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Research on Parental Leave Policies and Children's Development Implications for Policy Makers and Service Providers

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Introduction and Subject Relevance

Maternity and parental leave policies date back more than 100 years and are now established policy instruments in over 120 nations. Typically, national policies include a period of job-protected leave (averaging 44 weeks across OECD countries) and some degree of income replacement (benefits) in order to enable mothers and (increasingly) fathers to take a period of time off of work following the birth or adoption of a child. Parental leaves and benefits are variously referred to as family policies that protect maternal and infant health; as employment policies that promote gender equity and respect the rights of workers to combine work and family responsibilities; and as "an essential ingredient in early childhood education and care policies."[1-4] Current trends include extending the period of available leave (as per recent changes

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in Canada, where eligible parents can share up to a full year of maternity and parental leave benefits), promoting paternal leave, and adding more flexible options. Until recently, much of the research in this area has focussed primarily on use patterns and the economic consequences of leave policies. However, there is now considerable interest in the effects of leave policies and leave duration on mothers' physical and mental health and on children's development.

In the US and Canada, most men and women are in the labour force when their first child is born, and about 60% of women who have a child under three years of age are employed.[5] Concerns about parental stress (caused by the difficulties of balancing work and family responsibilities) and about children's well-being (in their earliest years of life) have prompted further consideration regarding how parental leave and benefit policies might be improved, and which complementary policies, programs, and services will best promote child and family well-being. Affordable, high-quality care for young children and flexible workplace practices are critical contextual factors. It is these factors that can enable or constrain parents' options, and ultimately affect young children's experiences at home and in non-parental care arrangements.[6-8]

The purpose of this review is to underscore what we do and do not know about parental leave policies as factors that affect parent–child interactions and young children's development, and to identify potentially helpful complementary policy changes and service approaches.

Problems, Limitations, and Current Research Context

Our review of the empirical literature brought to light various methodological and conceptual problems:

1. There are still relatively few studies that address these concerns, and results are neither consistent nor generalizable outside of the United States, where maternity/parental leave, health care, and child care policies are atypical of the rest of the world's industrialized nations. Prior to 1993, the US had no national maternity or parental leave policy, although some new mothers did obtain financial assistance after childbirth under temporary disability coverage. The *1993 Family and Medical Leave Act* (FMLA) requires employers with 50 or more workers to provide up to 12 weeks of **unpaid** job-protected leave to employees who worked at least 1,250 hours during the previous year. This provision for leave serves a variety of purposes. In addition to promoting care for newborn or newly adopted children, it allows for time off to provide care when an employee or the employee's

child, spouse, or elder parent is ill. Evaluation studies indicate that fewer than half of private-sector employees in the US are covered and eligible for this kind of leave. Certainly, the lack of any provision for income replacement is a serious disadvantage to workers.[7] Among all of the FMLA leave takers surveyed in 2000, more than one third received no pay during their longest period of leave; over half of leave takers reported being worried about not having enough money to make ends meet, and just over half stated that they would have taken a longer leave if some additional pay had been available.[8]

In sum, interpretations of research on parental leave-taking that is largely based on experiences in the US must consider a policy context which, compared with many other countries, results in more limited options for new parents. In many cases, these factors also make returning to work and using alternate child care arrangements more difficult and more conflicted for mothers.

2. A number of recent studies have attempted to determine whether early maternal employment (ie, in the first year of a child's life) affects children's subsequent readiness for school, scholastic achievement, and behavioural adjustments. Sample biases, consideration of a limited number of intervening variables between infancy and later years, and the fact that the NLSY (the National Longitudinal Survey of Youth), the most widely used longitudinal data set, lacks information about the quality and continuity of child care arrangements greatly limits our capacity to draw meaningful conclusions. (See reference 9for a critical review of the methodological difficulties regarding most of these studies.)
3. A third set of studies, which contains more information about parent and child care variables, were conducted using the Longitudinal Study of Early Child Care and Youth Development, sponsored by the National Institute of Child Health and Human Development (NICHD). To date, this research (begun in 1991) has confirmed the importance of responsive and stimulating parenting **and** quality child care for optimal development in young children — a challenging balance to strike. The majority of mothers who returned to work before their infants were 12 weeks of age were often from low-income households or households in which the mother's wages were critical to her family's economic security.[6]
4. Another set of longitudinal studies that is particularly useful for our current purposes has focussed directly on duration of leave as a factor affecting a mother's physical and mental health and on mother–infant relationships. Some of the findings on this subject are discussed in detail below. Among other things, researchers have noted that a complex set

of factors that must be considered when interpreting how decisions about the duration of leave and alternative child care arrangements are made.[10,11]

Key Research Questions

Over the past 20 years, research on child development has revealed a rich and multi-layered ecology of influences. Longitudinal studies have confirmed the fact that many children and families experience major changes in family structure, economic resources, and parental employment. For these reasons, research is bound to be difficult and unsatisfying when it attempts to gage how the timing of a mother returning to work after birth contributes (per se) to children's subsequent developmental outcomes. Other aspects that affect parenting, including the involvement of fathers in their children's lives, sources of parenting stress and family support, workplace factors, and the quality of child care and educational experiences must obviously be considered.

