



CHAPTER 3 | Work & Family

Introduction

With women constituting almost half of the workforce, few families have someone who can stay at home to take care of health emergencies, pick children up from school and supervise homework, or take an elderly parent to a doctor's appointment. In half of all families with children, women are the primary or co-breadwinner (Institute for Women's Policy Research 2015a).¹ Low-income families are particularly likely to have all parents in the labor force (Boushey 2014). Yet, as mothers' labor force participation has dramatically increased in the past decades (U.S. Bureau of Labor Statistics 2014a) and the number of women and men aged 50 and older who provide care for a parent has more than tripled between 1994 and 2008 (MetLife 2011), the development of an infrastructure to support workers with family caregiving responsibilities has been largely neglected.²

Though most workers in the South lack access to even the most basic supports such as earned sick days and job-protected paid parental leave, women in the South

tend to have better access to quality, affordable child care when compared with the United States overall.³ Quality child care however, is still out of reach for many, especially low-income women and rural women in the South and across the country, who often turn to family care for their children (Baker, Silverstein, and Putney 2008; De Marco 2008; Reschke et al. 2006). Women are not only the large majority of family caregivers, southern mothers are also more likely to be breadwinners than mothers in other states, with women of color making up the majority of all breadwinner mothers in the South (Figure 3.7).⁴ In the absence of reliable family supports, too many women are forced to make difficult decisions between keeping their jobs and caring for their family members.

Investments in work-family supports not only improve women's economic security, but also contribute to economic growth (The Council of Economic Advisors 2014). This chapter examines available work-family supports at the state level. It begins with an overview of the Work & Family Composite Index and the overall ranking of states in this area of women's

¹ A primary or co-breadwinner is defined as a single mother, or as a married mother with children under 18 who earns at least 40 percent of a couple's total earnings; see Appendix A3 for a more detailed discussion of the breadwinner analysis.

² The large majority of family caregivers aged 50 to 64 are employed (MetLife 2011).

³ In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Throughout the report, the District of Columbia will be referred to as a state, although it is technically a jurisdiction.

⁴ In this chapter, the term "family caregiver" will be used to describe someone providing unpaid care to a family member. A person paid to provide such care will be described as a "domestic worker."

status. It then discusses the individual components of the composite, such as paid leave, elder and dependent care, and child care and preschool education. The chapter also discusses motherhood, work, and female breadwinners as well as differences in the time spent on paid and unpaid work between mothers and fathers and other components of the Work & Family Composite.

The Work & Family Composite Score

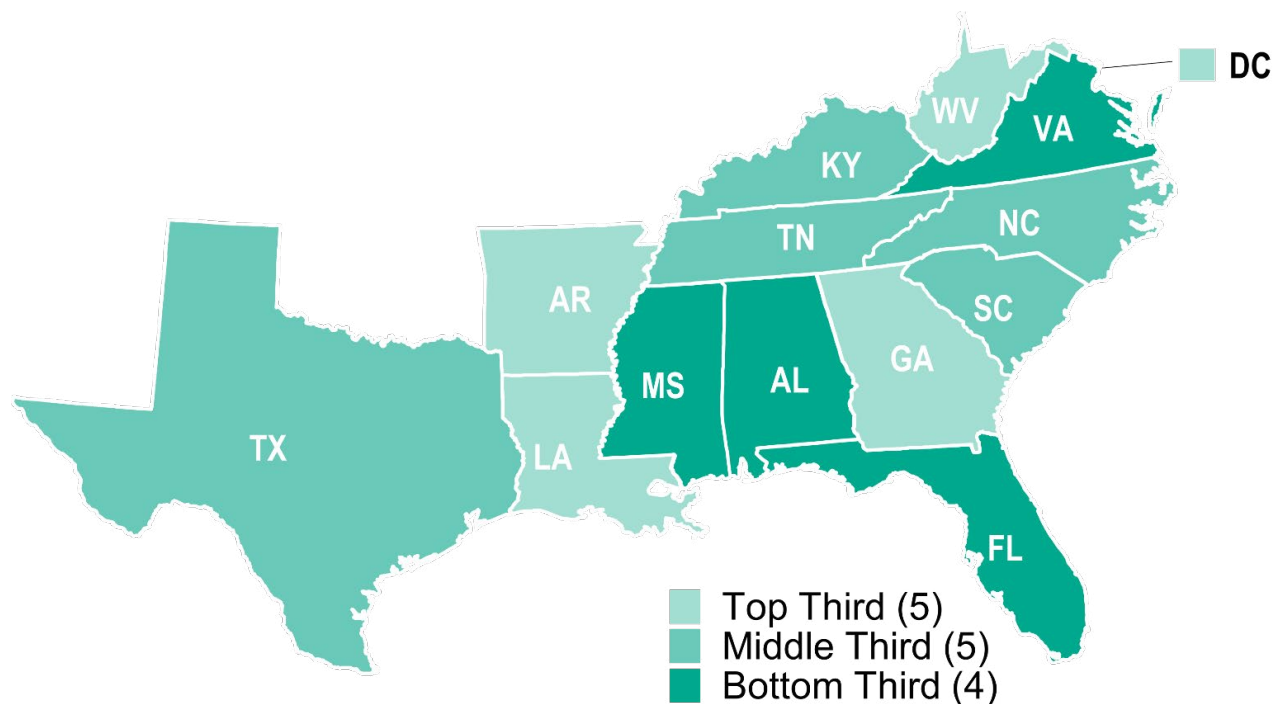
The Work & Family Composite compares southern states' performance across three components of work-family policy—paid leave, dependent and elder care, and child care—and a fourth component, the gender gap in the labor force participation of parents of children under six, an indicator that highlights gender inequality in family care of young children (Map 3.1; Table 3.1).

Each of the three policy components has a number of indicators within the composite, selected to rep-

resent the ease or difficulty of obtaining work family supports. The paid leave component includes state policies on Temporary Disability Insurance (TDI), paid family and medical leave, and paid sick days. For dependent and elder care, the component includes the availability of unemployment insurance benefits for a worker who has to leave employment for family care reasons; the availability and level of reimbursement of dependent care tax credits for the care of a dependent adult relative; and the delegation of long-term support services to domestic care agency staff (such delegation can lower the costs of providing care for a family member). The child care component includes three indicators: enrollment of four-year-olds in publicly funded pre-kindergarten (Pre-K), preschool special education, and state and federal Head Start programs; state systems to ensure quality of Pre-K education; and the cost of center-based infant care. The fourth component measures the difference in labor force participation rates of mothers and fathers of young children. The indicator selection is intended to provide a succinct portrait rather than a comprehensive catalogue of all aspects of work and family; the selection of indicators is also informed by the availability of data for state-by-state comparisons.

Map 3.1.

Work & Family Composite Index—South



Note: For methodology and sources, see Appendix A3.
Calculated by the Institute for Women's Policy Research.

Table 3.1.

How the South Measures Up: Women’s Status on the Work & Family Composite Index and Its Components

	Composite Index				Paid Leave Legislation Index ¹			Elder and Dependent Care Index ²			Child Care Index ³			Gender Gap in Parents’ Labor Force Participation Rates ⁴		
State	Score	National Rank	Regional Rank	Grade	Score	National Rank	Regional Rank	Score	National Rank	Regional Rank	Score	National Rank	Regional Rank	Percentage Points	National Rank	Regional Rank
Alabama	3.02	41	11	D–	0.00	12	2	0.13	46	11	1.46	9	6	28.3%	36	12
Arkansas	4.75	8	2	C+	0.00	12	2	1.69	5	1	1.60	4	3	27.0%	29	8
District of Columbia	5.40	2	1	B	0.67	5	1	1.38	14	2	1.73	3	2	18.7%	6	1
Florida	2.84	43	12	D–	0.00	12	2	0.00	49	14	1.35	18	10	25.5%	18	3
Georgia	4.17	20	3	C	0.00	12	2	1.13	19	4	1.60	4	3	27.4%	32	11
Kentucky	3.46	33	7	D+	0.00	12	2	0.50	40	8	1.51	6	5	27.2%	31	10
Louisiana	4.13	21	4	C	0.00	12	2	1.19	18	3	1.45	10	7	25.5%	18	3
Mississippi	2.54	48	14	D–	0.00	12	2	0.19	44	10	0.79	42	14	21.8%	9	2
North Carolina	3.30	36	9	D+	0.00	12	2	0.38	43	9	1.44	11	8	26.0%	24	6
South Carolina	3.58	29	6	C–	0.00	12	2	0.81	27	6	1.28	23	11	25.5%	18	3
Tennessee	3.04	40	10	D	0.00	12	2	0.13	46	11	1.44	11	8	26.3%	25	7
Texas	3.33	35	8	D+	0.00	12	2	0.94	24	5	1.07	36	13	33.8%	48	14
Virginia	2.70	45	13	D–	0.00	12	2	0.13	46	11	1.12	32	12	27.2%	30	9
West Virginia	3.89	25	5	C–	0.00	12	2	0.69	34	7	1.83	1	1	31.3%	42	13

Notes: See Appendix A3 for methodology and sources. ¹For additional detail about this index by state see Appendix Table B3.1. ²For additional detail about this index by state see Appendix Table B3.2. ³For additional detail about this index see Appendix Table B3.3. ⁴For mothers and fathers with children younger than age six. The gap is measured as fathers’ labor force participation rate minus mothers’ labor force participation rate. For additional detail about this indicator by state see Appendix Table B3.4.

Source: Calculated by the Institute for Women’s Policy Research

Each of the four components of the Work & Family Composite Index is weighted equally.

Out of a maximum score of 8 across all components, southern state composite scores range from a low of 2.54 to a high of 5.40, with higher scores reflecting a stronger performance in this area of women’s status and receiving higher letter grades (Table 3.1).

- The District of Columbia has the highest score on the Work & Family Composite Index for the South and is ranked first on two components—Paid Leave and Parental Labor Force Participation—and second on Elder and Dependent Care and Child Care. Indeed the District is ranked 2nd nationally and receives the highest grade given in the country (B). Arkansas is ranked 2nd in the South and 8th nationally (receiving a C+ grade), mostly as a result of its high scores on the Elder and Dependent Care and Child Care indices.
- Mississippi and Virginia have the worst scores on the Work & Family Composite Index in the South and they rank 48th and 45th nationally. Both receive a grade of D–.

- While half of the southern states rank in the bottom third nationally, five states are ranked in the middle third nationally; only the District of Columbia and Arkansas rank in the top third.

