

Reforming Care

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Feminist theorists and activists alike have long been shifting away from an emphasis on discrimination against women toward concerns about the distribution of care responsibilities. Most policy recommendations growing out of these concerns focus on the need for more state support for child care, paid family leave, and/or more equal sharing of care responsibilities in the family. Janet Gornick and Marcia Meyers persuasively insist on the need to combine these strategies. They go beyond their predecessors by developing a comparative analysis of specific European policies and demonstrating their feasibility in the United States.

The details of their proposal deserve our concerted attention. Family policy debates remain underway even in countries like France and Sweden, with relatively well-developed programs. Recent changes in Australia and Canada are receiving international attention.¹ In the U.S., a progressive family policy agenda is now moving forward rapidly on the federal as well as the state level, playing a prominent role in the Democratic Party's current electoral platform. Both Japan and Korea have implemented legislative changes designed to support and encourage parenthood.²

In many countries, however, efforts to provide more public support for parenting are being accompanied by efforts to reform the provision of care for other dependents,

including long-term care for the elderly and home health care for the sick and disabled, services which, like child care, are often disproportionately performed by women. In this essay, I argue that family policy experts should think more broadly about the organization of and financial support for all care services. I define care services here as paid or unpaid efforts to meet the needs of dependents, including direct care work that involves personal connection and emotional attachment to care recipients. Rather than addressing the specific work/family proposals that Gornick and Meyers advance I emphasize the need to expand and extend their analysis.

We should go wide for both theoretical and strategic reasons. Much of the work that takes place within the care sector shares common characteristics and gives rise to similar dilemmas. Most of it is either underproduced or underrewarded by “the market,” the stylized picture of impersonal exchange outlined by neoclassical economic theory. Consideration of the specific features of care work leads toward a critique of the “market fundamentalism” that Ruth Milkman so eloquently criticizes. It also offers an explanation of the confining nature of the traditional gender roles that Barbara Bergmann so powerfully condemns. More individuals work in and worry about care services than about child care alone. As a result, attention to the care sector may offer greater potential build a successful cross-class, cross-race/ethnicity political coalition.

The upsurge in interest in work/family policies has been accompanied by intensified concerns about the scandalously poor quality of nursing home care, the shortage of home health care aides and nurses, the conspicuous inefficiencies of our health care system, and the structure and costs of education. At the same time, anxieties about the growing costs of children and instabilities of family commitments have

intensified. The institutional complexities of the care sector are even more daunting than the details of work/family policy reform. But they invite the unrepentant utopian energies that Eric Olin Wright and his co-organizers have called for and offer a dramatic opportunity to rethink and revitalize the very meaning of the welfare state.

Hoping to move discussion in this direction, I explore four related issues: 1) the unique characteristics of care work 2) divisions among women that make it difficult to build a coalition around work/parenting policies alone 3) complementarities between the intrinsic merits and public benefits of care commitments 4) the need to consider the financial costs of caring for dependents and their implications for government fiscal policy. I end with an emphasis on three take-away points of particular relevance to real utopias.

The Unique Characteristics of Care Work

Gornick and Meyers focus on childrearing with good reason. This particular activity imposes significant costs on parents, especially mothers. Increases in women's labor force participation have called attention to the changing relationship between production and reproduction, and the demographic consequences are particularly clear. Nonetheless, many of the problems they emphasize, including gender inequality, are linked to the general social organization of care—not just the organization of childrearing.

Women spend more time taking care of children than men do. They also spend more time caring for sick and disabled adults, and the elderly. Women are also disproportionately located in “caring” occupations—not just child care but also elder

care, health care, and education. Children represent a specific kind of public good, but care in general also has public good aspects and spillover effects that make it vulnerable to undervaluation by the market. Children cannot exercise consumer sovereignty—neither can other dependents.

Whether provided to children or adults, care involves personal connection and emotional attachment. Care services are often “co-produced” by care providers and care recipients. Parents and teachers must elicit cooperation from children; similarly, nurses and home care providers must elicit cooperation from patients. Care is often person and context-specific. As a result, its quality is heterogeneous and difficult to monitor or measure. The intrinsic motivation of the care provider often affects the quantity and quality of the services provided. Indeed, the sense of “being cared for” is an important byproduct of inherent value.