Descriptive and explanatory research that is more specific to parenting during and after maternity/parental leave may provide more useful starting points. This research addresses the following questions:

- What determines the duration of leave for mothers? What factors determine whether fathers take a leave of absence?
- How does a longer or shorter period of leave affect maternal physical and mental health, infant health, and the quality of parent–child relationships?
- How might public policies, community services and workplace practices be adapted to provide more support and flexibility to parents and ensure optimal development in children?

Recent Research Results

What determines the duration of the leave that parents take?

Multiple factors affect the length of combined maternity and parental leave mothers take; however, existing leave and benefit policies are the dominant factors. Specifically, longer periods of job-protected leave and broader coverage provide more choice and normalize leave-taking within a country. Inadequate income replacement appears to be a major constraint on the duration of leave new mothers take, as evidenced in the US. In Canada, research conducted

between 1993 and 1996 revealed that self-employed women who were not eligible for maternity and parental leave and benefits tended to return to work within one month after childbirth, while other new mothers averaged 6.4 months, a leave duration that closely corresponded to the then available period of government-provided maternity and parental leave benefits.[12] In addition to existing policy provisions, mothers were affected by specific employment factors, including the nature of their occupation and responsibilities, the availability of employer-provided benefits and return-to-work options, and their perceptions of how leave-taking would affect their job security and career advancement. Ultimately, leave decisions were personal matters and involved balancing employment issues, financial needs, concerns about the mother's health, the child's health, the child's readiness to be exposed to others, and individual preferences.

Much less is known about leave taking among fathers. What is known is that fathers may take several days off, but often as vacation days, rather than as parental leave. Dominant factors in decisions around leave taking appear to be both financial and employment-related. It has been suggested[13] that some fathers who may wish to take (longer) parental leave must reconcile their desire to be both good providers and involved fathers with workplace cultures that do not support paternal leave-taking.

Parental Leave and Maternal Physical and Mental Health

Maternity leave policies were originally based on legislation designed to protect maternal and infant health. Today, research confirms that both are affected by the duration of maternity/parental leave. Some authors[14] have estimated that full recovery from childbirth can take up to six months or longer, including time for mothers to recover their strength and energy levels and adapt to the new demands of caring for an infant. Others[15] have reflected on the importance having time to establish regular biological rhythms and reciprocal interaction patterns between mothers and infants, through which both became attuned to and attached to each other. Complications in establishing healthy patterns and maternal self-confidence were evident when mothers experienced post-partum depression and/or anxiety, limited spousal and social support, and were returning to work earlier than they wish to. Infant temperament was also a factor that appeared to affected a mother's confidence and concerns about returning to work, and also likely affect her infant's adjustment to child care.[16,10]

Several longitudinal studies have indicated that returning to full-time work after a brief maternity leave was a risk factor that compromised maternal mental health (depression and

anxiety), **especially** when shorter leaves coincided with maternal fatigue, poor general health, poor social support, marital concerns, and other risk factors.[17,18] When mothers in the Wisconsin Maternity Leave and Health Study were contacted one year after they had given birth, no significant differences were noted between home-makers, part-time, and full-time employed women in measures of mental health such as depression, anxiety and self-esteem. Moreover, the length of leave taken was not, in itself, a significant contributor to maternal mental health. Interestingly, these researchers and several others have noted that depression was greatest among mothers who preferred to return to work, but who took much longer leaves; or mothers who (for some other reason) chose to stay at home.[10,18,19]

In sum, as Klein and colleagues[20] have suggested, research on maternity leave and mental health generally demonstrates that whether employed or at home, a mother's role quality (the fit between their actual and preferred role, satisfaction with their role, and the support they receive from their spouse and society) is a stronger factor in accounting for mental health than considerations that focus on leave per se. Women who return to work and experience overload and lack of flexibility and support experience anger, distress and depression, and women who are at home but are concerned about role restriction and are depressed are both at significant risk. Further, when an infant is in distress, has a difficult temperament or is ill, it affects mothers and their ability to adapt to demands, both at work and at home.

Parental Leave and Infant Health

Few studies on mothers who took longer leaves (or who left the labour force altogether) because their infants were in poor health have confirmed that longer leaves were likely to have positive impacts. Based on national data for 16 European countries gathered from 1969 to 1994, Ruhm[21,22] has suggested that longer periods of paid parental leave (but not unpaid leave) are associated with reduced rates of infant mortality.