Paid Leave and Paid Sick Days

Everyone is likely to need to take leave from work at some point in their careers due to factors such as personal illness, the demands of parenthood, or the need to provide care for someone in their family. Since women are the majority of those who provide care for their families, and are the ones who have a greater need for leave relating to pregnancy and childbirth, having access to quality paid leave is essential for them. Research has shown the benefits of job-protected paid leave for women, their families, employers, and the economy, as well as the negative effects of not having access to such leave (Earle, Mokomane, and Heymann 2011; Gault et al. 2014; Winston 2014). Paid leave is also essential for men. Making paid leave more accessible to men can help to address the

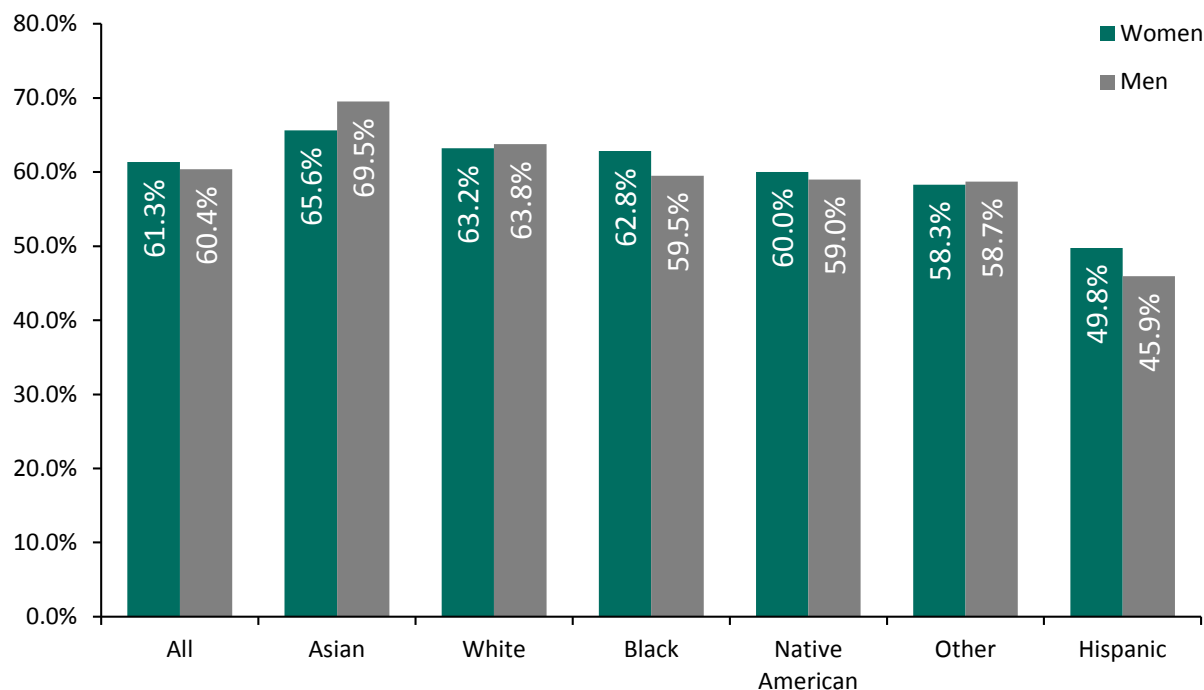
unequal division of caregiving tasks between women and men and can reduce possible discrimination against women as it keeps women from being the only ones to take paid leave (Patnaik 2015). Yet, in spite of the evidence that paid family leave and paid sick days are beneficial for families and the economy, the United States is still one of only two countries in the world without national paid maternity leave, and one of a small minority of high-income countries that does not require paid sick days (Earle, Mokomane, and Heymann 2011; Ray, Sanes, and Schmitt 2013). While the Family and Medical Leave Act (FMLA) of 1993 does provide up to 12 weeks of job-protected leave, it is unpaid and coverage is restricted to just 59 percent of all workers because the law does not cover employers with fewer than 50 workers, workers who have worked for less than 12 months with their employer, or workers who have worked for less than 1,250 hours in the past 12 months (Klerman, Daley, and Pozniak 2014). Additionally, the FMLA narrowly defines “family” as spouses, children, and parents.⁵ Also covered is care for or by a person who stood “in

loco parentis,” in the situation of a parent (such as an aunt or grandmother, for example), but otherwise care for, or by, grandparents, aunts or uncles, or siblings is not covered (U.S. Department of Labor, Wages and Hours Division 2015).⁶

Voluntary employer paid leave benefits only partially fill the vacuum left by federal laws, and access to paid family leave and paid sick days is highly unequal. Among all private sector workers, in March 2015 just 12 percent have access to paid family leave from their employer; and access varies greatly by income level as this proportion rises to 25 percent for the highest paid workers, and falls to just 3 percent for the lowest paid workers (U.S. Department of Labor, U.S. Bureau of Labor Statistics 2015). The gaps remain for paid sick days, with nine in ten high-income workers having access to paid sick days, compared with only one in five low-income workers (O'Connor, Hayes, and Gault 2014). Half of Hispanic women and nearly 40 percent of black women workers do not have access to paid sick days in the United States (Figure 3.1).

Figure 3.1.

Percent of Workers with Access to Paid Sick Days, by Gender and Race/Ethnicity, United States, 2014



Notes: Percent with access to paid sick days is calculated for employed individuals aged 18 years and older who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Self-employed workers were not included. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. “Other” category includes individuals reporting multiple racial identities. Self-employed workers were not included.

Source: Institute for Women’s Policy Research analysis of the 2012-2014 National Health Interview Survey (2015b).

⁵ Same-sex married couples are now covered under FMLA since the Supreme Court’s June 26, 2015, ruling on *Obergefell v. Hodges*, legalizing same-sex marriage in the entire United States. See the Focus on Progress: Same-Sex Marriage and Second-Parent Adoption in the Reproductive Rights chapter for more information on the aftermath of this Supreme Court case.

⁶ Care for an adult child (unless mentally or physically disabled), sibling, parent-in-law, or grandparent (unless they are “in loco parentis”) is not covered (Klerman, Daley, and Pozniak 2014; U.S. Department of Labor, Wages and Hours Division 2015).

A growing, but small, number of states and localities have statutes providing workers with paid leave rights. The Work & Family Composite Index scores states on three paid leave policies: Statewide Temporary Disability Insurance (TDI; which provides women with paid maternity leave of approximately six weeks for a normal pregnancy and birth as part of a statewide insurance program for workers with temporary disabilities), paid family leave insurance (which covers the care of newborns and care of family members with illness or aging parents, of the type covered under the FMLA for up to four or six weeks), and paid sick days. Such statutes are uncommon in the South. The District of Columbia is the only southern state to have any type of paid leave law, and requires employers to provide paid sick days (see Table 3.1; Appendix Table B3.1).⁷ None of the other southern states have laws that make it easier for workers to access paid leave.

Elder and Dependent Care

Many elderly people and people with disabilities live healthy and independent lives and may provide financial or other support to their families. However, many others (at least at some point in their lives) rely on the care of family members in order to function. According to the 2105 Caregiving in the U.S. study, 39.8 million people provided care to an adult, and 34 million provided care for an adult aged 50 years and older, during the prior twelve months (National Alliance for Caregiving and AARP 2015). Women are the majority of those who provide care for adult family members, and the majority of caregivers under the age of 65 also combine caregiving with paid work (MetLife 2011).⁸ Among those ages 45 to 75, black and Hispanic workers are particularly likely to report having taken time off work to provide care to a family member; one in four black workers in this age group expect to have

Table 3.2.

Women Living with a Person with a Disability, by Race/Ethnicity, Southern State, and South/Non-South, 2014

State	All Women	White	Hispanic	Black	Asian/Pacific Islander	Native American	Other Race or Two or More Races
Alabama	18.0%	18.0%	10.1%	18.9%	8.8%	30.7%	22.1%
Arkansas	18.8%	19.3%	10.9%	18.8%	11.6%	23.2%	29.5%
District of Columbia	10.5%	3.0%	7.2%	18.1%	4.0%	8.6%	8.1%
Florida	15.2%	15.6%	14.5%	15.1%	12.9%	29.7%	17.1%
Georgia	15.3%	15.9%	9.5%	16.3%	9.1%	25.8%	17.1%
Kentucky	18.6%	19.2%	8.6%	15.8%	10.5%	21.9%	24.9%
Louisiana	16.8%	16.6%	10.7%	17.7%	14.0%	28.2%	20.9%
Mississippi	19.5%	19.9%	14.0%	19.4%	7.3%	26.8%	23.8%
North Carolina	14.8%	14.7%	9.2%	16.8%	8.8%	25.6%	21.1%
South Carolina	16.7%	16.2%	9.7%	18.6%	14.3%	23.9%	24.3%
Tennessee	17.6%	18.4%	11.4%	16.0%	13.6%	28.3%	18.4%
Texas	15.2%	14.3%	16.4%	16.3%	10.5%	21.2%	19.3%
Virginia	12.9%	12.8%	10.0%	15.4%	9.9%	22.8%	13.7%
West Virginia	20.9%	21.2%	16.8%	15.9%	7.7%	27.2%	23.7%
Southern States	16.0%	16.3%	14.3%	16.8%	11.6%	26.0%	19.3%
All Other States	14.4%	13.8%	15.6%	15.9%	12.8%	22.5%	17.7%
United States	14.9%	14.6%	15.2%	16.4%	12.5%	23.1%	18.1%

Notes: Persons with one or more disability are age 15 and older and need assistance with one or more of the following: hearing; vision; cognitive tasks because of difficulty remembering, concentrating, or making decisions; walking or climbing stairs; bathing or dressing; and doing errands such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem. State-level data are three-year (2012-2014) averages; data for the South and all other states are 1-year (2014). Data include women aged 16 to 64. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. N/A=not available.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

⁷ Because the District of Columbia is the only locality in the South to provide any type of paid leave, this chapter does not include a composite map for this indicator. For a map of state paid leave laws nationally, see Hess et al. 2015.

⁸ Estimates vary according to the source of data and the type of caregiving that is considered, but all find women to be the majority of those who provide unpaid family care; see Bianchi, Folbre, and Wolf 2012; Y. Lee and Tang 2013; National Alliance for Caregiving and AARP 2015; and Spillman et al. 2014.

to take leave from their job for caregiving purposes in the next five years (Feinberg 2013). Because many women of color experience a cumulative disadvantage over their lifetimes, they often have fewer resources for using paid or outsourced care and are more likely to opt for family, extended kin, and home care for their elders and, therefore, experience an increased burden to also act as unpaid caregivers (Bookman and Kimbrel 2011).

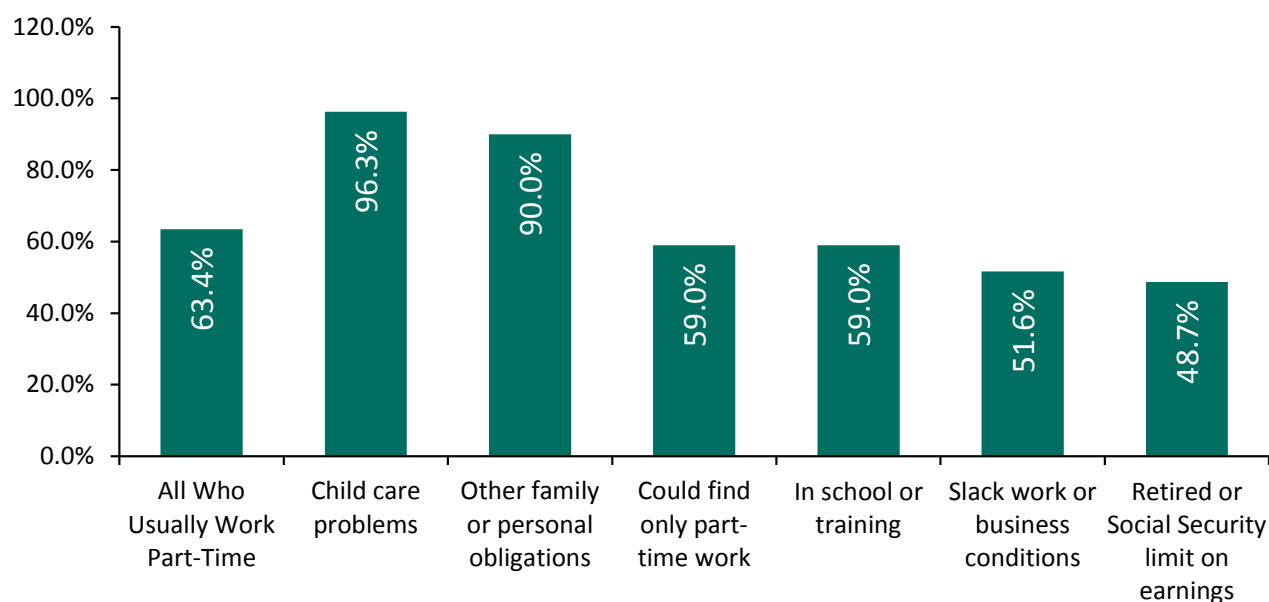
Living with an adult who has one or more disabilities is more common in the South than in other states. In 2014 almost one in six women under the age of 65 in the South lived with a person aged 15 or older with one or more disabilities, compared with one in seven in other states.⁹ In West Virginia, where this is most common, this proportion rises to one in five (20.9 percent) women. Mississippi (19.5 percent), Arkansas (18.8 percent), Kentucky (18.6 percent), and Alabama (18.0 percent) also have larger shares of women living with someone with a disability than the average for women in the South (Table 3.2). Supports for people with disabilities, and for women who care for someone with a disability, are especially important in the South.

Across the southern states, Native American women are by far more likely to live with someone with one or more disabilities than women of any other race or ethnicity, at a low of 21.2 percent in Texas to a high of 30.7 percent in Alabama. Native American women are closely followed by women who identify as another race or two or more races (from 8.1 percent in the District of Columbia to 29.5 percent in Arkansas). Asian/Pacific Islander women in the South are least likely to live with a person with one or more disabilities; across the southern states, South Carolina has the highest rate of Asian/Pacific Islander women living with a person with disabilities (14.3 percent; Table 3.2).

