 24 hours of unpaid parental involvement

and family wellness leave annually. Additionally, the proposed Part-Time Worker Bill of Rights Act (H.R. 675), introduced February 13, 2013, by Representative Janice D. Schakowsky (D-IL), would amend the FMLA to eliminate the requirement under current law that an employee have served at least 1,250 hours during the 12-month period before a leave request. The proposed Parental Bereavement Act (H.R. 515/S. 226), introduced by Representative Steve Israel (D-NY) and Senator Jon Tester (D-MT) in February 2013, would amend the FMLA to entitle an eligible employee to up to 12 workweeks of leave during any 12-month period because of the death of a son or daughter. Also in February 2013, Representative Maloney reintroduced the Federal Employees Paid Parental Leave Act (H.R. 517), a bill that would make available to federal employees, for any of the 12 weeks of unpaid leave they are entitled to under the FMLA, four administrative weeks of paid parental leave and any accumulated annual or sick leave, in connection with the birth, adoption, or fostering of a child (Gault, et.al. 2014).

International research suggests that the introduction of a statutory right to paid leave for parents would improve the health and economic situations of women and children and would promote economic growth (IWPR, 2013). Based on the experience we have had with paid parental and/or sick leave in the United States and the research that is available points to an overall positive impact, providing paid maternity leave at the average length for high-income countries of 15 weeks, would be likely to have a measurable positive impact on productivity growth in the United States, according to an evaluation conducted by the Organization for Economic Cooperation and Development (IWPR, 2013).

Given the increasing number of women who are head of household and the fact that female salaries still average approximately 30% less than men, paid family leave for both men and women suggests the possibility of decreasing the gender wage gap we have in the United

States. Women who have access to leave are less likely to return to work in the first 12 weeks after giving birth than women without leave, but that after 12 weeks they were 69% more likely to return than their counterparts without leave (Gault, et.al. 2014). Other research has shown that women who have access to paid leave are 40% more likely to return to work than those who do not receive any paid leave. Increasing women's labor force participation rates to equal that of males would increase GDP in the US by 5% (Taubman, 2009). Where paid family leave is available by law, as opposed to employer provided paid time off, more men utilize the benefit. A law suggests more societal acceptance for men to be part of the caregiving process, compared with the inner culture of a particular company. It has also been shown that paid leave, resulting in higher labor force attachment for women, means less government spending for public assistance programs (Houser & Vartanian, 2012). Employees who are offered paid family leave are 39% less likely to receive assistance than women who keep working and have no leave available. Since the statistics seemingly show a positive effect on the workforce related to those who are able to use paid leave, it is important to note that FMLA's coverage is limited to half of all workers and less than one fifth of new mothers (Applebaum & Milkman, 2011). Additionally, 71% of low income workers lack any sick days that can be used to care for family members (Williams & Boushey, 2010).

When we look at all the data collected regarding paid parental leave, and the movement for up to date policies regarding work life balance in the United States, the economic price being paid affects everyone. According to Williams and Boushey, 2010:

*“Extensive research documents that the mismatch between work and life today leads to very high and very expensive levels of absenteeism and attrition as well as to decreases in productivity. Indeed, the “business case for workplace flexibility” is extensively*

*documented at the microeconomic level. We will limit ourselves to one example: A study of manual, customer service, clerical, cashiers, and sales positions found that employee turnover was 20 percent in a single month, or 240 percent turnover a year. Given that replacing workers earning less than \$75,000 costs 22 percent of their annual salary, businesses need to reexamine any real cost savings when avoiding policies of paid parental leave. Research suggests that the turnover rate for employees who lack the flexibility they need is twice that of those who have it. Both macroeconomic and microeconomic analyses demonstrate that policymakers need not fear that work-family policy initiatives will undermine American businesses, or America's competitive position in the world economy. In fact, reconciling work and family would enhance American's competitive global position—which is why Europeans have focused so much energy on this issue.”*

