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Editorial

What's a Mother to Do? Welfare, Work, and Family

Public health scholars have long observed the association between income inequalities and ill health. In the United States, the gap between rich and poor continues to widen, with about 85% of the country's wealth now owned by 10% of households.[1] Since the Depression, social benefit programs have buffered the resulting unequal access to resources. Recent policy shifts such as welfare reform have, however, profoundly altered these benefit programs in ways that may exacerbate income disparities and may thus have consequences for public health.

One of the striking social developments of the second half of the 20th century has been the dramatic increase in the proportion of women in the labor force. Around the globe, women's earned income has become essential to family survival. According to the International Labor Organization, two thirds of women worldwide work for pay during the same years that they are bearing and raising children.[2]

Over the course of this century, family-oriented policies have shifted in response to these changes. In the industrialized world, a postwar emphasis on population maintenance and growth gave way to attempts to redress income inequality. More recently, policymakers in Europe have grappled with the growth in female labor force participation and the accompanying changes in family structure. The resulting policies are attempts to support women (and men) in their dual roles as parents and workers and acknowledgments of single parenthood and gender inequities in the workforce as contemporary realities.

Some countries, like France, may still be motivated by nationalism and pronatalism; others, like the Scandinavian countries, explicitly strive toward gender equity in the public and private spheres. All assume the care of young children to be in the national interest. In general, the family policies of the developed world encompass cash benefits intended to supplement wages inadequate to the support and care of children; child-related supportive services such as day care; and benefits and job protection guarantees to enable the worker to fulfill parental responsibilities, such as maternity leave and leave to care for sick children.

The United States has long been an outlier, falling short in the provision of family-oriented supports; it is one of the only industrialized countries without paid maternity leave and health benefits guaranteed by law. The Family and Medical Leave Act (FMLA), passed in 1993, guarantees only unpaid leave and only to individuals working in establishments employing at least 50 workers, which disproportionately excludes low-wage workers and women. Just 43% of workers earning less than \$20 000 per year (compared with 64% of workers earning between \$50 000 and \$75 000 per year[3]) and slightly more than half (56%) of American working women are eligible for FMLA protection. According to a 1996 report by the Department of Labor's Commission on Family and Medical Leave, 64% of workers who said that they needed leave reported that they were unable to take it because they could not forgo income by taking unpaid leave.[3]

The public discourse about work and motherhood is similarly bifurcated by class. Although President Clinton in his 1999 State of the Union address proposed a tax credit to enable middle-income women to stay home while their children are young, poor women are portrayed as parasites if they attempt to do so. In fact, the US public assistance program has recently been restructured to preclude them from staying home. In 1996, the United States profoundly altered its welfare program with passage of the Personal Responsibility and Work Reconciliation Act (PRWORA), which ended federal administration of welfare and replaced it with block grants to the states. The new cash assistance program, known as Temporary Aid to Needy Families (TANF), imposes lifetime limits on benefits, more

Editor's Note. Please see related article by Heymann and Earle (p 502) in this issue.

stringent work requirements, and a host of behavioral mandates and severed the link between Aid to Families with Dependent Children (AFDC)—the program that TANF replaces—and Medicaid eligibility. These changes reflect a shift away from the vision underlying the New Deal inception and the Great Society expansion of the American welfare program, which included a commitment to cushioning the harshest edges of poverty for children and their families and enabling mothers to attend to preschool-aged children. The latter component both met children's needs and implicitly recognized the social contribution mothers make by caring for them.

The PRWORA is replete with contradictions regarding maternal responsibility. On one hand, the centerpiece of the PRWORA is maternal work. Federal law stipulates that TANF recipients must work within 2 years of receiving benefits and may receive benefits for no more than 5 years over the course of their lifetime; 28 states require recipients to work even before the 2-year federal limit has elapsed,[4] and the lifetime clock can continue to tick even if a woman receives only partial benefits or is on maternity leave. The PRWORA ended entitlement to child care for welfare families and established the Child Care Development Fund block grant. The law does not require states to make child care available; only 33 states guarantee child care for TANF recipients, and only 32 guarantee transitional child care (lasting from 12 to 36 months) for those leaving TANF for jobs.[4]

On the other hand, various sanctions penalize women for deviation from prescribed behaviors by docking some or all of their benefits. Requirements include immunization (17 states),[5] other pediatric health visits (8 states),[5] family planning information and/or services (5 states),[5] family exclusion ("cap") policies (23 states),[6,7] paternity identification and child-support cooperation (21 states),[5] and limits on child school absenteeism (17 states).[5] Unlike most European family policies, which attempt to support mothers who work, current US family policy for the poor (expressed through the PRWORA) mandates work and maternal responsibility without assuring the means for either.