Balancing paid employment and unpaid caregiving, responsibilities that fall more on women than men, leads to significantly higher levels of stress than those experienced by non-caregivers (MetLife 2011). Caregiving responsibilities can also significantly reduce economic security. Women are far more likely than men in the South to work part-time because of their family care obligations (Figure 3.2; Hess et al. 2015). Part-time work typically means lower earnings (and lower Social Security contributions) and less access

Figure 3.2.

Women's Share of Part-Time Workers in the South by Main Reason for Part-Time Work, 2014



Notes: Part-time workers are those who usually work between 1 and 34 hours per week.

Source: IWPR calculations based on U.S. Bureau of Labor Statistics (2014b).

⁹ The ACS defines a person with a disability as someone who has one or more of the following: hearing difficulty; vision difficulty; cognitive difficulty (having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem); having serious difficulty walking or climbing stairs; having difficulty bathing or dressing; independent living difficulty (having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional problem; U.S. Census Bureau 2015). A similar methodology is used by the Bureau of Labor Statistics in the CPS (U.S. Bureau of Labor Statistics 2015).

to employer provided benefits, such as paid leave and employer provided health insurance or pension plans (Society for Human Resource Management 2011; Van Giezen 2013). Caregiving responsibilities may also force a woman to completely give up paid employment; it has been estimated that women (over the age of 50) who leave their job because of caregiving responsibilities lose \$324,044 in income and benefits over their lifetime (MetLife 2011).

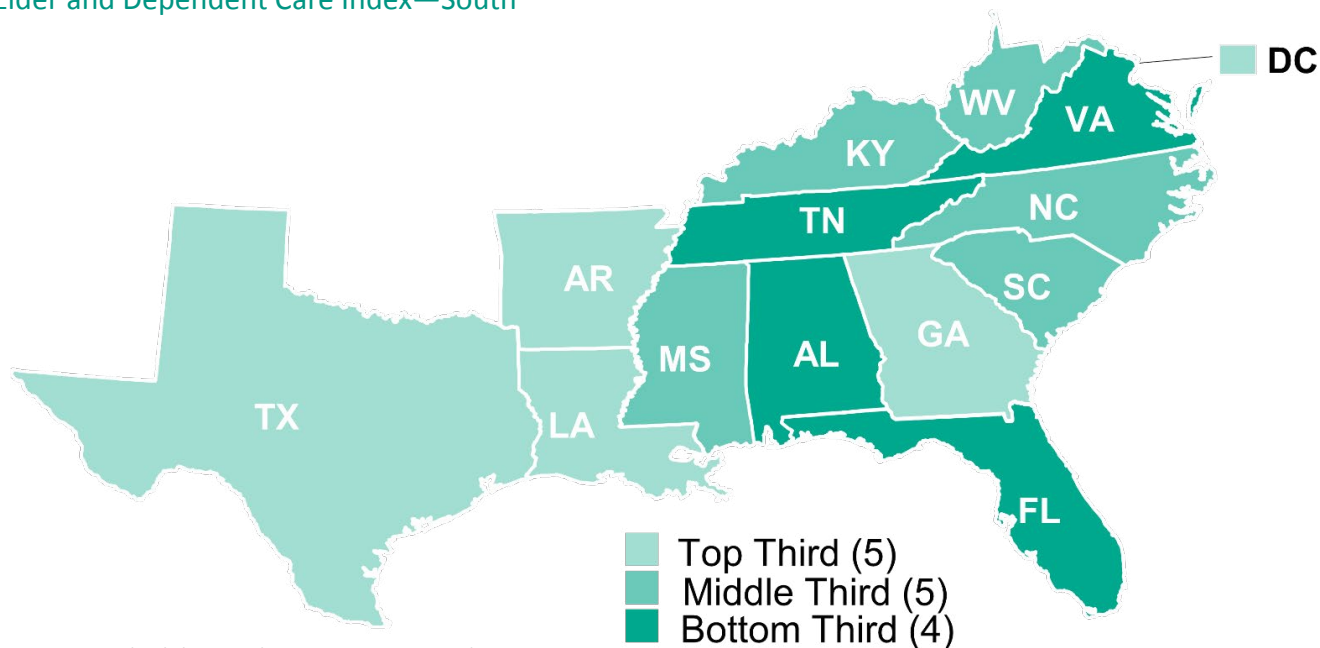
State policies can support family caregivers in a variety of ways: directly, by providing supports for respite care, assessments, training, and through legislating access to paid leave at work, protection against employment discrimination because of caregiving responsibilities, and rights to predictable and flexible work arrangements; and indirectly, by properly funding and enforcing quality standards for nursing care and long-term service support workers.¹⁰ The elder and dependent care component of the Work & Family Composite Index scores southern states on three items linked to financial supports for caregivers: unemployment insurance benefits for workers who have to leave their jobs because of family care; tax credits for dependent care that are not limited to child care, are refundable, and are \$500 or higher; and nurse delegation of long-

term support service (LTSS) tasks to domestic care agency workers (which can lower the costs of hiring external help to provide care). This would be especially helpful for low-income women, for whom the high cost of hiring external help to care for a loved one may force a person to choose between her employment and providing the care herself.¹¹ Map 3.2 indicates where each southern state is ranked in the top, middle, or bottom third on the elder and dependent care index.

- Arkansas is the highest ranked state in the South on this indicator, and is the only southern state to be ranked in the top ten states nationally (Table 3.1). It makes unemployment insurance available to anyone who has to leave work to provide care for a family member, provides a tax credit for dependent care, and allows delegation of LTSS to domestic care agency workers for 15 out of 16 tasks. However, the tax credit for dependent care is not refundable and the maximum credit is only \$210 (Appendix Table B3.2).
- In six southern states dependent care tax credits can be claimed for the care of an adult family member. Louisiana is the only southern state in

Map 3.2.

Elder and Dependent Care Index—South



Note: For methodology and sources, see Appendix A3
Calculated by the Institute for Women's Policy Research.

¹⁰ See Reinhard et al. 2014 for a state-by-state assessment of long-term care services and supports for older adults, people with disabilities, and family caregivers. See Hess et al. 2015 for information on state and local laws to support caregivers at work, including laws on caregiver discrimination, rights to request flexible work, and predictable work schedules.

¹¹ In states without nurse delegation, long-term support services (such as providing an insulin injection to someone with diabetes) have to be provided by a registered nurse when an agency is used to provide such services, increasing the costs of buying such care. The same restrictions do not apply when a family directly hires a caregiver.

which the tax credit is refundable and is higher than \$500 (Appendix Table B3.2).

- Among southern states, only Arkansas, the District of Columbia, and South Carolina recognize family care reasons as a legitimate cause of job loss for receiving unemployment insurance benefits (Appendix Table B3.2).
- Of a total of 16 medical tasks, only three southern states—Arkansas, Georgia, and Texas—allow nurse delegation to an agency domestic care worker of 14 or more tasks; six states allow the delegation of only four or less tasks; and Florida does not allow any nurse delegation (Appendix Table B3.2).
- Half of the southern states—Alabama, Florida, Kentucky, Mississippi, North Carolina, Tennessee, and Virginia—rank in the bottom third nationally on the elder and dependent care component: none of these states extend unemployment insurance to workers who leave employment to provide family care; all except Kentucky lack a tax credit for dependent care; and none allow the delegation of more than six LTSS tasks to domestic care agency workers (Appendix Table B3.2).

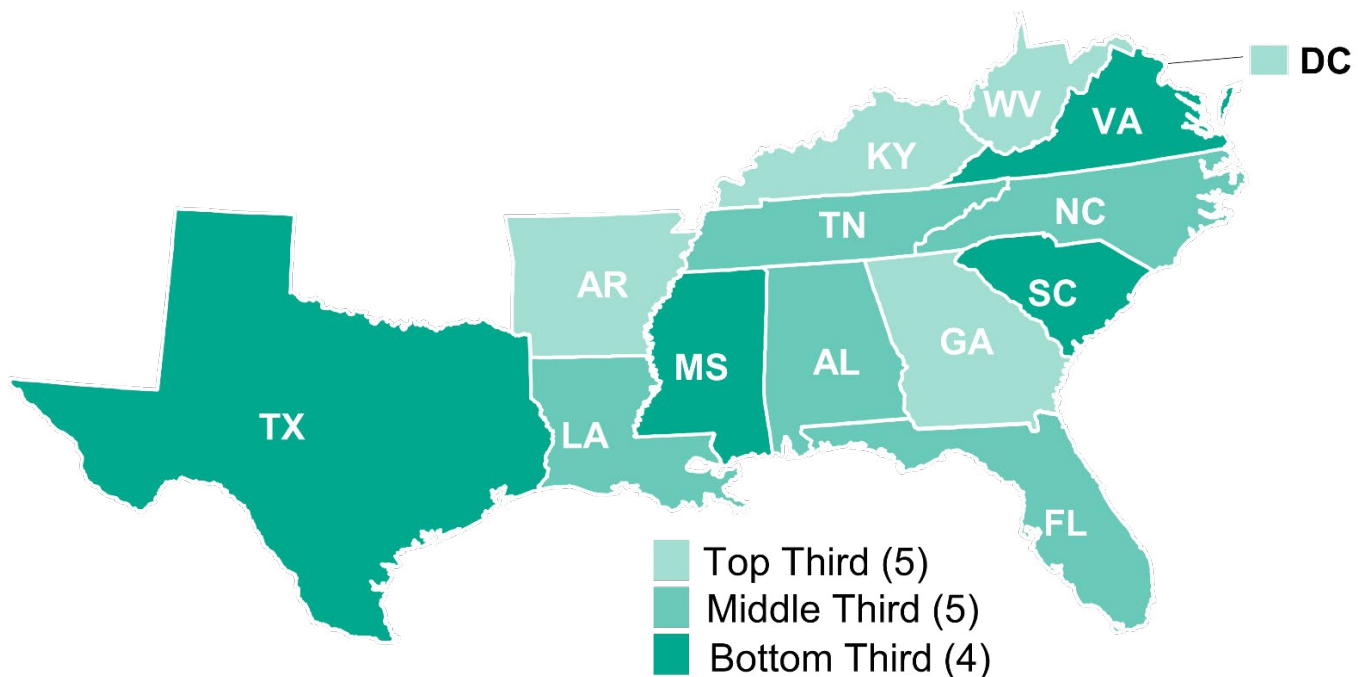
Child Care

Reliable and affordable child care is essential for the employment of mothers and others responsible for the care of their children. When children are in quality and affordable childcare, parents are free to focus on their work. When child care is of poor quality, or when quality is unaffordable, parents may be pushed to choose between work and caring for their children, or may have lower productivity at work because of concerns over their children (Shellenback 2004).

State policies on child and early care and education differ on many aspects including access and affordability, the number of hours provided by public programs, the training and support available to/required of providers and teachers, after school and school vacation care programs, subsidies for low-income parents, and guidance provided to parents choosing providers (see Barnett et al. 2014; Child Care Aware of America 2016; Child Care Aware of America 2015; Schmit and Reeves 2015; Schulman and Blank 2013). The child care component of the Work & Family Composite Index focuses on just three indicators: the cost of full-time center care for an infant as a proportion of the median annual earnings for women in the

Map 3.3.

Child Care Index—South



Note: For methodology and sources, see Appendix A3.
Calculated by the Institute for Women's Policy Research.

state;¹² the share of four-year-olds who are in publicly funded Pre-K, Headstart, and special education; and policies in place to ensure the quality of Pre-K care (discussed in greater detail below). Overall, families in the South have better access to quality, affordable care when compared to the United States overall. However, even within the South, states vary widely across these indicators, and none of the states provide fully comprehensive child care supports (Map 3.3).

- West Virginia scores the highest on the child care index both in the South and nationally, and half of the 14 southern states rank in the top ten nationally on the child care index overall (Table 3.1; Appendix Table B3.3).
- Mississippi is the southern state with the worst overall score on the child care index and ranks 42nd nationally (Appendix Table B3.3).