### **Social Impact**

At birth, a human brain weighs about 25% of a neonate's total weight. By the third year, the brain grows to almost 90% and by age six, the brain has nearly reached the expected adult size (Papalia, Olds, & Feldman, 2001). During these years, the child develops the stage to form logical thinking, language, cognitive functioning, executive functioning, biological regulatory functioning and social and emotional regulations. From birth to about age 6 months, neurons in the brain attempt to categorize information through differentiation, or specialization of a structure or functioning. This process creates more neurons and synapses than needed for survival. Cell death occurs from about the age of six months and peaks at around age two to

create a more efficient brain functioning. This process is either supported or impaired by parental, genetic, and environmental factors (communication, bonding, social response to needs, etc.).

During early development, it is important to note, developmental milestones can be impacted by parental practices within a culture. For example, African and West Indian families practice a parental technique called “handling routines” (stepping exercises) to strengthen muscle structures. This technique results in infant’s ability to sit, walk, and stand earlier than infants who do not have exposure to this technique (Papalia, Olds, & Feldman, 2001). This provides evidence that training can improve specific behaviors in development.

In regards to cognitive functioning, learning is central to developing behaviors and responses to the environment essential for successful living as an adult. Early learning processes impact how a child will respond. For example, when a baby smiles after being touched (operant conditioning) they learn that this response provides loving attention (Papalia, Olds, & Feldman, 2001). Infants also learn how to respond to similar events (classical conditioning). For example, stroking when being fed. Similar to physical growth, cognitive functioning can be impacted by social, parental, cultural and environmental factors. This process is key to developing healthy attachments to others. Attachment is referred to positive emotional bonds between the infant and an adult. It is through attachment that a child’s ability to successfully develop social relationships later in life are supported.

In 1959, Harry Harlow’s Rhesus Monkey study supported infantile desire for comfort above biological needs. In this notorious experiment, Harlow provided infant monkeys with a choice between two “mothers”. One “mother” was made from wire, but contained food. The other “mother” was created with a soft terry cloth that was warm, but contained no food. Results

of the study concluded that the infant monkey's spent most of their time with the warm "mother" and only went to the wire "mother" to get food. This indicated that the need for social interaction superseded the biological needs.

Attachment is central to human studies as well. In an early account supporting attachment as central to development, the cases of Anna and Isabelle is often compared. Anna was born in 1932. Her mother, who lived with her grandfather, had given birth to an illegitimate child. The grandfather refused to allow the infant to live in the home. As a result, Anna was shifted around for about five months to homes that did not care for her social or biological needs. At age five and a half months, Anna was taken back to her grandfather's home and kept in an attic. Barley cared for, Anna was given only enough cow's milk to survive, given no social interaction, and was not moved for days on end. She was discovered in 1932. By 1939, she was able to walk, began to communicate (but could not speak), and recognized people. By 1940, her psychologist rated her at a developmental stage of 19 months. In June 1942, she could follow directions, string beads, identify cultural attractiveness, attempt to use conversation, and learned cleanliness. Anna died in August 1942 from hemorrhagic jaundice (Henslin, 1991).

Isabelle was born one month after Anna to a hearing and vision impaired mother. Isabelle and her mother spent most of their time in isolation in a dark room. As a result, Isabelle did not develop speech and was not taught basic motor skills or appropriate social skills. At about the age of six, Isabelle was discovered and taken into care, where she was worked with on achieving developmental milestones. Isabelle progressed at a much faster rate than Anna. Isabelle achieved normal functioning within two years; whereas Anna had not fully recovered after four and a half years. These cases are important to consider, since two distinct

factors of social development are isolated in each case. Anna had the advantage of biological needs being met, while Isabelle had social needs met (Henslin, 1991).