The traditional Marxian analysis of commodification draws a bright line between goods and services produced for own use and those produced for sale in the market.³ Feminist theory, however, suggests a continuum. Even some goods produced for use completely outside the market are intended for informal exchange, such as the domestic services that a homemaker provides with the expectation that a wage-earning partner will share his or her market income. Similarly, many forms of paid employment offer personal and emotional rewards—not all take the form of impersonal labor performed only for pecuniary reasons. Both unpaid and paid workers provide care services, and the similarities between their tasks often override the differences.

Debates over whether care should or should not be “commodified” often overstate the consequences of whether care work is takes place inside or outside the money

economy. Most forms of care for dependents—including but not limited to children--require a combination of paid and unpaid work. Substitutability between the two is limited, especially at the extremes. Few families can care for dependents entirely on their own, and few schools or hospitals can operate successfully without cooperation from family members. But most people reach for a balance among the different types of care that help them meet their needs.

The specific characteristics of care work transcend the boundaries of the market. Recipients of care benefit from the cultural construction of caring obligation, as well as from the personal connections and emotional attachments that often grow out of the care process itself. But workers are rendered vulnerable by emotional attachment. When their work no longer takes the form of a simple exchange it is difficult to threaten to withhold it. Care workers become, in a sense, prisoners of love. Indeed, the importance of intrinsic motivation is often turned against care providers with arguments that they do a better job when they work for love rather than for money.⁴ A recent article in the *Journal of Health Economics* explicitly argues that a poorly-paid nurse is a good nurse.⁵

Many of women's economic vulnerabilities are attributable to these prisoner-of-love dynamics, which are by no means limited to child care. Most women would prefer to share care responsibilities more equally. But they are seldom willing to threaten withdrawal (or non-commitment) in order to achieve this. The pattern is evident in family structure. Most mothers would prefer the active and loving cooperation of a father. But if they cannot obtain that, they do not relinquish their children, but rather assume financial as well as direct care responsibilities for them. Similarly, many women enter caring occupations despite awareness of the lower economic security they offer. The strategic

dilemma for women who feel their second-best option is to provide care for their dependents rather than not to provide it at all can be formalized, with variations, as a prisoner's dilemma or a chicken game.

This strategic dilemma applies not just to mothers, but to all those who make binding commitments to care for others. If fathers change their patterns of paid employment to more resemble those of mothers, as Gornick and Meyers propose, both mothers and children will likely enjoy many direct benefits. But fathers may suffer a reduction in earnings relative to non-fathers in paid employment, for the same reason that mothers now suffer lower earnings than non-mothers (even controlling for number of hours worked). A decline in the relative income of fathers is likely to have some negative consequences for two-parent families with children—though it is unlikely that these negative effects would countervail the positive effects that Gornick and Meyers emphasize.

Similarly, even if public policy could neutralize the effects of commitments to children on family earnings, the effects of family commitments to the elderly and disabled would remain in effect. While relatively few adults of working-age spend substantial amounts of time caring for dependents other than children, those who do often find care demands unpredictable and overwhelming. Among the elderly, gender differences in care have momentous consequences. As one recent research paper puts it, married men may fail to purchase long-term care insurance because they already have it—in the form of a wife.⁶ In part because they are likely to outlive their older husbands, women remain far more vulnerable than men to poverty and infirmity in old age.

The historical relationship between gender and care is gradually unwinding. Women who choose not to marry or become mothers and move into male-dominated occupations earn approximately the same as men with the same human capital characteristics. Men as well as women pay a penalty in terms of foregone income when they assume responsibilities for the care of others. Empirical indicators include the declining male marriage premium, the lower male marriage premium for men married to women who work full-time, and lower pay for jobs that involve care.⁷

Emotional attachment has implications that cut both ways for Barbara Bergmann's critique of the paid parental leave policies that Gornick and Meyers advocate. In general, Bergmann argues that women should just break out of prison--offload caregiving responsibilities, fight their own tendencies to express caring preferences, and, more generally, try to act and feel more like men. This strategy makes sense if you think of care services as if they are like other exchanges. By withholding care services, women not only improve their own economic position, but also they increase the explicit or implicit price that must be paid for those care services. But while the exchange metaphor may hold for "consenting adults" it does not work for care of dependents. Encouraging withdrawal of care services may result in a reduction in the quantity or quality of care provided to them.