The Cost of Early Care

The cost of child care can present a formidable burden to families with young children, especially for low-income families, who can spend as much as 30 percent of their income on child care (Smith and Adams 2013). The majority of parents rely on childcare by relatives (including siblings and grandparents), especially among low-income families and low-income families who live in rural areas (Laughlin 2013; Reschke et al. 2006). More than one in four working mothers of preschoolers reports having to use multiple child care arrangements (Laughlin 2013). Without stable, quality child care, low-income parents are more likely to be late or miss work, increasing the likelihood that they will lose pay, benefits, or experience another form of retribution that can endanger their job and income security (Watson and Swanberg 2011). Reliable and affordable child care enables mothers, especially mothers in low-wage jobs, to maintain employment and advance at work (Lee 2007).

Quality child care is expensive. In four of the 14 southern states—the District of Columbia, Florida, North Carolina, and West Virginia—the costs of keeping an infant in center care for one year are higher than tuition fees at a public university (Child Care Aware of America 2015). In three southern states—the District

of Columbia, North Carolina, and West Virginia—the cost of infant care exceeds 40 percent of the median annual income of single parents (Child Care Aware of America 2015). Confronted with such high costs, mothers may be forced to seek lower quality care, or may leave the workforce altogether, in spite of the long term consequences for their economic security and earnings. While child care subsidies can help families access better quality child care, just over three percent of children under the age of one (3.4 percent) received child care subsidies in 2011, and only 5.3 percent of children under five received any financial supports for child care from government sources (Laughlin 2013).¹³

The infant care cost indicator in the child care component of the Work & Family Composite Index compares the cost of center-based infant care to the median annual earnings of all women, regardless of their parental status. The cost of full-time annual center care for infants varies considerably in the South.

- The annual cost of center care for an infant as a proportion of women's full-time, year-round median annual earnings is lowest in Alabama (17.3 percent; Appendix Table B3.3). In six other southern states—Arkansas, Kentucky, Louisiana, Mississippi, South Carolina, and Tennessee—the costs are also lower than 20 percent of women's median annual earnings. All seven of these southern states rank within the top ten states in terms of lowest cost of child care compared with women's earnings, nationally.
- The cost of center-based infant care compared with women's earnings is highest in the District of Columbia (36.6 percent). The states with the next highest cost in the South are North Carolina and West Virginia at 26 percent (Appendix Table B3.3).

This relative measure of the costs of child care does not, however, capture the quality of center care. Lower relative costs could reflect lower quality, such as high ratios of children to staff, the lack of requirements for teacher certification, and lower wages for childcare workers. Lower costs may also be indicative of the absence of a market for higher-quality/higher-cost infant care due to lower median earnings. The reverse is also true, where high cost child care, such as in the

¹² This measure was chosen to illustrate the potential barriers created by the costs of care for families considering having children generally and particularly for mothers of young children who want to return to work.

¹³ For more information on child care subsidies, see the Work & Family chapter in *The Status of Women in the States: 2015* (Hess et al. 2015).

District of Columbia, could be a response to higher numbers of well-paid women (Child Care Aware of America 2015).

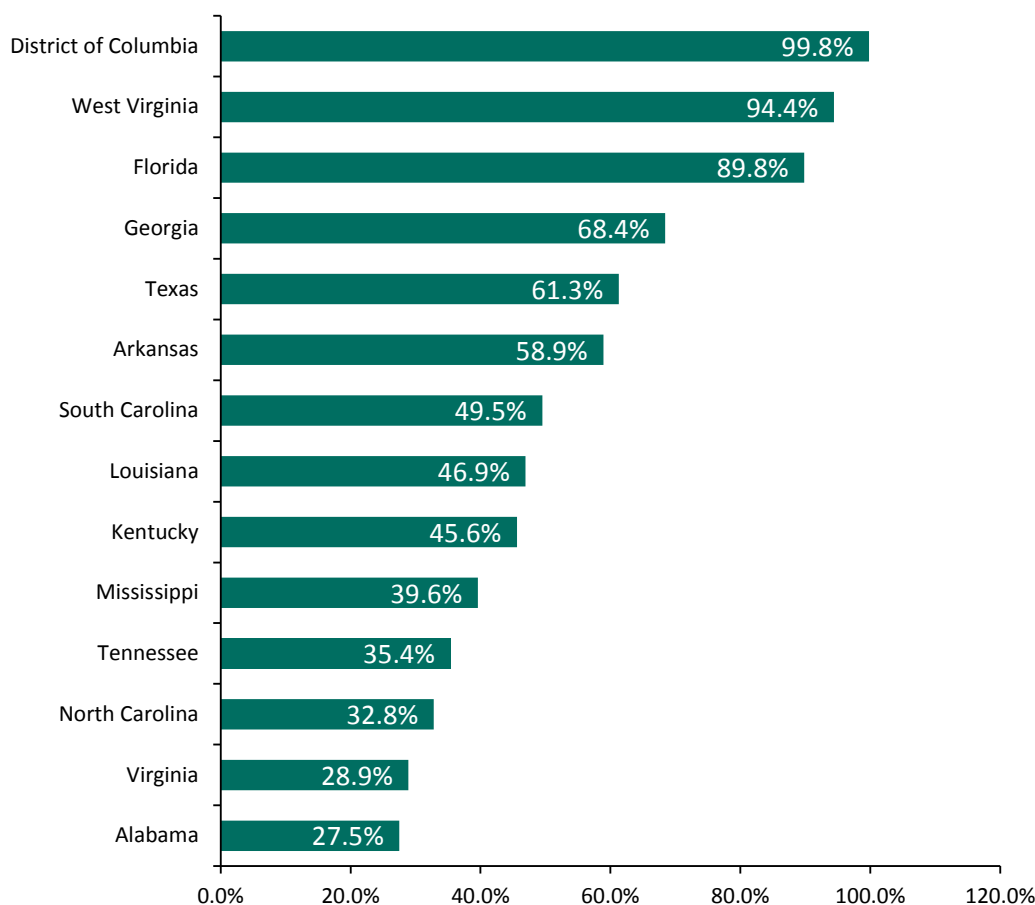
The Coverage and Quality of Pre-Kindergarten Education

The benefits of preschool education for children's cognitive and social development are well established (Bornfreund, Cook, and Lieberman 2015; Yoshikawa et al. 2013). Nationally, for the 2013/2014 school year, 41.5 percent of four-year-olds were enrolled in publicly funded Pre-K, Head Start, or special education programs (Barnett et al. 2014).¹⁴ The level of enrollment of four-year-olds in publicly funded Pre-K, Head Start, or special education programs varies dramatically across the South. Enrollment rates vary from just

27.5 percent in Alabama to 99.8 percent in the District of Columbia (Appendix Table B3.3). State-by-state differences in the overall enrollment in public education of four-year-olds, irrespective of the numbers of hours provided per child, can be seen in Figure 3.3.¹⁵ The difference in the numbers of hours provided per child also varies greatly by state in the South, as illustrated by the differences between the three southern states with the highest levels of enrollment: the District of Columbia, West Virginia, and Florida. In the District of Columbia, Pre-K is offered on the same schedule as school for older children (8 hours per day, 5 days per week). In West Virginia, hours of operation are determined locally, with a minimum set of at least 14 hours per week over 4 or 5 days per week, and in Florida Pre-K education is typically available for only three hours per day, 5 days per week (Barnett et al. 2014).

Figure 3.3.

Percent of Four-Year-Olds in the South Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2014



Notes: Coverage rates do not differentiate between full-time and part-time preschool because of data availability. District of Columbia data may overstate coverage rates because of Census underestimates of the number of four-year-olds.

Source: Barnett et al. 2014.

¹⁴ Enrollment data for the remainder of this chapter are for four-year-olds in all public programs, Pre-K, Head Start, and special education.

¹⁵ States typically operate a variety of preschool programs with differing rules, making it difficult to assess the average hours offered to children in different states (Barnett et al. 2014).

In addition to the level of enrollment and numbers of hours of Pre-K provided, there are also significant differences in state policies to ensure that preschool education is of high-quality. The National Institute for Early Education Research (NIEER) assesses states on ten indicators of Pre-K quality, including measures such as class size, minimum qualifications standards for teachers and teacher assistants, supports for vision- or hearing-impaired children, and site visits by educational authorities to check on standards (Barnett et al. 2014). These quality indicators, however, measure only program design features, not quality in the actual delivery of Pre-K education.

- Only a few states in the South have both high rates of access to publicly provided preschool education and high quality ratings. The District of Columbia meets eight of the ten Pre-K quality indicators in addition to having almost all four-year-olds enrolled in publicly provided preschool education. Other southern states that have both high rates of access and high quality ratings are West Virginia (94.4 percent and a quality rating of 9) and Georgia (68.4 percent and a quality rating of 8).
- Alabama and North Carolina are the only southern states that meet all ten quality standards, but the enrollment rates in these states are less than 35 percent.
- Both Florida (89.8 percent) and Texas (61.3 percent) are among the top five states in the South and the top ten states nationally for access to Pre-K, but Florida meets only three and Texas only two of ten quality standards.
- Access to public preschool education in the South is lowest in Alabama (27.5 percent) and Virginia (28.9 percent). Mississippi is the only southern state to not have implemented any of the quality indicators assessed by NIEER (Appendix Table B3.3; Barnett et al. 2014).¹⁶

The Gap in Mothers' and Fathers' Labor Force Participation Rates

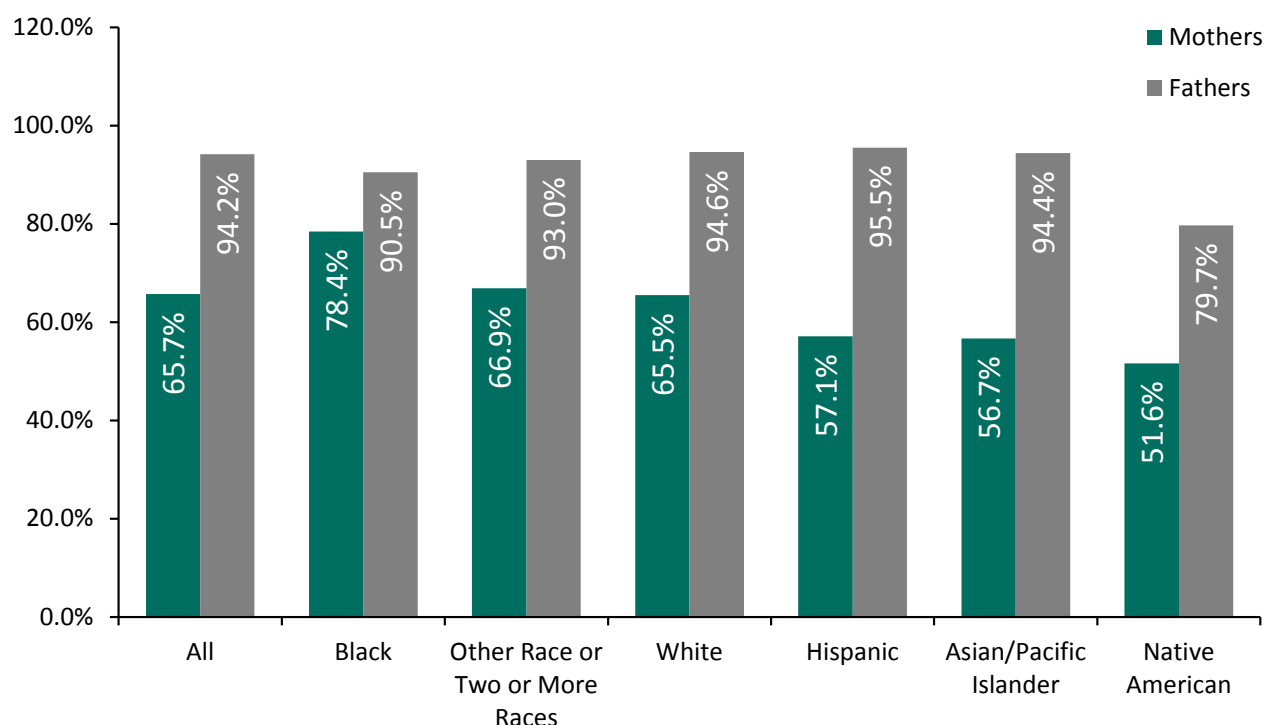
Nationally, the labor force participation rate for mothers of children under six has more than doubled over the past four decades, from 32.1 percent in 1970 to 66.9 percent in 2014 (Hess et al. 2015; Institute for Women's Policy Research 2015a). The labor force participation rate of mothers in the South (65.7 percent) is slightly lower than the national rate for mothers. The rate varies greatly by state—ranging from only 60 percent of mothers in the workforce in West Virginia to 78 percent of mothers in the District of Columbia (Appendix Table B3.4). There are significant differences in the South in the likelihood that mothers of young children are in the workforce among women of the largest racial and ethnic groups. The labor force participation rates of black mothers are substantially higher than of mothers of any other racial or ethnic background. Seventy-eight percent of black mothers of children under the age of six are in the workforce in the South, which is more than ten percentage points higher than the rate for all mothers in the South (65.7 percent; Figure 3.4). Native American and Asian/Pacific Islander mothers have the lowest rates (at 51.6 and 56.7 percent respectively).