More recent studies have also found a correlation between parental attachment and later social success of children as adults. In a 2013 study in London, O'Higgins, Roberts, and Glover researched the connection between post natal depression and bonding. As part of the study, only women over the age of 18 with no history of mental health issues, social issues, housing issues, and had healthy full term neonates were selected. Most of the women selected to participate were either married or living with the father (95%). Ethnicity of the participants was evenly distributed. The women selected were given two questionnaires: one screening for depression and the other screening for bonding. The depressed participants were assigned to support groups and/or a baby massage groups. Findings of the study reported a strong correlation between the early weeks, 9 weeks, 16 weeks, and one year post natal. If poor bonding occurred early, the mother was 15.75 times more likely to continue with poor bonding at one year. Poor bonding at 9 and 16 weeks also predicted that women were 4.19 times more likely to have poor bonding at one year. Specifically in the depressed group, bonding did slightly improve at one year. However, the bonding scores of the non-depressed group were significantly higher overall. If a woman scored higher on the depression scale, she was 5.13 times more likely to be experiencing poor bonding as well. Furthermore, only early bonding in both depressed and non-depressed groups predicted bonding at one year. In conclusion, the study did not find that the depressed group improved bonding when treatment methods were implemented. In both depressed and non-depressed groups, only early bonding predicted later bonding. With the depressed group, the study found less positive interaction over all, but the maternal stimulation and infant activity were not significantly different (O'Higgins, Roberts, & Glover, 2013).

The significance of this study indicates that early bonding is a significant factor in later bonding with the infant. Depression can decrease initial bonding and decrease bonding overall. These factors can serve as a predictor of the parent/child relationship as the child ages. Therefore, strengthening early bonding is key to overall bonding with the child. Early detection of both poor bonding and depression can make a significant impact on the bonding of the child. O'Higgins, Roberts, and Glover (2013) found that while some depressed women showed improvement in bonding, others did not. This would indicate two separate issues that run distinct courses.

Maternal attachment and infant developmental outcomes positively correlate. Another study examined mothers attachment style and infant development in economically disadvantaged families. They found that women who demonstrated avoidant attachment styles, or had greater depressive symptoms, were more likely to have children with developmental delays. In addition, women who reported higher levels of attachment during pregnancy also had more secure attachments with their child later on. In this study, during qualitative interviews, women who reported more depressed concerns for their unborn child suggest that prenatal attachment may have long term implications on parenting. The researchers also questioned how factors such as poverty, crime, housing issues, transient neighbors, lack of employment, and unresponsive landlords impact stress, which may also impact maternal attachments. The hypothesis of the study was: women with insecure attachment styles (when assessed at ages 1-2) would have lower attachment during pregnancy and higher rates of postnatal depression. In addition, they suspected that women with more avoidant attachments to their children will have children with more developmental delays. They concluded that women with lower prenatal attachment scores also had higher postnatal depression scores. In the case of developmental delays, the research did

provide significant support that women with lower attachment scores also had children with more developmental delays. Likewise, mothers with higher attachment had children with fewer developmental delays. This finding has been linked to the possibility that women with prenatal depressive symptoms also have a compromised ability to feel secure in their new role as a parent (Alhusen, Hayat, & Gross, 2013). This research also indicates that the prenatal stressors of the mother affects further development and attachment on the child later in life.

In addition to developmental delays, poor parental attachment can have adverse effects on the overall family functioning. In a 2010 study, Dale, Power, Kane, Stewart, and Murry found a strong correlation between perceived parental bonding and maladaptive schemas in suicidal risk factors. In childhood, insecure parental attachment results in negative representations in the children and therefore increases risk factors for suicidal ideation. While other factors impact suicidal risk factors, parental styles also play a role in well-being. Parental styles range from warmth and affection to cold and rejecting in the caring category. Control in parenting ranges from over-protection, to encouraging dependency, and to encouraging autonomy. The study found that parental attachment styles are significantly impacted by mental health. The researchers found that low levels of parental care and high levels of parental control correlates to lower levels of parental bonding. (Dale, Power, Kane, etl, 2010). This contributes to lower levels of attachment, but is likely to be the result of mood/mental health factors. Furthermore, low levels of attachment combined with low levels of care and high levels of control contribute indirectly to other issues such as child neglect and family isolation. These factors further impact child development in the form of delayed social skills and social adjustment. In addition, parents with stronger bonds to their children have higher levels of care and lower levels of control (Dale, Power, Kane, etl, 2010). Even though this particular study

focused on parental bonding with parental mental health factors, it can be assumed that parents with higher levels of care and lower levels of parental control also yield higher levels of attachment to their children, according to the findings of this study. Children with parents in this category would experience less isolation and be more equipped to learn healthy interpersonal and social skills; thus, increasing the probability of becoming positive adults.