Bergman reasons that women should not care about this threat, because it only handicaps them. But like it or not, (and thankfully for many of the children, sick and elderly who rely upon them) many women do care. Furthermore, many women and men and are strongly disapproving of women who do not. For instance, results from the General Social Survey conducted in the U.S. show that, regardless of gender, individuals

are less supportive of non-traditional gender norms that might have adverse effects on children than those that might merely have adverse effects on adult men.⁸ Would women's attitudes change more rapidly if more feminists would endorse Bergmann's position? This seems unlikely. But in Bergmann's defense, we don't really know how flexible or variable such gender norms may prove to be.

Bergmann correctly emphasizes that commitments to care for others reduce competitive success in other tasks. That problem will remain whether or not men and women share responsibilities for child care: fathers who choose to reduce their paid work commitments will likely face penalties in the labor market. Both mommies and daddies could get stuck on a "parent track" that shunts them away from leadership positions.

This is not an inevitable outcome, and there are, as Gornick and Meyers have emphasized, policy strategies that might minimize it. But much depends on demographic trends. If most men and women become active, engaged parents, employers will find it difficult to use active parenthood as a way to discriminate among employees. In recent years, highly-paid women professionals and managers seem to have gained at least some bargaining power. As researchers have shown, women don't literally get rusty after taking time out from high-powered careers.⁹ On the other hand, more men and women are choosing not to become active parents, giving employers ample room to divide and conquer. Many highly educated women forego motherhood. In a competitive global economy they may be better positioned to compete for leadership than parents of either sex.

Divisions Among Women

A broader look at care services calls attention to inequalities that are not directly

related to public policies regarding parenthood. Feminist theorists and strategists need to come to grips with the ways that increased earnings inequality among women, combined with class-specific family formation patterns, has weakened the feminist mobilization that helped women advance in the 1970s and 1980s. Less-educated women are filling many service jobs in child care, home health care, and elderly care that make it easier for college-educated women to devote more time to paid employment. Most jobs within these paid care occupations are poorly paid in the U.S., offering few benefits and few incentives to increase skills, experience or tenure. Few if any studies have explored differences in this form of the care penalty across countries.¹⁰

Gender inequalities have always been cross cut by inequalities based on race, ethnicity, and class. But the salience of gender inequalities was heightened by economic and demographic trends between 1960 and 1990. Women entered paid employment at a steep and steady pace, but few families could afford domestic services and the supply of low-wage care workers was limited. Women across the economic spectrum felt a similar pinch as the “forces of market production” came into conflict with the “social relations of household production.” In Marxian parlance, one could speak figuratively of the “fettters” of patriarchal tradition.

These fettters still hang around most women’s necks, but are sometimes cushioned by silk scarves. Since at least the 1990s, the combined effect of increasing income inequality and increases in the supply of low-wage labor has led to a small but significant redistribution of family care responsibilities. Affluent families are able to reduce the amount of time devoted to housework and care of family members through strategic outsourcing. The ability to buy meals away from home, or even the prepared meals in the

supermarket that are more expensive than those that require time to prepare, significantly reduces the burden of domestic work. The market for domestic workers (often paid under the table) has expanded dramatically in the last few years. This phenomenon has been much remarked on in the U.S.: In Texas, California, and most areas of the Southwest, as well as in major metropolitan areas, nannies have become a highly visible aspect of the social landscape, as well as a popular subject for best-selling fiction.¹¹ But it is also received much attention in Southern Europe, where Romanian and other Eastern European immigrant “badantes” now play a prominent role in home care for the elderly.