Yet, as mothers have joined the workforce, fathers have become only marginally less likely to be at work. Nationally, the labor force participation rate of fathers fell only from 97.9 percent in 1970 to 94.4 percent in 2014 (Hess et al. 2015; Institute for Women's Policy Research 2015a). Fathers' labor force participation rate in the South is 94.2 percent, 28.5 percentage points—or forty percent—higher than that of mothers (Figure 3.4). Fathers' participation rates range from 90.9 percent in West Virginia to 96.2 percent in the District of Columbia (Appendix Table B3.4). Fathers in the South are more likely to be in the workforce than mothers among all of the major racial and ethnic groups in the South, and there is less variation among

¹⁶ Mississippi passed the Early Learning Collaborative Act in 2013, establishing the first state-funded, voluntary Pre-K program. While the program served 1,774 children beginning January 2014, they are still reported as having “no program” because children were not enrolled for the duration of the 2013/2014 school year (Barnett et al. 2014).

Figure 3.4.

Labor Force Participation Rate of Parents of Children Under Six in the South, by Gender and Race/Ethnicity, 2014



Notes: For individuals aged 16 and older. Racial categories are non-Hispanic. Hispanics may be of any race or two or more races. Source: IWPR analysis of the American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

racial and ethnic groups of fathers. Hispanic, white, and Asian/Pacific Islander men have the highest labor force participation rates (95.5, 94.6, and 94.4 percent respectively), and Native American fathers have the lowest rate (79.7 percent). The gap in parents' labor force participation rates is smallest between black mothers and fathers and largest for Hispanics and Asian/Pacific Islanders (Figure 3.4).

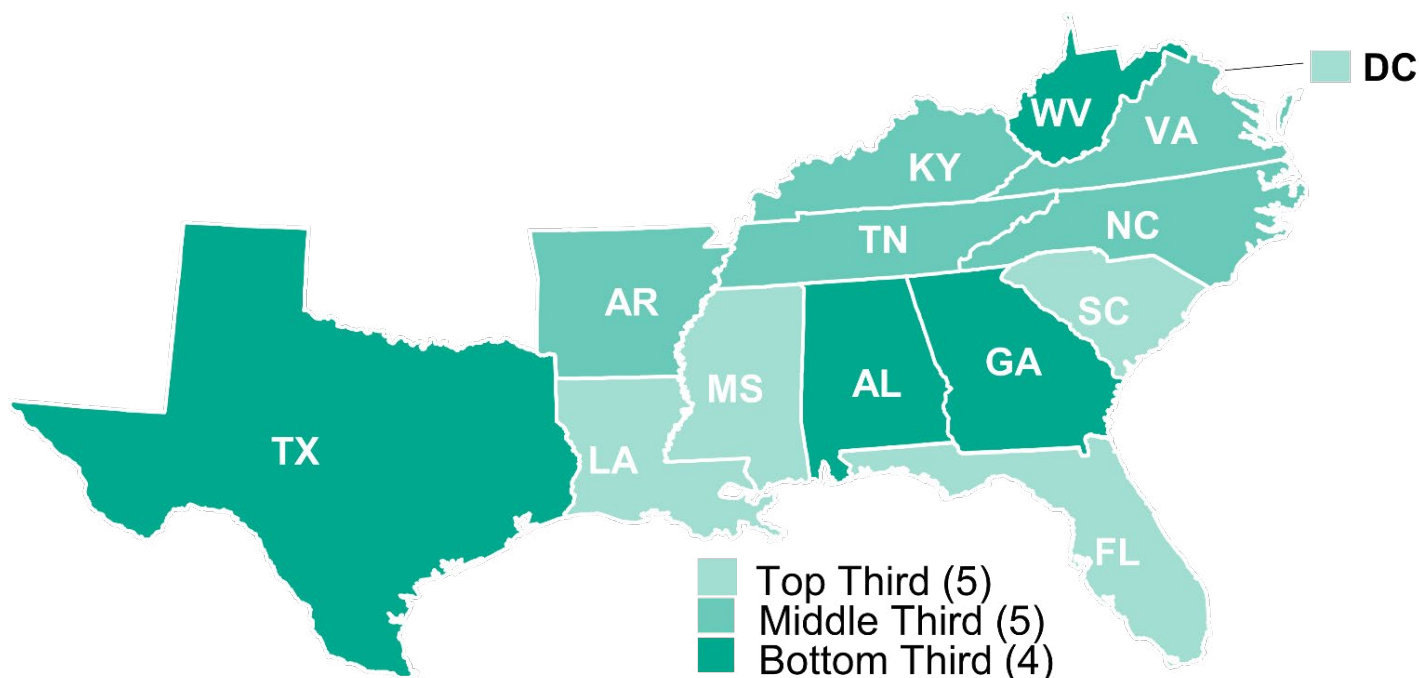
The increase in the labor force participation rate of mothers, and the lack of change in the labor force participation rate of fathers are indicators of continuing gender inequality at home and at work. Though both mothers and fathers of young children spend more time on child care and housework than they have in the past, overall, mothers still do the large majority of family work and cut back on paid work, while fathers still do the large majority of paid work.¹⁷ Mothers still are much more likely than fathers to reduce paid

employment to provide family care, with long-term consequences for their earnings and economic security. Mothers of children under six are less likely than fathers to be in the labor force in each southern state, but the size of the parental gap in labor force participation varies across the states (Map 3.4; Appendix Table B3.4).

- Texas has the largest gender gap in parental labor force participation (33.8 percentage points). At 31.1 percentage points, West Virginia is the only other southern state with a gap larger than 30 percentage points.
- The District of Columbia has the lowest gender gap (18.7 percentage points) and is the only place to have a gap smaller than 20 percentage points. Mississippi has the next lowest gap at 21.8 percentage points (Appendix Table B3.4).

¹⁷ See Hess et al. 2015 for national analysis on the trends in the time mothers and fathers spend on paid work, housework, and child care from 1975 to 2011.

The Gender Gap in Parents' Labor Force Participation Rates in the South, 2014



Notes: For women and men aged 16 and older with children under the age of six. Fathers' labor force participation rate minus mothers' labor force participation rate.

Source: IWPR analysis of American Community Survey microdata (IPUMS, Version 6.0).

Mothers as Breadwinners

Across the South, 11.3 million family households have children under 18 (29 percent of all households), the same share of households as in non-southern states (Institute for Women's Policy Research 2015a). Of the 11.3 million households in the South with children under 18, 7.3 million are headed by married couples, 3.1 million by single mothers, and close to 875,000 by single fathers (Figure 3.5; Appendix Table B3.5). Within the South, Texas has by far the largest number of households with children under 18 (3.0 million), followed by Florida (1.8 million), Georgia, and North Carolina (1.1 million each; Appendix Table B3.5). The southern states with the largest share of family households headed by single mothers include the District of Columbia (41.8 percent), Mississippi (35.6 percent), and Louisiana (33.7 percent). Single mothers make up a slightly larger share of all family households with

children under 18 in the South than in non-southern states (27.4 percent versus 24.0 percent; Appendix Table B3.5); building supports that help mothers stay in the workforce is all the more essential in the South.

Mothers and other caregivers in the South need workforce supports that help them stay and succeed in the workforce. Mothers' earnings are crucial for their own and their families' economic security.

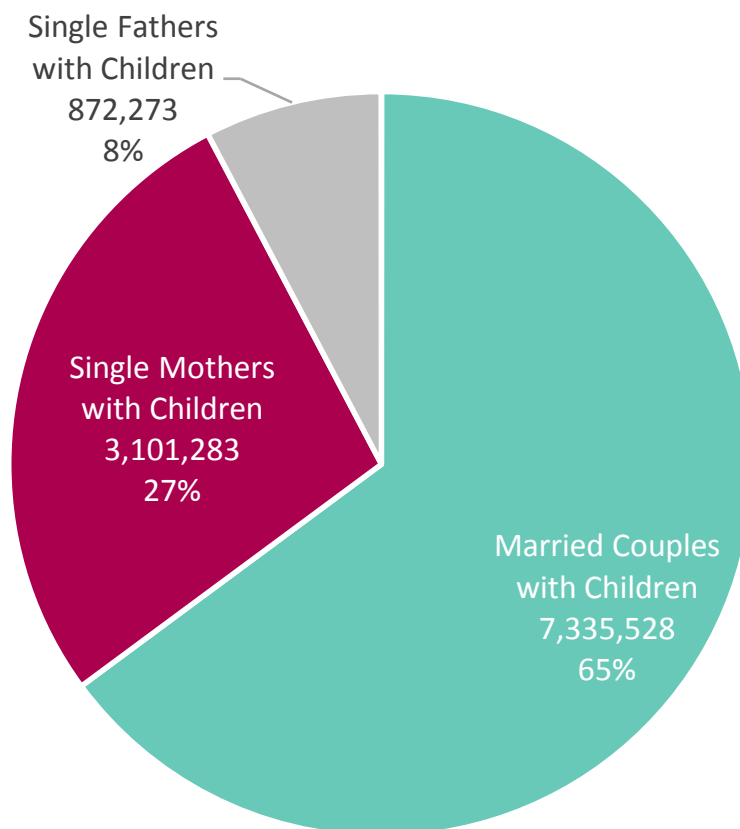
In half of all families with children younger than 18 in the South, mothers are the sole provider or, in married couples, contribute at least 40 percent of family earnings (Table 3.3).¹⁸ Single mothers are a slight majority of female breadwinners (54.0 percent). In married families with children, over a third of mothers (36.0 percent) earn at least 40 percent of the couple's joint earnings (Table 3.3). The share of female breadwinners in the South varies by state:

¹⁸ This definition of breadwinners (all single mothers and married mothers who contribute at least 40 percent of a couple's joint earnings) is used for the remainder of this chapter.

- Among families with children, the District of Columbia has the highest share (63.8 percent) of breadwinner mothers. Mississippi (57.7 percent) and South Carolina (53.9 percent) also have high shares of households with female breadwinners in the South. The southern states with the lowest share of female breadwinners are Texas (46.8 percent), West Virginia (47.2 percent), and Virginia (49.4 percent).
 - Among married couples with children, the District of Columbia has by far the highest share (44.7 percent) of breadwinner mothers, followed by Florida (39.4 percent) and Mississippi (39.2 percent). The share of married breadwinner mothers among married couples in the South is lowest in Texas (32.1 percent), Louisiana (33.2 percent), West Virginia (33.6 percent), and Alabama (35.1 percent).
 - The share of single mothers among female breadwinners is highest in the District of Columbia (65.5 percent), Louisiana (63.9 percent), and Mississippi (61.7 percent).
 - The share of married mothers among female breadwinners is highest in Virginia (53.1 percent), the only southern state where the share of married mothers is higher than the share of single mothers among all breadwinner mothers. Kentucky has the second highest share of married mothers among female breadwinners, at 49 percent (Institute for Women's Policy Research 2015a).
- Women of color in the South make up the majority of all southern breadwinner mothers (51.1 percent), higher than their share of all mothers (44.8 percent; Figure 3.6). Black mothers in particular are likely to

Figure 3.5.

Distribution of Households in the South with Children Under 18, by Household Type, 2014



Notes: Single mothers and single fathers include those who are never married, married with an absent spouse, widowed, divorced, and separated. Data are three year (2012-2014) averages. State-level data are available in Demographic Table 8.5.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Table 3.3.