In this issue, Heymann and Earle take a look at some characteristics of jobs held by women who left the previous welfare program, AFDC, for paid employment.[8] They report that these women were less likely than other working mothers to have jobs that provide paid vacations or sick leave. They were more likely, however, to have children with chronic health conditions and thus to be in greater need of time off to care for them or to seek pediatric care.

How will similarly situated women and children fare in this new era of TANF welfare-to-work requirements? Since January 1993, there has been a national decline of 44% in the welfare rolls (from 14.1 million to just under 8 million).[9] Many have expressed concern about the employment prospects for these individuals, the overwhelming majority of whom are women. TANF data from states that had implemented their new welfare programs as of March 1, 1997, reported that almost 40% of recipients lacked a high school diploma.[10]

While there is no centralized federal system in place to follow women after they stop receiving TANF, various state and private advocacy group research efforts are under way to assess their subsequent employment and income. A Florida study of former TANF recipients who found jobs revealed that only one third received paid sick leave and slightly under half had paid vacation or health benefits.[11] One survey of 500 employers with high proportions of entry-level workers revealed that over half of these employers provided no paid vacation time, well over three quarters offered no paid sick leave, a quarter provided no benefits at all, and over a quarter of those that did offer benefits required new employees to work for 1 year before using any sick leave or vacation time.[12] Women who leave TANF to work for these employers would find themselves between the same rock and hard place described in Heymann and Earle's article: required to work under conditions that preclude them from fulfilling their parental responsibilities.

To further aggravate the dilemma confronting poor mothers, there has been a nationwide drop in health insurance coverage. The theoretical justification for decoupling the TANF cash assistance and Medicaid programs was maintenance of health coverage for those no longer eligible for income benefits. Persons leaving TANF for jobs can retain Medicaid for a 1-year transitional period; 12 states extend this period.[4] But the drop in Medicaid enrollment is not satisfactorily accounted for by those leaving welfare for jobs that provide health insurance benefits. Neither has the decline in Medicaid coverage for children been offset by a compensatory rise in the Child Health Insurance Program, which was established in 1997 to enable children to receive health insurance even if their parents do not.

Public health experts, pediatricians, and other advocates for children have expressed concern about the impact of decreased health insurance coverage on children's health. Heymann and Earle's article underscores a related concern, namely, work conditions and demands that do not allow women time to attend to their children's health needs. The complex and stringent work requirements that form the centerpiece of TANF policy must be comprehended in the contemporary American context of low-wage entry-level jobs, without benefits, protection, or child care, that former welfare recipients face.

We are all aware that the US economy has been booming in the past years. Recent literature suggests that the gap between rich and poor may be as important as the absolute poverty levels in terms of access to resources and thus to health.[13] Heymann and Earle reveal that a widening gap in employment benefits is also a matter for public health concern. Furthermore, they underscore the futility of trying to separate the interests of children from those of their parents. □

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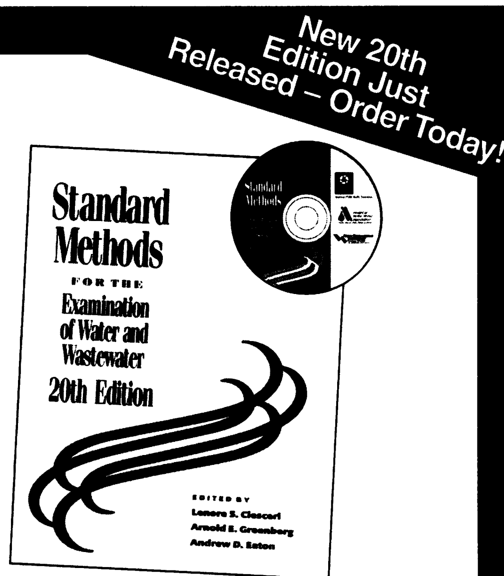

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