Immigration plays a role at both ends of the skill spectrum. Undocumented workers lower the cost of obtaining inexpensive help for housework and childcare, as well as for gardening, landscaping, and construction. Recent shortages of both nurses and teachers in the U.S. have been met by efforts to recruit from overseas, a strategy that makes it easier to restrict wage growth and to postpone investments in the state university systems that provide the bulk of training for these jobs.¹² The United Kingdom is increasingly dependent on nurses imported from Africa. The Philippines exports nurses as well as child care workers to many countries around the globe.

The increased income inequality among women associated with globalization tends to weaken support for the kinds of policies that Gornick and Meyers propose. Highly-educated women who enter professional and managerial jobs are better able than most to afford the unpaid family leave guaranteed to some workers by law, and also more likely to enjoy paid parental leave, sick leave, vacation time, and scheduling flexibility. Breastfeeding of young infants, in particular, improves health and cognitive outcomes.¹³ Class differentials in breastfeeding are telling and poignant, with a steep education

gradient.¹⁴ The paid work requirements imposed by the welfare reforms of the 1990s had a discernible negative impact on breastfeeding among low-income women.¹⁵ Further the provision of free infant formula to low-income women through the WIC program—strongly supported by the agricultural lobby, heavily subsidizes an unhealthy choice.¹⁶

Increased income inequality seems to be associated with changes in family structure that compound negative impacts on child outcomes.¹⁷ College-educated white women are now more likely to marry, and stay married, than other women. As a result, when they have children, they are much more likely to enjoy a strong claim on the earnings of a father. Nonmarital births are far more common among less-educated women; less-educated men are less likely than their college-educated counterparts to contribute either financial assistance or direct care to their children. Parents coping with the stresses of unemployment and poverty face difficult material and psychological challenges. Studies of blood chemistry focusing on levels of serotonin and cortisol suggest that the subordination associated with high levels of inequality can reduce efficacy and impair health. These problems, in turn, make it harder to establish and maintain family and community ties.¹⁸

Differences among mothers are compounded by divisions between mothers and non-mothers and, more generally, parents and non-parents. Not all adults have children. The percentage of men playing an active role with children has declined over time as the percentage of households maintained by women has risen.¹⁹ The growth of childlessness among cohorts born after the Second World War is remarkably consistent across most countries for which data is available.²⁰ In some countries, such as Germany and the United Kingdom, it is estimated that as many as 30% of all women may reach age 40

without becoming mothers. Childlessness is lower in the U.S. but reached 25% among all women with a bachelor's degree in 2004.²¹

Whether because of cause, effect, or simple correlation, childlessness in the U.S. goes up along with women's earnings. In a 2003 column in *Business Week* Laura D'Andrea Tyson highlighted a finding by Catalyst that a third of professional women not yet in the most senior leadership don't want children because of fears of work-family conflict. She also cited the National Parenting Association's estimate that 49% of women earning more than \$100,000 a year are childless.²² Whatever their earnings level, women without children sometimes feel ignored, even put-upon by workplace policies aimed to benefit parents.²³ As Bergmann notes, many women choose not to become mothers to pursue a passion for excellence in their field—and not necessarily to earn more money. We should never accuse them of engaging in “unfair competition” in paid employment.

More empirical research on changes in the structure and composition of the care service labor force is needed—research that treats the job of “housewife” for what it is—a job.²⁴ Changes in occupational segregation that examine only changes in the gender composition of paid work are misleading. The process of commodification that Bergmann advocates has the effect of shifting non-market work from affluent women in the home to less-affluent women working for pay. It may simply shift gender inequality down the class ladder, further weakening the potential impact of a feminist coalition. On the other hand, it may give affluent women a greater stake in ensuring the quantity and quality of care services available for purchase and spreading their costs through public subsidy. This could enhance opportunities to challenge the structure of the care sector as a whole.

In short, inequalities among women do not pose an insuperable obstacle to efforts to promote equitable work-family policies. But they do suggest the need to think beyond issues of balance between paid work and family to the organization of the care sector as a whole, including improved conditions of wage employment in child care, elder care, and home health care.