### **Other Nations' Maternal/Paternal Leave Programs**

Outside of the United States, 137 other countries provide paid parental leave benefits for mothers and 50 provide paid leave benefits for fathers (McGill University Institute for Health and Social Policy, 2007). In fact, the United States is the only industrialized country in the world that does not offer paid parental leave. Even considering non-industrialized nations, this leaves the US, Swaziland, Papua New Guinea, and Lesotho as the only countries in the world with no such paid benefit (Hall & Spurlock, 2013).

The Huffington Post graph (See Appendix C) provides information on other countries paid maternal leave benefits including number of days and percentage of cash benefits while out on parental leave. It is important to note that not all countries offer the same benefits to fathers. While the paid leave benefits acknowledge importance of the bonding between both mothers and fathers with the child, there is an obvious emphasis on the physical preparation, recovery, and nursing attributes exclusive to women. Notable countries' maternal leave benefits range from Saudi Arabia with 70 days paid time off at the 50% of salary level, Canada with 119 days at the 55% level, Japan with 98 days at the 60% level, Great Britain with 280 days at the 90% level, all the way to China and South Korea both with 90 days at the 100% level, Russia with 140 days at the 100% level, the Netherlands with 112 days at the 100% level, France with 112 days at the 100% level, and finally, Germany with 98 days at the 100% level. Just about half

of these countries offer paternal benefits to compliment maternal benefits. Also, some countries, such as Australia offer cash benefits in the form of a flat rate (International Labour Organization, 2000).

German Model: In the US, most policy is viewed under a partisan lens, or if you agree with x, then you disagree with z. Rarely, especially in the last decade, do we see social policy being formed on bipartisan terms. Germany has found a way to bridge the gap between social needs and business interests as they relate to paid maternal leave. On top of 14 weeks paid maternity leave at the 100% rate of pay, Germany provides many protections in the workplace for women who are expecting and after childbirth (Huffington Post, 2009).

The German model for workplace maternal benefits was not only created to ensure income while away for childbirth. Rather, Germany's approach also ensures that the workplace is a safe environment for the expectant mother. This is a safeguard for not only the mother and baby, but the employer as well. A person's work environment can have a tremendous effect on their physical well-being. Germany's workplace regulations ensure that expectant mothers are taken out of potential harmful environments. For example, Germany mandates that expecting and nursing mothers cannot handle harmful chemicals, cannot work between 8:00 P.M. and 6:00 A.M. or on Sundays (certain jobs are exempt from this), cannot work forced overtime, cannot work piecework, cannot work in jobs that require stooped or crouched positions on a regular basis, and expectant mothers cannot be fired except for in extreme cases. Nursing mothers must be given paid breaks to nurse and/or pump for periods of at least thirty minutes twice daily upon request. Mothers must also be granted requests to nurse, or pump, for periods of at least 45 minutes twice during shifts that exceed eight hours (ILO.org, 2015) . These are just a few

examples of the steps Germany has taken that seek to ensure a safe pregnancy as well as mitigate risk for the employer.

### **Comparison of German and US Taxing and Expenditures**

One of the questions of having paid parental leave in the United States, is how would it be paid for, and by whom. Germany's tax rates range from 0% (for individuals making less than 74984 pounds per year) to around 45%. Americans pay between 10% of income up to \$129,990 on top of 39% of income above \$464,000 annually. The U.S. percentages do not include state and local tax options. So, although it is perceived in the media that Germans are paying much more than Americans in taxes, the tax rates are somewhat similar, depending on the taxing bracket. Most Americans pay \$1,845 on top of 15% of income between \$18,450 and \$74,900 annually. This is lower than what average Germans pay. American federal taxing rates for the year 2015 increase as the taxing bracket level increases (Erb, 2014).