Breadwinner Mothers in Households with Children Under 18, by Southern State, South/Non-South, and United States, 2104

	Households With Children Under 18		Breadwinner Mothers	Households with a Breadwinner Mother as Share of all Households with Children	Single Mother Breadwinners as Percent of All Female Breadwinners	Married Couples With Female Breadwinner as Percent of All Married Couples
State	Number	As Percent of All Households	Number	Percent	Percent	Percent
Alabama	496,690	27.3%	261,192	52.6%	58.0%	35.1%
Arkansas	310,473	27.7%	158,390	51.0%	53.3%	36.6%
District of Columbia	48,357	17.9%	30,871	63.8%	65.5%	44.7%
Florida	1,757,345	24.4%	936,992	53.3%	53.4%	39.4%
Georgia	1,102,821	31.3%	570,763	51.8%	54.9%	36.5%
Kentucky	473,366	28.0%	244,012	51.5%	51.0%	38.5%
Louisiana	483,349	28.4%	254,923	52.7%	63.9%	33.2%
Mississippi	314,150	29.0%	181,391	57.7%	61.7%	39.2%
North Carolina	1,061,873	28.6%	555,137	52.3%	52.4%	38.6%
South Carolina	478,716	26.8%	258,157	53.9%	57.3%	37.4%
Tennessee	680,765	27.5%	348,307	51.2%	52.4%	37.3%
Texas	3,033,849	33.5%	1,420,011	46.8%	53.5%	32.1%
Virginia	891,479	29.4%	440,634	49.4%	46.9%	37.4%
West Virginia	175,851	24.1%	82,952	47.2%	53.9%	33.6%
Southern States	11,309,084	28.9%	5,743,732	50.8%	54.0%	36.0%
All Other States	22,063,846	29.0%	10,748,012	48.7%	49.3%	36.5%
United States	33,372,930	28.9%	16,491,744	49.4%	50.9%	36.3%

Notes: Data on households with children under 18 are as percent of all households in the state. A breadwinner mother is defined as a single mother who is the main householder (irrespective of earnings) or a married mother who earns at least 40 percent of the couple's joint earnings; single mothers who live in someone else's household (such as with their parents) are not included. Data are three year (2012-2014) averages.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

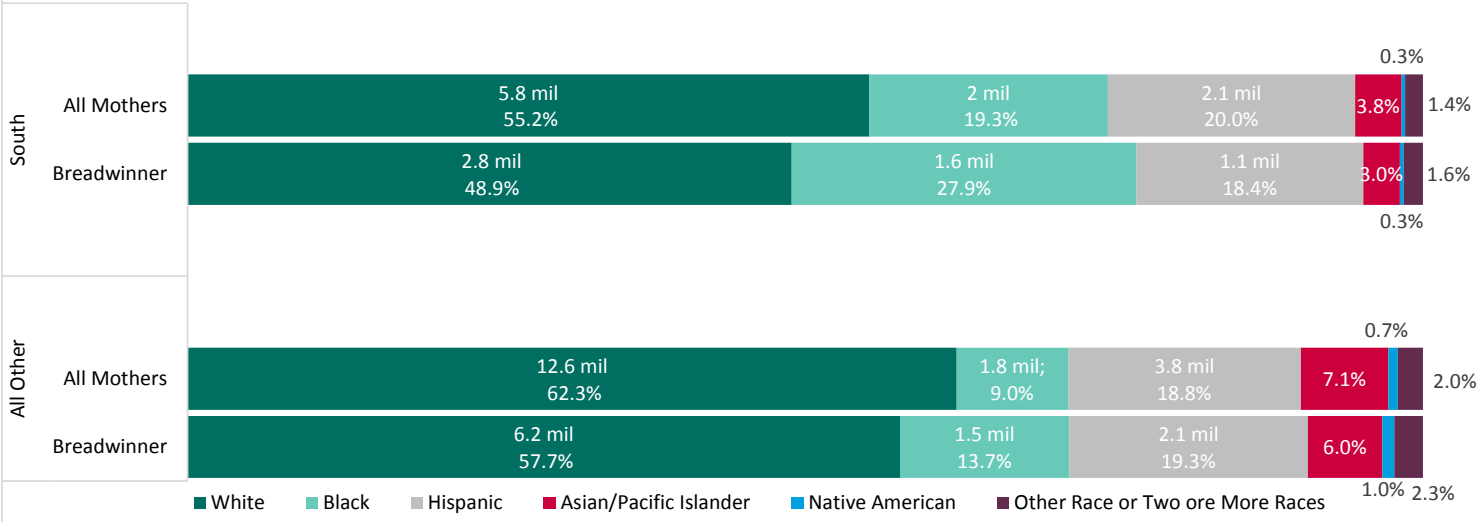
be breadwinners; there are more black breadwinner mothers in the South (1.6 million) than in all other states combined (1.5 million; Figure 3.6). In all other states, while women of color account for only 42.3 percent of all breadwinner mothers, this is still higher than their share of all mothers (37.7 percent; Figure 3.6).

Four of five black mothers in the South are breadwinners (79.6 percent), compared to half or less of white (48.8 percent), Hispanic (50.4 percent), and Asian/Pacific Islander mothers (43.1 percent; Figure 3.7).

Southern mothers who identify as another race or two or more races and Native American mothers are also more likely than other mothers to be breadwinners (60.3 and 57.9 percent, respectively; Figure 3.7). Mothers who identify as another race or two or more races, black mothers, and white mothers in all other states are about as likely to be breadwinner mothers when compared with their counterparts in the South (Figure 3.7). Hispanic and Native American mothers in all other states, however, and more likely to be breadwinner mothers than their southern counterparts (Figure 3.7).

Figure 3.6.

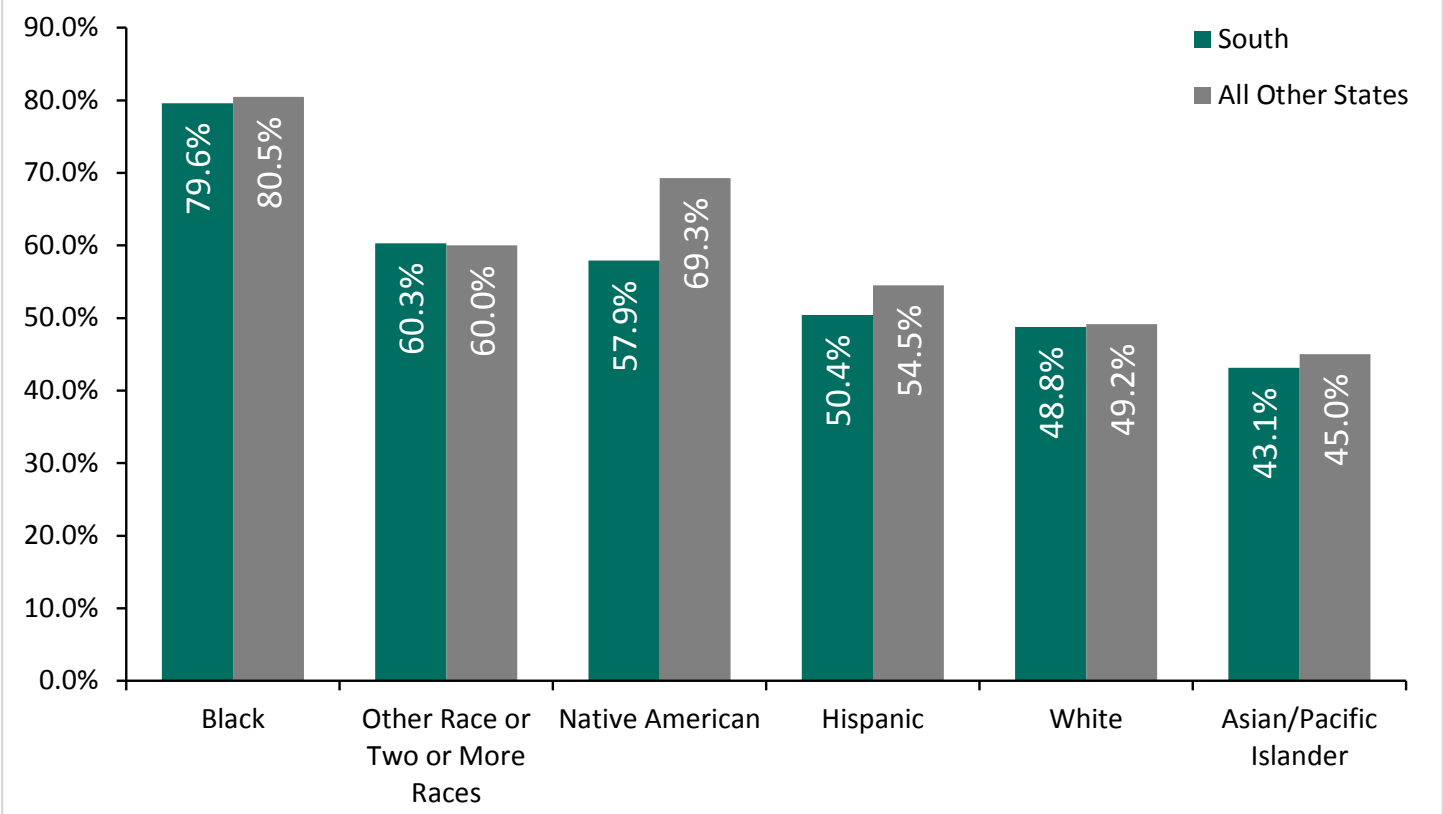
All Mothers and Breadwinner Mothers, by Race/Ethnicity and South/Non-South, 2014



Notes: See Table 3.3 for definition of breadwinner mother. Data include households with children under 18 and are three-year averages (2012-2014). Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Figure 3.7

Percent of Mothers who are Breadwinners, by Race/Ethnicity and South/Non-South, 2014



Notes: See Table 3.3 for definition of breadwinner mother. Data include households with children under 18 and are three-year averages (2012-2014). Racial categories are non-Hispanic. Hispanics may be of any race or two or more races.
Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Conclusion

As this chapter has shown, the southern states earn a range of scores on the Work & Family Composite Index, much like the range seen in the United States overall. While the southern states do better than average on the child care component, more than half of the southern states receive an overall grade of D+ or lower. Confronted by the lack of affordable quality child or elder care, families may choose to provide this care themselves, and women's lower earnings provide an economic rationale for them (the lower-earning spouse) to be the one to leave or scale back her job in order to focus on family care. Yet, this time out of the workforce results in a significant cost to women through lower earnings and fewer advancement opportunities, with a long-term negative impact on earnings progression over her lifetime and economic security in old age (Rose and Hartmann 2004).

Families in the South are greatly dependent on women for their economic security; the large majority of

women work, including women with young children and single mothers with no second earner. Not only do women perform the majority of family care work for children or adults in need of care, half of all southern mothers are also breadwinners, with the likelihood of being a breadwinning mother significantly higher for black women. Black women in the South are particularly likely to be solely responsible for their families' economic security and to feel the effects of the lack of systematic supports for those with family care responsibilities, including the lack of full protections during and after pregnancy, the high cost of child care—especially for young children—and a school day and year that is not aligned with the workday. While some southern states are working to provide supports for family care givers, most women still lack basic supports—such as paid sick days, paid family leave, and affordable and reliable child care—that would help them balance their numerous work and family obligations.

Appendix A3:

Methodology

To analyze the status of women in the South, IWPR selected indicators that prior research and experience have shown illuminate issues that are integral to women's lives and that allow for comparisons between each state and the United States as a whole. The data in IWPR's *Status of Women in the South* report comes from federal government agencies and other sources; data in this chapter also rely on analysis from organizations such as AARP, Child Care Aware of America, the National Partnership for Women & Families, the National Institute for Early Education Research, and Tax Credits for Working Families.

Some tables and figures present data for individuals, often disaggregated by race and ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis of American Community Survey microdata separates Hispanics from other racial categories—including white, black (which includes those who identified as black or African American), Asian/Pacific Islander (which includes those who identified as Chinese, Japanese, and Other Asian or Pacific Islander, including Native Hawaiians), or Native American (which includes those who identified as American Indian or Alaskan Native).