Intrinsic Merits and Public Benefits

How should we frame such a larger agenda? I believe we should emphasize both the intrinsic merits and public benefits of good care provision. Ethical and economic approaches are sometimes played against each other, as though invoking one somehow weakens the other. In truth, the two are complements: ethics can define our ends, and economics can help us find the means to realize them. In a world where many of our ends are difficult to reach, practical concerns deserve respect.

As feminist philosophers persuasively argue, care is a central component of an ethical society.²⁵ We need to articulate both the right to care and the right to be cared for in more assertive terms, moving beyond abstract definitions to the practical demands of social policy. The demands that Gornick and Meyers articulate cross the boundaries between the market and the family. They argue not just for rights to paid family leave and publicly subsidized childcare but, more fundamentally, to a more equitable sharing of care responsibilities within both the family and the polity.

We should never be intimidated by accusations that improved care is too costly to consider. What's the economy for, anyway, if not to help us realize our vision of a good society? But it is also our responsibility to show that our vision can be realized. Gornick and Meyers do this by pointing to European precedents and also by offering estimates of

policy cost. Efforts to develop political strategies for the care sector as a whole should build on this approach.

My recent research emphasizes the macroeconomic benefits of the time and money that parents devote to children. I argue that the children who become the workers and taxpayers of the next generation represent a public good—they provide benefits for everyone, not just for their parents and themselves. I estimate the minimal amount that society would have to pay to replace parental services if they were, hypothetically, withdrawn. I show that patterns of public investment in children are both unfair and inefficient, and could be much improved. I explain why most voters fail to understand the extent to which they benefit from their own taxes.²⁶

I believe these arguments can be extended to analysis of care for all dependents, not just children. Social insurance represents a better means of meeting care needs than private insurance. It pools risk, encourages reciprocity, and increases solidarity. Comparative studies suggest that single-payer insurance provides better quality at lower cost.²⁷ Everyone in our society deserves adequate long term care that provides support and respite for family caregivers, funding for home health care aides to assist family caregivers, and high-quality community-based nursing homes for those who require them. Although regional and local variations make it more difficult to compare national strategies for long-term care, Sweden and Norway seem to offer excellent models here, as with child care.²⁸

Take-Away Points for Strategic Discussion

Much of the current progressive work/family agenda focuses on how to help parents cope with the demands of paid employment. This focus is too narrow. The increases in women's labor force participation that had such a destabilizing effect on work/family balance have leveled off (see Figure 1). Men's labor force participation has continued its slow decline. This somewhat puzzling trend holds across virtually all family structures and educational levels and it is unclear whether or not it will continue. If overall levels of family labor force participation do remain flat, however, the growth of family income is likely to remain flat as well. Increases in women's paid employment will no longer countervail the low, even negative growth in real wages that has often afflicted all but the top echelons of the labor force.

This potential trend may help mitigate work/family balance issues, but will highlight the economic costs of caring for family dependents, the disadvantages of entering caring occupations, and the long-run viability of the welfare state. These concerns about the care economy as a whole motivate my consideration of three strategic recommendations.

1 Let's look beyond work/family policies such as paid parental leave and publicly-provided child care to develop policies of economic support for all forms of family care.

Paid and unpaid parental leaves should be extended to cover family/friend/and neighbor care for sick, elderly, and disabled, as well as young children, and parental allowances should be generalized to become caregiver allowances. These policies could be modeled on those that Gornick and Meyers propose for support of parents. However, the level of financial support for families who assume caregiving responsibilities will

require more sustained attention than Gornick and Meyers provide. While wage replacement (rendered somewhat progressive by benefit caps and taxation) offers a simple principle for remunerating leaves from paid employment, the appropriate level of family allowance remains unclear. In the U.S. a variety of tax deductions and credits, significantly boosted by changes since 2002, amount to a de facto family allowance similar in magnitude to that provided by many European countries. Even in the most generous countries, moreover, the extent of public subsidy represents only small proportion of the total costs of rearing children.²⁹