It is important to note how each country utilizes their taxes. Germany operates a publicly owned and regulated healthcare system that is operated by a mix of not for profit and private healthcare operators. All German citizens, as well as individuals traveling to Germany, are eligible for coverage funded by the German people. Germany spent 11.3% of its GDP on health care in 2013. The United States health care model is funded by individual health insurance plans offered by employers with no guarantee of coverage for all citizens. Most citizens not able to afford health care coverage are covered by Medicaid, although there is a coverage gap in the "higher earning" poor. However, under the Affordable Care Act, all citizens are required to purchase healthcare insurance. Elderly are covered through Medicare and can purchase coverage supplements to coverage. In 2013, the U.S. spent 17.1% of its GDP on health care (The World Bank, 2014). For the year 2014, the US spent 3.34% , or \$581 billion, of its GDP on military

spending. Germany spent 1.13%, or \$43.9 billion, of its GDP on military spending (The World Bank, 2015). If the US were to pass legislation on paid maternity leave, the cost of cash benefits at the 75% level of the median woman's salary would amount to around \$113 billion dollars, or around \$800 per taxpayer (Kellymom, 2012).

The International Labor Organization (ILO) lists paid maternity leave as a minimum standard for anybody that holds a job. Under the ILO's Maternity Protection Convention of 2000, Article 183 states that mothers should be given, at a minimum, no less than 14 weeks of paid leave with enough cash benefits to provide for a "suitable living" for the mother and baby, or at a minimum, no less than two thirds of her normal income. Member participants of the ILO would reserve the right to add to, but not take away from, the minimum standards listed in the convention (International Labour Organization, 2000).

### **Recommendations**

Overwhelmingly, research that is available shows to be in favor of the movement towards policies that allow paid time off when caring for oneself or family members, and perhaps, not moving quite fast enough. The United States is one of just a few nations left to implement a nationwide policy that the majority of all facets of applicable research prove to be a positive asset for the country. Therefore, the following Policy Recommendations may be considered:

- Utilization of the SSA as a mechanism for funding and administration
- Allotment of paid time off to be considered not only as a number of weeks, but broken down to hours to allow for part time work
- Creation of laws allowing more benefits for part time workers
- Encouragement of businesses to be creative with their flexibility

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Appendix A

**Table 1. Employer Assessments of PFL’s Effects, by Number of Employees, 2011**

		“No noticeable effect” or “positive effect” on:	
		Less than 50 Employees	50–99 Employees
Employees	100+	All Employer Respondents	
<b>Productivity</b>	88.8%	86.6%	71.2%
	88.5%		
<b>Profitability/Performance</b>	91.1%	91.2%	77.6%
	91.0%		
<b>Turnover</b>	92.2%	98.6%	96.6%
	92.8%		
<b>Morale</b>	98.9%	95.6%	91.5%
	98.6%		

N =175

Note: The number of employees shown refers to the stratum of firms from which the establishment was drawn and in some cases may not match current firm size due to the effects of the 2008–2009 recession.

Appendix B

**RHODE ISLAND PARENTAL AND FAMILY MEDICAL LEAVE ACT**

**ADMINISTRATIVE REGULATIONS**

**RIGL 28-48**

R.I. Department of Labor and Training  
Labor Standards Division

**ADMINISTRATIVE REGULATIONS FOR THE  
RHODE ISLAND PARENTAL AND FAMILY MEDICAL LEAVE ACT  
CHAPTER 28-48 OF THE RHODE ISLAND GENERAL LAWS**