Calculating the Composite Index

The four components of the Work & Family Composite Index—paid leave legislation, elder and dependent care, child care, and the gender gap in parents' labor force participation rates—were each weighted equally for a total value of the index of 8. With the exception of the gap in parental labor force participation, each component includes more than one indicator; the indicators were individually scored and weighted. The paid leave, unemployment insurance, dependent care credit for adults, dependent care credit refundability, and size of dependent care credit indicators were scored on a simple yes/no basis. For the indicator based on the costs of center-based infant care as a proportion of women's median annual earnings, the

state with the lowest proportional costs got the highest score and was the reference point for the other states' scores. The resulting values were summed for each state to create the four component scores and the composite index score. The states were ranked from the highest score (first place) to the lowest score (last place) of the composite index. Each state's score was compared with the ideal Composite Index score to determine the state's grade.

PAID LEAVE LEGISLATION: This component is based on three indicators—statewide Temporary Disability Insurance for all workers, statewide paid family care leave, and paid sick days (Gault et al. 2014; National Partnership for Women and Families 2014a; 2014b; 2015). The indicators were weighted equally, with a score of 0.67 for a statewide law and a score of 0.33 for a local law (the maximum score in any leave area for a state without a statewide law, irrespective of the number of localities with separate laws, is 0.33). As a practical matter, only paid sick days have been implemented at the local or the state level. The maximum score on this component is 2.0. Thirteen southern states had 0.0 scores. Washington, D.C., had a score of 0.67 for its paid sick days law.

ELDER AND DEPENDENT CARE: This component is based on three indicators: the availability of unemployment insurance benefits to someone who had to leave their job because of family care responsibilities based on a U.S. Department of Labor (2015) report and a study of states' unemployment insurance systems conducted by AARP (Ben-Ishai, McHugh, and Ujvari 2015); dependent care tax credits that can be applied to elder or adult dependent care expenses (Tax Credits for Working Families 2015); and nurse delegation of Long-term Support Services (LTSS; Reinhard et al. 2014). They are each weighted equally within this index, with a maximum score of 0.67 for each of the three indicators and a maximum total of 2.0 for this component.

Unemployment Insurance is scored on a yes/no basis: a state with a law, regulation, or policy interpretation allowing benefits receives a score of 0.67; other states receive a 0.

The dependent care tax credit indicator has three sub-components: half of the value of the indicator is given to states where dependent care credits are available for the care of dependent adults, on a yes/no basis; 25 percent of the value of the indicator is given to states

where the tax credit is refundable (yes/no basis); and another 25 percent to states where the value of the tax credit is at least \$500 (yes/no basis). The maximum value of the indicator is 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

Nurse delegation of LTSS: 16 tasks are considered for nurse delegation; the score is determined by dividing the number of tasks delegated in a state by the total number of possible tasks to be delegated (16), to a maximum value of 1.0. This score is then multiplied by 0.67, the weight of this indicator in the elder and dependent care component of the Work & Family Composite Index.

CHILD CARE: This component is based on three indicators: the costs of infant center care as a proportion of the median annual earnings of women; the percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs; and the number of quality indicators met by the state's Pre-K programs. The costs of center-based infant care are based on the National Association of Child Care Resource and Referral Agencies' (NACCRRA) January 2015 survey of Child Care Resource and Referral State Networks, and in some states it is based on the most recently available state market rate survey (Child Care Aware of America 2015). Median annual earnings for women who work full-time year-round were calculated based on American Community Survey data (Institute for Women's Policy Research 2015a). The percent of four-year-olds enrolled in state Pre-K, preschool special education, and state and federal Head Start programs and the number of quality measures implemented by a state's Pre-K programs are based on the National Institute for Early Education Research (Barnett et al. 2014). The cost of infant care indicator has a maximum value of 0.5; the enrollment in state Pre-K, preschool special education, and state and federal Head Start programs and the quality of Pre-K indicators each have a maximum value of 0.75. The total value of this component is a maximum of 2.0.

The annual costs of infant care as a proportion of women's median annual earnings for full-time work: This indicator is scored by taking 1.0 minus the cost-to-earnings ratio of a state by the calculated value for the state with the best (lowest) cost-to-earnings ratio; the best state has a value of 1.0. The score is then multiplied by 0.5, the weight of this indicator in the

child care component of the Work & Family Composite Index.

The proportion of four-year-olds in publicly funded Pre-K, preschool special education, and state and federal Head Start programs: The score of this indicator is the percent of four-year-old children in publicly funded programs divided by 100 percent; the maximum score of this indicator is 1.00 for 100 percent enrollment. The score is then multiplied with 0.75, the weight of this indicator in the child care component of the Work & Family Composite Index.

The quality of Pre-K education: The score of this indicator is based on NIEER's assessment of states on ten indicators of the quality of Pre-K provision; the score is 0 for states that do not have any programs or practices rated by the NIEER, 0.2 if one or two criteria are met, 0.4 for three or four criteria, 0.6 for five or six criteria, 0.8 for seven or eight criteria, and 1.0 for nine or ten criteria. The score is then multiplied with 0.75, the weight of this indicator in the child care component of the Work & Family Composite Index.

GENDER GAP IN PARENTS' LABOR FORCE PARTICIPATION RATES: This indicator is calculated for women and men age 16 and older with children under the age of six. To score this indicator, mothers' participation rates (divided by 100 percent) are subtracted from fathers' participation rates (divided by 100 percent) in each state. To give the best-performing state the highest score, a state's differential is subtracted from 1. The score is then multiplied by 2. The total value of this component is a maximum of 2.0, if a state were to have equal labor force participation rates for mothers and fathers. The data on labor force participation rates of parents aged 16 and older with children under age six are based on IWPR microdata analysis of the American Community Survey 2014 (Institute for Women's Policy Research 2015a; Ruggles et al. 2015).

Counting Breadwinner Mothers

For the data on breadwinner mothers, IWPR analyzed American Community Survey microdata, combining three years of data (2012, 2013, and 2014) to ensure sufficient sample sizes. IWPR constructed a multi-year file by selecting the 2012, 2013, and 2014 datasets, adjusting dollar values to their 2014 equivalents using the Consumer Price Index for All Urban Consumers and averaging the sample weights to represent the average population during the three year period. Fe-

male breadwinners are defined as single mothers who are the main householder, irrespective of earnings or cohabitation, and as married mothers who earn at least 40 percent of the couple's earnings. Single mothers are defined as women who are never married, divorced, separated, or widowed, or where the husband is absent. All households with children under 18 who are related to the main householder by blood, adoption, or marriage are included in the denominator for the analysis of the share of households with female breadwinner mothers. IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the

IPUMS ACS for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities. Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates due to the additional sampling error and the fact that, over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

Appendix B3:

Work & Family Tables

Appendix Table B3.1.

Paid Leave Legislation by Southern State, 2014

State	Temporary Disability Insurance Statewide ^a	Paid leave (for FMLA Related Reasons) ^b	Paid Sick Days ^c	Paid Leave Legislation Total Score		
				Total Score	National Rank	Regional Rank
Alabama	No	No	No	0.00	12	2
Arkansas	No	No	No	0.00	12	2
District of Columbia	No	No	State	0.67	5	1
Florida	No	No	No	0.00	12	2
Georgia	No	No	No	0.00	12	2
Kentucky	No	No	No	0.00	12	2
Louisiana	No	No	No	0.00	12	2
Mississippi	No	No	No	0.00	12	2
North Carolina	No	No	No	0.00	12	2
South Carolina	No	No	No	0.00	12	2
Tennessee	No	No	No	0.00	12	2
Texas	No	No	No	0.00	12	2
Virginia	No	No	No	0.00	12	2
West Virginia	No	No	No	0.00	12	2

Source: ^aGault et al. 2014; ^bNational Partnership for Women and Families (2014a; 2014b); ^cNational Partnership for Women and Families 2015.

Appendix Table B3.2.

Elder and Dependent Care by Southern State

State	Unemployment Insurance Covers Family Care Reasons, 2014 ^a	Dependent Care Credit ^b					Long-Term Support Services (LTSS) ^c			Elder and Dependent Care		
		Dependent Care Credits Not Limited to Childcare, 2014	Dependent Care Credit Refundable	Maximum Dependent Care Credit	National Rank	Regional Rank	Number of LTSS That can Be Delegated to a Home Care Agency Worker (out of 16), 2013	National Rank	Regional Rank	Total Score	National Rank	Regional Rank
Alabama	No	No	N/A	N/A	46	1	2	40	10	0.13	46	11
Arkansas	Yes	Yes	No	\$210	5	2	15	10	1	1.69	5	1
District of Columbia	Yes	Yes	No	\$336	14	11	10	24	6	1.38	14	2
Florida	No	No	N/A	N/A	49	14	0	47	14	0.00	49	14
Georgia	No	Yes	No	\$315	19	4	14	13	3	1.13	19	4
Kentucky	No	Yes	No	\$210	40	8	4	35	8	0.50	40	8
Louisiana	No	Yes	Yes	\$525	18	3	11	20	4	1.19	18	3
Mississippi	No	No	N/A	N/A	44	10	3	36	9	0.19	44	10
North Carolina	No	No	N/A	N/A	43	9	6	31	7	0.38	43	9
South Carolina	Yes	Yes	No	\$210	27	6	1	45	13	0.81	27	6
Tennessee	No	No	N/A	N/A	46	11	2	40	10	0.13	46	11
Texas	No	No	N/A	N/A	24	5	15	10	1	0.94	24	5
Virginia	No	No	N/A	N/A	46	11	2	40	10	0.13	46	11
West Virginia	No	No	N/A	N/A	34	7	11	20	4	0.69	34	7

Note: The 16 LTSS tasks are: administer oral medications; administer medication on an as needed basis; administer medication via pre-filled insulin or insulin pen; draw up an insulin for dosage measurement; administer intramuscular injection medications; administer glucometer test; administer medication through tubes; insert suppository; administer eye/ear drops; gastronomy tube feeding; administer enema; perform intermittent catheterization; perform ostomy care including skin care and changing application; perform nebulizer treatment; administer oxygen therapy; and perform ventilator respiratory care. N/A= not applicable. See Appendix A3 for explanation of rankings.

Source: ^aBen-Ishai, McHugh, and Ujvari 2015 and U.S. Department of Labor 2015; ^bTax Credits for Working Families 2015; ^cReinhard et al. 2014.

Appendix Table B3.3.

Child Care by Southern State

State	Average Annual Cost of Full-Time Infant Care in a Center, 2013 ^a	Cost of Infant Care as a Percent of Women's Median Annual Earnings ^b			Percent of Four-year-Olds Enrolled in State Pre-K, Preschool Special Education, and State and Federal Head Start, 2013-2014 ^c			Preschool Quality Standards, 2012-2013		
		Percent	National Rank	Regional Rank	Percent	National Rank	Regional Rank	Number (out of 10)	National Rank	Regional Rank
Alabama	\$5,547	17.3%	1	1	27.5%	30	14	10	1	1
Arkansas	\$5,933	19.8%	9	7	58.9%	11	6	9	5	3
District of Columbia	\$21,948	36.6%	51	14	99.8%	1	1	8	13	7
Florida	\$8,376	24.6%	19	10	89.8%	4	3	3	40	12
Georgia	\$7,025	20.1%	10	8	68.4%	8	4	8	13	7
Kentucky	\$6,194	18.8%	7	5	45.6%	17	9	9	5	3
Louisiana	\$5,655	18.0%	3	3	46.9%	16	8	8	13	7
Mississippi	\$5,496	18.3%	4	4	39.6%	20	10	N/A	N/A	N/A
North Carolina	\$9,107	26.0%	25	12	32.8%	26	12	10	1	1
South Carolina	\$6,372	19.4%	8	6	49.5%	13	7	6	33	11
Tennessee	\$5,857	17.7%	2	2	35.4%	25	11	9	5	3
Texas	\$8,619	24.6%	19	10	61.3%	9	5	2	41	13
Virginia	\$10,028	24.5%	18	9	28.9%	29	13	6	27	10
West Virginia	\$7,800	26.0%	25	12	94.4%	3	2	9	5	3

Note: N/A= not available

Source: ^aChild Care Aware of America 2015; ^bIWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0); ^cBarnett et al. 2014.