One specific policy recommendation seems obvious: Social safety nets should be improved to provide better protection for dependents against the risk of both poverty and poor health. This will require more attention to reform of both public assistance and tax policies. The success of the British Labor Party's efforts to reduce child poverty deserves international attention.³⁰ The United States represents a polar case, with poverty among children on the increase. Poverty rates among the predominantly female elderly are also higher in the U.S. than in most of the countries of northern Europe.³¹

2. Let's look beyond family care to the organization of paid care services.

Most care services are “co-produced” by paid as well as unpaid care givers. As a result, the organization of child care, elder care, and health care services—along with the pay and working conditions of workers in care occupations—have a significant impact on family life. Market provision in some areas can be successful if combined with adequate oversight and regulation. Public provision can be successful if bureaucratic inefficiency is held in check by accountability and choice. The comparative perspective on work/family policies that Gornick and Meyers offer could be complemented by detailed comparative

research on specific foster care, elder care, health and home-health care policies across countries.

Many women enter traditionally feminine jobs in the care sector—whether as workers or as managers—despite the evident economic disadvantages. Many of them understand how and why cost-cutting strategies in child care, health care, and elder care tend to backfire. So called “high-road” strategies designed to reward intrinsic motivation, reduce turnover, and provide job ladders could benefit both care workers and care consumers.³²

3. Let’s think more creatively about the long-run viability and sustainability of the welfare state.

More attention should be devoted to comparative analysis of public taxation and expenditures. Current methods of accounting conceal the extent to which individuals and their families benefit from the family welfare state. Most individuals know what they earn, and approximately how much they pay in taxes. But few if any have a clear picture of how much public money was devoted to them before they began paying taxes on their own, or how much they will benefit in retirement. This lack of transparency makes it easy for conservatives to overstate the redistributive impact of government taxation and spending. But it also makes it difficult for progressive advocates to develop a more equitable and sustainable system of social insurance and intergenerational reciprocity.

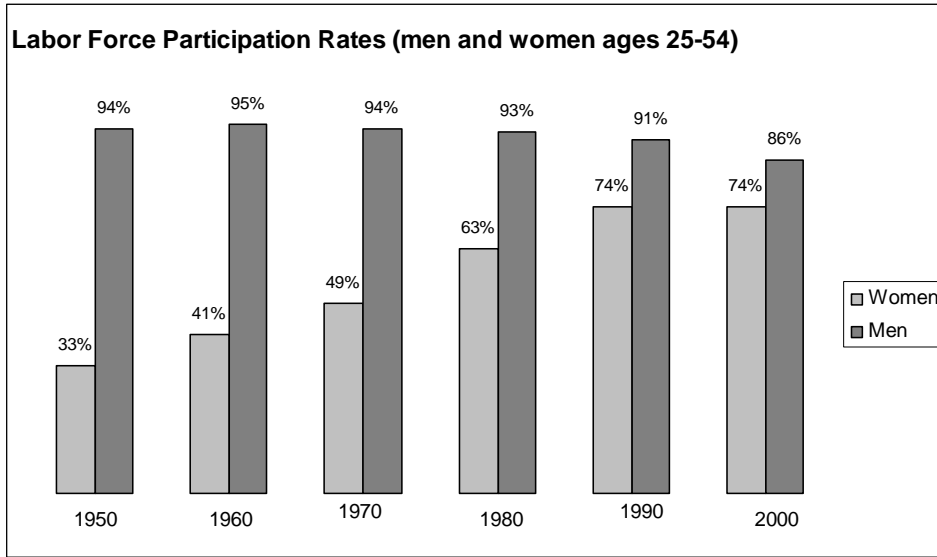
We need to redefine the welfare state in terms of its contributions to family and social care. Gornick and Meyers reason strategically about political divisions among mothers; we should also reason strategically about political divisions among caregivers in general. We should try to build a political coalition that addresses issues of gender

equality and quality of care, unifying concerns about unpaid family work, child care, elder care, and health care and providing a strong critique of “market fundamentalism” in all these areas.