**RULES AND REGULATIONS**

1. DEFINITIONS

- (a) "Employer" means
  - (1) any person, sole proprietorship, partnership, corporation or other business entity that employs fifty (50) or more employees,
  - (2) the State of Rhode Island (including the executive, legislative and judicial branches), and any state department or agency that employs persons, and
  - (3) any city or town or municipal agency that employs thirty (30) or more employees, and
  - (4) any person who acts directly or indirectly in the interest of any employer.
- (b) "Employee" means any full time employee who has been employed by the same employer for twelve (12) consecutive months averaging at least thirty (30) hours per week prior to the effective date of the leave.
- (c) "Parental leave" means leave by reason of (1) the birth of a child of an employee, or (2) the placement of a child sixteen (16) years of age or less with an employee in connection with the adoption of such child by the employee.
- (d) "Serious illness" means a disabling physical or mental illness, injury, impairment or condition that involves inpatient care in a hospital, nursing home or hospice, or outpatient care requiring continuous treatment or supervision by a health care provider.
- (e) "Family member" means a parent, spouse, child, mother-in-law, father-in-law, or the employee him or herself.
- (f) "Family leave" means leave by reason of the serious illness of a family member.

2. PARENTAL AND FAMILY MEDICAL LEAVE - RIGHTS AND DUTIES

- (a) The employee shall be entitled, upon reasonably advanced notice to his or her employer, to thirteen (13) consecutive work weeks of parental leave or family leave in any two (2) calendar years.

- (b) The employee shall give at least thirty (30) days' notice of the intended date upon which parental leave or family leave shall commence and terminate, unless prevented by medical emergency to provide said notice.
- (c) If an employer provides paid parental leave or family leave or fewer than thirteen (13) weeks, the additional weeks of leave added to attain the total of thirteen (13) weeks required by Chapter 28-48 of the General Laws may be unpaid.
- (d) The employee shall provide upon the request of the employer written certification from a physician caring for the person who is the reason for the employee's leave specifying the probable duration of the employee's leave.

### 3. EMPLOYMENT AND HEALTH BENEFITS PROTECTION

- (a) Upon the expiration of parental leave or family leave an employee shall be entitled to be restored by the employer to the position held by the employee when the leave commenced, or to a position with equivalent seniority, status, employment benefits, pay and other related terms and conditions of employment, including fringe benefits and service credits that the employee had been entitled to at the commencement of leave.
- (b) During any period of parental or family leave the employer shall maintain any existing health benefits of the employee in force for the duration of such leave as if the employee had continued in employment continuously from the date he or she commenced such leave until the date he or she returns to employment. The maintenance of health benefits shall be governed by R.I.G.L. 28-48-3.
- (c) An employee on parental leave or family leave shall not suffer the loss of any benefit accrued before the date on which the leave commenced, nor shall any employee who takes parental leave or family leave be entitled to any benefit other than benefits to which the employee would have been entitled had he or she not taken the leave.

### 4. EMPLOYEE'S NOTICE TO THE EMPLOYER-FORM AND CONTENT

- (a) An employee's notice to the employer indicating his or her intent to exercise the right to parental leave or family leave shall be in writing and shall verify the truthfulness of the factual representations made by said employee. The notice shall include information which reasonably identifies the employee and his or her employment relationship to the employer, as well as a detailed description of the circumstances supporting his or her entitlement to parental leave or medical leave.

### 5. ENFORCEMENT

- (a) An employee may file a written complaint alleging violations of the Rhode Island Parental and Family Medical Leave Act, R.I.G.L. 28-48-1, et. seq.