It is hypothesized that one reason for this association is that longer leave periods may result in longer periods of breastfeeding, as well as greater investments of maternal time in caring for infants. Research has confirmed that women are more likely to stop breastfeeding during the month they return to work. Similarly, returning to work is one of the most common reasons for terminating breastfeeding. Women who return to work on a part-time basis and whose workplaces are more flexible and supportive may be able to support breastfeeding for a somewhat longer duration.[23]

Parental Leave and Early Parenting, Child Care Use and Long-term Developmental Outcomes

The research on early maternal employment, child care, and long-term developmental outcomes is very complex, as would be expected given the multiple influences at play. Clark and her colleagues have made a particularly useful contribution[16] by underscoring the fact that the quality of mother–child interactions is the explanatory factor that intervenes between maternal employment and child development outcomes. Conversely, the quality of mother–infant interactions is affected by individual maternal and infant characteristics, marital quality and support, and by the mix of stressors and protective factors that affect maternal mental health. Therefore, returning to work early is only one factor to be considered since it interacts with so many others. For example, Clark and colleagues[16] found that mothers who were more depressed or who thought their infant had a difficult temperament **and** who took shorter leaves were less likely to be positive, sensitive and responsive with their infants.

Other longitudinal research on early maternal employment and the quality of child care confirm that **both** factors are important within a range of early cognitive and behavioural outcomes. This said, parenting influences predominate over the long term as predictors of attachment and emotional adjustment, and child care factors are perhaps more critical contributors to cognitive and language development, particularly for children in low-income families.[6] Child care arrangements that are poor and/or unstable may also compromise the quality of parenting at home and the quality of care received from others during the early years.

Lastly, several recent studies have attempted to puzzle out the long-term impacts of maternal employment on children's development using national longitudinal surveys. As described earlier, despite inconsistent findings and relatively small effects, studies suggest that early maternal employment (ie, returning to work within a year of giving birth, and particularly for more than 20 hours per week) slightly lowered scores in measures of language and cognitive development at age 4 and cognitive development and academic achievement scores at ages 7 and 9.[20,21,24-30] Somewhat different patterns have emerged for children in different race and income groups, with common interpretations suggesting that early maternal employment may be beneficial for children in low-income and single-mother households, and disadvantageous for children with mothers who are better educated, in middle- and upper-income two-parent families. This research is limited by the paucity of information available about child care arrangements and, thus far, has failed to consider a range of other important factors that come into play between infancy and later periods.

Conclusions and Implications

As parental leave and benefit policies continue to evolve, there is increased interest in examining their short- and long-term impacts on women, children and families. Opinion research suggests that parents appreciate having the option of taking longer periods of paid leave to spend more time with their newborns. Both leave and benefit provisions are important aspects of these policies. Some studies suggest that longer leaves enable mothers to more fully recover from childbirth and provide more time for mothers and their infants to establish regular, responsive patterns and close attachments. Longer breastfeeding periods may be one additional health benefit. However, there is now strong evidence that the length of leave in and of itself (beyond a minimum of perhaps four months) is not as critical a determinant of maternal mental health or child development outcomes as is the set of personal, family, and workplace stresses, resources, and supports that operate jointly and interact with leave experiences. Together, these factors affect quality of life for mothers, fathers, and infants during a crucial period. Additional research could provide a clearer picture of this complex set of interacting forces and could help identify how workplaces and communities might respond to enhance the positive long-term development of healthy families and children.

Over the past decade trends such as minimal increases in young family incomes, greater employment volatility, and welfare reform initiatives have placed economic pressure on parents to participate in the labour force, even when their children are very young. As we increase our knowledge of the importance of early childhood experiences, we strengthen the impetus to develop more responsive policies, programs and services to support all parents and foster a healthier integration of work and family life. Maternity and parental leave and benefit policies are just one component in a set of public and workplace policies and supports that can help parents reconcile the competing claims of work and family life following the birth or adoption of a child. To date, little research has actually focussed on what new parents do while they are on leave, or how community-based supports might enhance their experience and better prepare them to return to work. Similarly, there is a need for more research into workplace supports that may make returning to work less stressful and more family-friendly. Specific examples could include flexibility in workplace scheduling and gradual reintegration at work, the promotion of breastfeeding, and the provision of reliable, high-quality infant care. Community-based resources could provide a range of parenting programs that could be sensitive to a variety of needs and concerns, including information and support for new parents in planning their return to work

and choosing child care arrangements. In addition, it is imperative that policies address the need to expand the availability and affordability of high-quality, affordable child care services (both centre- and home-based) so that parents have peace of mind when they return to work and children benefit from stimulating and sensitive non-parental caregiving arrangements.

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