Women’s common commitments to ideals of care—and their continuing involvement in provision of care services-- represent a force that partially countervails growing income inequality among them. Women tend to recognize that caring for children and other dependents is a productive activity—one that contributes to our collective well-being. They are less likely than men to treat these activities as forms of “consumption” or activities for which “virtue should be its own reward.”³³ Precisely because they devote much of their efforts to the production and maintenance of human capabilities, they have a strong economic interest in the development of resilient welfare state policies.

Ironically, continued fertility decline is likely to intensify concerns about the intergenerational sustainability of the welfare state. Continued globalization—including increased immigration--is likely to intensify concerns about its economic viability. Many affluent countries depend heavily on immigrant workers to help meet our care needs, but further rapid increases in their supply will undermine incentives to solve problems in the care sector. We need to formulate policies that discourage illegal immigration while respecting immigrant rights and improving wages and working conditions for immigrant workers. Family policies have too long been compartmentalized in the feminine policy sphere. Theorizing more broadly about the distribution of costs and responsibilities for care could help bring them to the front and center of political economy.

Figure 1.



Source: David A. Cotter, Joan M. Hermsen, and Reeve Vanneman, “Gender Inequality at Work” Washington, D.C.: Population Reference Bureau, 2004., p. 3, Figure 1.

Notes

¹ On Australia, see Peter McDonald, this volume; on Canada, see Joanna Pachner, “C-Suite Confidential,” *National Post*, December 4, 2007.

² OECD, *Facing the Future: Korea’s Family, Pension, and Health Policy Changes*, available at <http://213.253.134.43/oecd/pdfs/browseit/8107061E.PDF>, accessed December 24, 2007; Priscilla A. Lambert, “The Political Economy of Postwar Family Policy in Japan: Economic Imperatives and Electoral Incentives,” *The Journal of Japanese Studies* 33:1 (2007).

³ Nancy Folbre and Julie Nelson, “For Love or Money?” *The Journal of Economic Perspectives*, 14:4 (2002), 123-140.

⁴ Julie Nelson, “Of Markets and Martyrs: Is it OK to Pay Well for Care?” *Feminist Economics* 5:3 (1999): 43-59.

⁵ Anthony Heyes, “The Economics of Vocation or ‘Why is a Badly Paid Nurse a Good Nurse,’” *Journal of Health Economics* 24:3 (2005): 561-569; For a critique, see Julie Nelson and Nancy Folbre, “Why a Well Paid Nurse Is a Better Nurse!” *Journal of Nursing Economics* 24:3 (May-June 2006), 127-130.

⁶ H. Elizabeth Peters, Sharon Tennyson, and Frances Woolley, “Household Bargaining and the Purchase of Long Term Care Insurance: My Wife is My Long Term Care Insurance,” paper to be presented at the meetings of the Allied Social Science Association, New Orleans, LA, January 2008.

⁷ On declining male marriage premium, see Saul Hoffman and Susan Averett, *Women in the Economy* (New York: Addison Wesley, 2004). On the care penalty in paid

employment, see Michelle Budig, Paula England, and Nancy Folbre, “Wages of Virtue: The Relative Pay of Care Work,” *Social Problems* 49:4 (2002): 455-473.

⁸ Lee Badgett, Pamela Davidson, and Nancy Folbre, “Breadwinner Dad, Homemaker Mom: An Interdisciplinary Analysis of Changing Gender Norms in the United States, 1977-1998,” manuscript, Department of Economics, University of Massachusetts Amherst.

⁹ Ann Crittenden, *If You’ve Raised Kids, You Can Manage Anything* (New York: Gotham, 2005); Sylvia Ann Hewlett, *Off-ramps and On-Ramps. Keeping Talented Women on the Road to Success* (Cambridge, MA: Harvard Business School Press, 2007).

¹⁰ A first step would be to apply to kind of fixed-effects statistical analysis developed in Budig et al., in “Wages of Virtue...” to the European countries that Gornick and Myers analyze.

¹¹ See, for example Emma McLaughlin and Nicola Kraus, *The Nanny Diaries* (New York: St. Martins Griffin, 2003); Allison Pearson, *I Don’t Know How She Does It* (New York: Anchor, 2003).