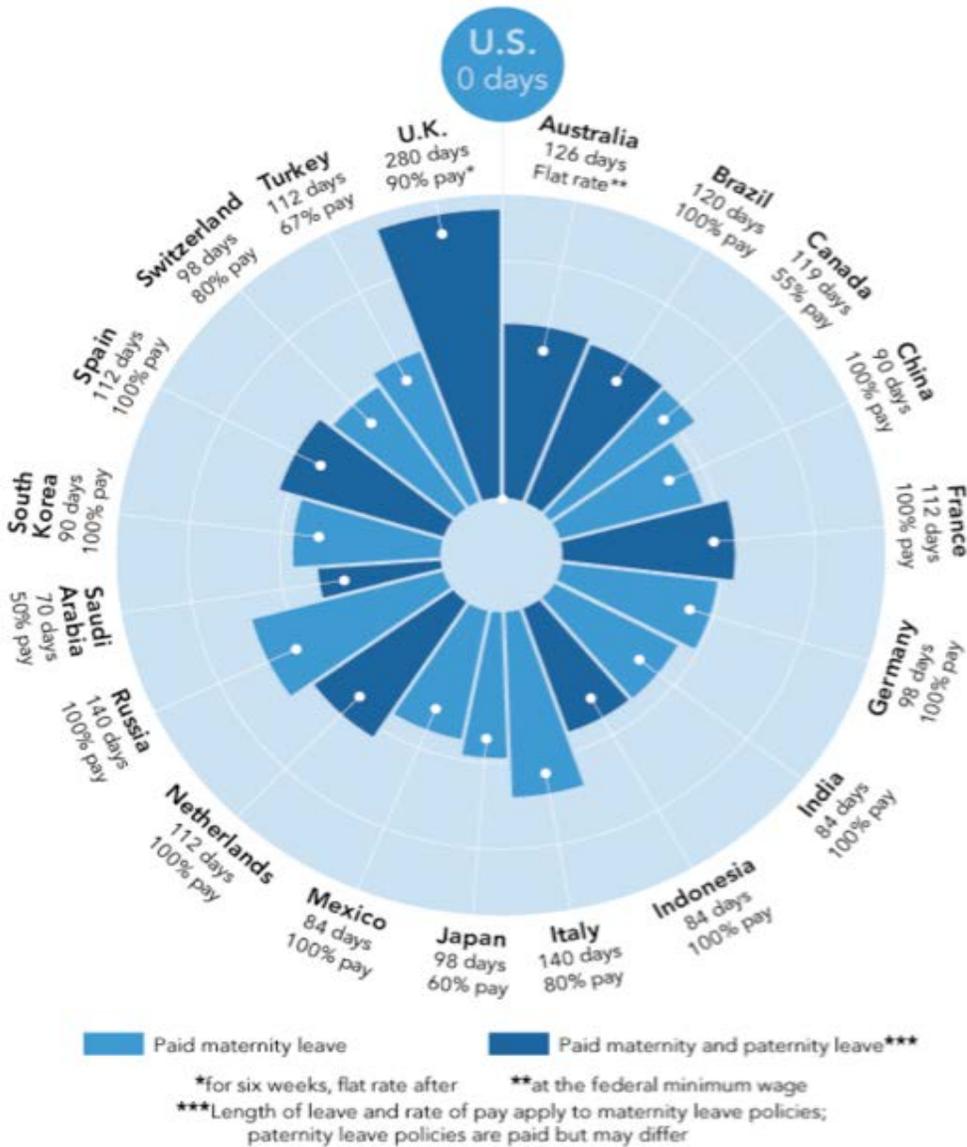
- (b) Upon receipt of an employee's complaint the Director of the Rhode Island Department of Labor or his or her designee shall give the employer written notice and an opportunity to respond in writing to said complaint. If the Director or his or her designee finds probable cause that the employer has failed to comply with the provisions of the Rhode Island Parental and Family Medical Leave Act, id., a hearing shall be scheduled wherein the Director or his or her designee shall determine by a preponderance of the evidence whether the employer committed the alleged violations.
- (c) If after hearing it is found that the employer has failed to comply with the provisions of the Parental and Family Medical Leave Act, id., the Director or his or her designee may issue such orders as he or she deems necessary to protect the rights of the employee, including reinstatement of the employee and/or retroactive wages and applicable benefits.

In accordance with R.I.G.L. 42-35-3, these rules and regulations shall remain in effect permanently until modified or repealed.

Appendix C

## Paid Parental Leave: U.S. vs. The World

The U.S. joins Lesotho, Swaziland and Papua New Guinea as the only countries that do not mandate paid maternity leave. Most countries ensure at least three months of paid leave for new mothers, and many give fathers benefits too.



Source: International Labour Organization

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