¹² Nancy Folbre, “Nursebots to the Rescue? Immigration, Automation, and Care?” *Globalizations* 3:3 (September 2006): 367-378.

¹³ Julie Smith, “Mothers Milk and Measurement of Economic Output,” *Feminist Economics* (March 2005) pp. 43-64.

¹⁴ Jodi Kantor, “On the Job, Nursing Mothers Find a 2-Class System,” *New York Times*, September 1, 2006, www.nyt.com (accessed September 1, 2006).

¹⁵ Steven Haider, Alison Jackowitz, and Robert Schoeni, "Welfare Work Requirements and Child Well-Being: Evidence from the Effects on Breast-Feeding" *Demography* 40:3 (2003).

¹⁶ Government Accountability Office. *Breastfeeding. Some Strategies Used to Market Infant Formula May Discourage Breastfeeding*. Washington, D.C., GAO, February 2006.

¹⁷ Sara McLanahan, "Diverging Destinies: How Children are Faring Under the Second Demographic Transition," *Demography* 41 (2004): 607-27.

¹⁸ Richard G. Wilkinson, *Unhealthy Societies. The Afflictions of Inequality* (New York: Routledge, 1996); On the effect of social and family relationships on health see Robert M. Sapolsky, *Why Zebras Don't Get Ulcers. An Updated Guide to Stress, Stress-Related Diseases, and Coping* (New York: W. H. Freeman, 1998).

¹⁹ George A. Akerlof, "Men Without Children," *The Economic Journal* 108 (1998):287-309.

²⁰ Donald T. Rowland, "Historical Trends in Childlessness," *Journal of Family Issues* 28:10 (2007): 1311-1337.

²¹ *Fertility of American Women*, June 2004. Current Population Reports, U.S. Census Bureau, Issued December 2005

²² Laura D'Andrea Tyson, "New Clues to the Pay and Leadership Gap," *Business Week*, October 27, 2003.

²³ Elinor Burkett, *The Baby Boon: How Family-Friendly America Cheats the Childless* (New York: Free Press, 2002).

²⁴ Barbara Bergmann, "The Economic Risks of Being a Housewife." *American Economic Review* 7 (1981):8-86; Nancy Folbre and Julie Nelson, "For Love or Money?"; Philip N.

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²⁵ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993); Eva Kittay, *Love’s Labor. Essays on Women, Equality, and Dependency* (New York: Routledge, 1999); Daniel Engster, *The Heart of Justice: A Political Theory of Caring* (New York: Oxford University Press, 2007).

²⁶ Nancy Folbre, *Valuing Children: Rethinking the Economics of the Family* (Cambridge, MA: Harvard University Press, 2008).

²⁷ I WILL NEED TO INSERT SOME REFERENCES ON HEALTH CARE HERE.

²⁸ Nancy Folbre, Lois Shaw, and Agneta Stark, editors, *Warm Hands in a Cold Age: Gender and Aging* (New York: Routledge, 2006); R.B. Saltman, H.F. W. Dubois, and M. Chawla, “The Impact of Aging on Long-Term Care in Europe and Some Potential Policy Responses,” *International Journal of Health Care Services* 36: 4 (2006) 719-746.

²⁹ Folbre, *Valuing Children*.

³⁰ Miles Corak, Christine Lietz, and Holly Sutherland, “The Impact of Tax and Transfer Systems on Children in the European Union,” Innocenti Working Paper 2005-2006, and Horatio Levy, Christine Lietz and Holly Sutherland, “Strategies to Support Children in the European Union: Recent Tax-Benefit Reforms in Austria, Spain, and the United Kingdom, EUROMOD Working Paper EM/0/05.

³¹ NEED TO INSERT SOME REFERENCES HERE.

³² Nancy Folbre, “Demanding Quality: Worker/Consumer Coalitions and “High Road” Strategies in the Care Sector,” *Politics and Society* 34:1 (2006): 1-21.

³³ Torben Iversen and Frances Rosenbluth, “The Political Economy of Gender: Explaining Cross-National Variation in the Gender Division of Labor and the Gender Voting Gap,” *American Journal of Political Science*, 50/1.