Appendix Table B3.4.

Gender Gap in Parent's Labor Force Participation Rate by Southern State, 2014

State	Mothers' Labor Force Participation Rate	Fathers' Labor Force Participation Rate	Difference in Labor Force Participation Rates		
			Percentage Point Gap	National Rank	Regional Rank
Alabama	65.0%	93.3%	+28.3	36	12
Arkansas	67.4%	94.4%	+27.0	29	8
District of Columbia	77.5%	96.2%	+18.7	6	1
Florida	67.8%	93.3%	+25.5	18	3
Georgia	66.9%	94.3%	+27.4	32	11
Kentucky	65.8%	93.0%	+27.2	31	10
Louisiana	67.1%	92.6%	+25.5	18	3
Mississippi	70.8%	92.6%	+21.8	9	2
North Carolina	67.7%	93.7%	+26.0	24	6
South Carolina	69.9%	95.4%	+25.5	18	3
Tennessee	67.5%	93.8%	+26.3	25	7
Texas	61.2%	95.0%	+33.8	48	14
Virginia	68.5%	95.7%	+27.2	30	9
West Virginia	59.6%	90.9%	+31.3	42	13

Note: Differences in labor force participation rates equals fathers' labor force participation rate minus mothers' labor force participation rate. For women and men with a children under six in the household related by birth, marriage, or adoption.

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

Distribution of Households with Children Under 18, by Household Type, Southern State, South/Non-South, and United States, 2014

State	Total Households with Children	Married Couple Households		Single Mother Households		Single Father Households	
		Number	Percent	Number	Percent	Number	Percent
Alabama	496,690	311,909	62.8%	151,619	30.5%	33,162	6.7%
Arkansas	310,473	201,743	65.0%	84,488	27.2%	24,242	7.8%
District of Columbia	48,357	23,879	49.4%	20,206	41.8%	4,272	8.8%
Florida	1,757,345	1,109,217	63.1%	499,924	28.4%	148,204	8.4%
Georgia	1,102,821	705,719	64.0%	313,217	28.4%	83,885	7.6%
Kentucky	473,366	310,876	65.7%	124,329	26.3%	38,161	8.1%
Louisiana	483,349	277,609	57.4%	162,874	33.7%	42,866	8.9%
Mississippi	314,150	177,275	56.4%	111,916	35.6%	24,959	7.9%
North Carolina	1,061,873	684,498	64.5%	290,963	27.4%	86,412	8.1%
South Carolina	478,716	295,144	61.7%	147,847	30.9%	35,725	7.5%
Tennessee	680,765	444,429	65.3%	182,412	26.8%	53,924	7.9%
Texas	3,033,849	2,054,353	67.7%	760,229	25.1%	219,267	7.2%
Virginia	891,479	625,049	70.1%	206,554	23.2%	59,876	6.7%
West Virginia	175,851	113,828	64.7%	44,705	25.4%	17,318	9.8%
Southern States	11,309,084	7,335,528	64.9%	3,101,283	27.4%	872,273	7.7%
All Other States	22,063,846	14,945,885	67.7%	5,299,881	24.0%	1,818,080	8.2%
United States	33,372,930	22,281,413	66.8%	8,401,164	25.2%	2,690,353	8.1%

Note: Data are three-year averages (2012-2014).

Source: IWPR analysis of American Community Survey microdata (Integrated Public Use Microdata Series, Version 6.0).

References

- Baker, Lindsey A., Merril Silverstein, and Norella M. Putney. 2008. "Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies." *Journal of Societal & Social Policy* 7: 53–69.
- Barnett, W. Steven, Megan E. Carolan, James H. Squires, Kristy Clarke Brown, and Michelle Horowitz. 2014. *The State of Preschool 2014: State Preschool Yearbook*. New Brunswick, NJ: National Institute for Early Education Research, Rutgers University. <http://nieer.org/sites/nieer/files/Yearbook2014_full3.pdf> (accessed January 11, 2016).
- Ben-Ishai, Liz, Rick McHugh, and Kathleen Ujvari. 2015. *Access to Unemployment Insurance Benefits for Family Caregivers: An Analysis of State Rules and Practices*. Washington, DC: AARP Public Policy Institute. <http://www.clasp.org/resources-and-publications/publication-1/2015.04.06_UIforFamilyCaregivers_FINAL.pdf> (accessed January 15, 2016).
- Bianchi, Suzanne M., Nancy Folbre, and Douglas Wolf. 2012. "Unpaid Care Work." In *For Love and Money: Care Provision in the United States*, ed. Nancy Folbre, 40–64. New York, NY: Russell Sage Publishers.
- Bookman, Ann and Delia Kimbrel. 2011. "Families and Elder Care in the Twenty-First Century." *The Future of Children* 21 (2): 117–40.
- Bornfreund, Laura, Shayna Cook, and Abbie Lieberman. 2015. *From Crawling to Walking*. Washington, DC: New America. <<http://www.newamerica.org/new-america/from-crawling-to-walking/>> (accessed January 14, 2016).
- Boushey, Heather. 2014. "A Woman's Workplace Is in the Middle Class." In *The Shriver Report: A Woman's Nation Pushes Back from the Brink*, ed. Olivia Morgan and Karen Skelton, 48–96. New York: Rosetta Books.
- Child Care Aware of America. 2015. *Parents and the High Cost of Child Care: 2015 Report*. Arlington, VA: Child Care Aware of America. <<http://usa.childcareaware.org/wp-content/uploads/2015/12/Parents-and-the-High-Cost-of-Child-Care-2015-FINAL.pdf>> (accessed December 11, 2015).
- . 2016. *We Can Do Better - 2013 Update*. Arlington, VA: Child Care Aware of America. <<http://usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/we-can-do-better-2013-update/>> (accessed January 14, 2016).
- De Marco, Allison. 2008. "A Qualitative Look at Child Care Selection Among Rural Welfare-to-Work Participants." *Journal of Children and Poverty* 14 (2): 119–38.
- Earle, Alison, Zitha Mokomane, and Jody Heymann. 2011. "International Perspectives on Work-Family Policies: Lessons from the World's Most Competitive Economies." *The Future of Children* 21 (2). <http://www.futureofchildren.org/futureofchildren/publications/docs/21_02_09.pdf> (accessed December 15, 2015).
- Feinberg, Lynn Friss. 2013. *Keeping Up with the Times: Supporting Family Caregivers with Workplace Leave Policies*. Washington, DC: AARP Public Policy Institute. <http://www.aarp.org/content/dam/aarp/research/public_policy_institute/lrc/2013/fmla-insight-keeping-up-with-time-AARP-ppi-lrc.pdf> (accessed December 15, 2015).
- Gault, Barbara, Heidi Hartmann, Ariane Hegewisch, Jessica Milli, and Lindsey Reichlin. 2014. *Paid Parental Leave in the United States: What the Data Tell Us about Access, Usage, and Economic and Health Benefits*. Sponsored by the U.S. Department of Labor Women's Bureau in commemoration of the 50th Anniversary of American Women: Report of the President's Commission on the Status of Women, 1963. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/paid-parental-leave-in-the-united-states-what-the-data-tell-us-about-access-usage-and-economic-and-health-benefits>> (accessed December 15, 2015).

- Hess, Cynthia, Jessica Milli, Jeff Hayes, and Ariane Hegewisch. 2015. *The Status of Women in the States: 2015*. Report, IWPR #400. Washington, DC: Institute for Women's Policy Research. <<http://statusofwomendata.org/app/uploads/2015/02/Status-of-Women-in-the-States-2015-Full-National-Report.pdf>>.
- Institute for Women's Policy Research. 2015a. *IWPR Analysis of Data from the American Community Survey Based on Ruggles et Al., Integrated Public Use Microdata Series* (version 6.0).
- . 2015b. *IWPR Analysis of the 2012-2014 National Health Interview Survey* (version 4.0).
- Klerman, Jacob, Kelly Daley, and Alyssa Pozniak. 2014. *Family and Medical Leave in 2012: Technical Report*. Cambridge, MA: Abt Associates. <<http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>> (accessed December 15, 2015).
- Laughlin, Lynda. 2013. *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Washington, DC: U.S. Census Bureau. <<http://www.census.gov/library/publications/2013/demo/p70-135.html>> (accessed September 15, 2015).
- Lee, Sunhwa. 2007. *Keeping Moms on the Job: The Impacts of Health Insurance and Child Care on Job Retention and Mobility among Low-Income Mothers*. Report, #C360. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/keeping-moms-on-the-job-the-impacts-of-health-insurance-and-child-care-on-job-retention-and-mobility-among-low-income-mothers>>.
- Lee, Yeonjung and Fengyan Tang. 2013. "More Caregiving, Less Working: Caregiving Roles and Gender Difference." *Journal of Applied Gerontology*, November. <<http://jag.sagepub.com/content/early/2013/10/29/0733464813508649>> (accessed January 12, 2016).
- MetLife. 2011. *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents*. New York, NY: MetLife. <<https://www.metlife.com/assets/cao/mmi/publications/studies/2011/Caregiving-Costs-to-Working-Caregivers.pdf>> (accessed July 16, 2015).
- National Alliance for Caregiving and AARP. 2015. *Caregiving in the U.S.: 2015 Report*. <<http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>> (accessed December 15, 2015).
- National Partnership for Women and Families. 2014a. *Expecting Better: A State-by-State Analysis of Laws That Help New Parents*. Washington, DC: National Partnership for Women and Families. <<http://www.nationalpartnership.org/research-library/work-family/expecting-better-2014.pdf>> (accessed January 15, 2016).
- . 2014b. "Expecting Better: Updates to the Third Edition." Washington, DC: National Partnership for Women and Families. <<http://www.nationalpartnership.org/research-library/work-family/expecting-better-updates-to-the-third-edition.pdf>> (accessed January 15, 2016).
- . 2015. "State and Local Action on Paid Sick Days." Washington, DC: National Partnership for Women and Families. <<http://www.nationalpartnership.org/research-library/campaigns/psd/state-and-local-action-paid-sick-days.pdf>> (accessed January 15, 2016).
- O'Connor, Rachel, Jeff Hayes, and Barbara Gault. 2014. "Paid Sick Days Access Varies by Race/Ethnicity, Sexual Orientation, and Job Characteristics." Fact Sheet, IWPR #B337. Washington, DC: Institute for Women's Policy Research.
- Patnaik, Ankita. 2015. "Reserving Time for Daddy: The Short and Long-Run Consequences of Fathers' Quotas." SSRN Scholarly Paper. Rochester, NY: Social Science Research Network. <<http://papers.ssrn.com/abstract=2475970>> (accessed January 12, 2016).

- Ray, Rebecca, Milla Sanes, and John Schmitt. 2013. *No-Vacation Nation Revisited*. Washington, DC: Center for Economic and Policy Research. <<http://cepr.net/documents/no-vacation-update-2014-04.pdf>> (accessed December 15, 2015).
- Reinhard, Susan C., Enid Kassner, Ari Houser, Kathleen Ujvari, Robert Mollica, and Leslie Hendrickson. 2014. *Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults*. Washington, DC: AARP Public Policy Institute. <<http://www.aarp.org/home-family/caregiving/info-2014/raising-expectations-2014-AARP-ppi-health.html>> (accessed January 12, 2016).
- Reschke, Kathy L., Margaret M. Manoogian, Leslie N. Richards, Susan K. Walker, and Sharon B. Seiling. 2006. "Maternal Grandmothers as Child Care Providers for Rural, Low-Income Mothers." *Journal of Children and Poverty* 12 (2): 159–74.
- Rose, Stephen J. and Heidi Hartmann. 2004. *Still a Man's Labor Market*. Report, IWPR #C355. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/still-a-mans-labor-market-the-long-term-earnings-gap>> (accessed January 15, 2016).
- Ruggles, Steven, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek. 2015. *Integrated Public Use Microdata Series (Machine-Readable Database)* (version 6.0). Minneapolis, MN: University of Minnesota.
- Schmit, Stephanie and Rhiannon Reeves. 2015. *Child Care Assistance 2013*. Washington, DC: Center for Legal and Policy. <<http://www.clasp.org/resources-and-publications/publication-1/Spending-and-Participation-Final.pdf>> (accessed December 14, 2015).
- Schulman, Karen and Rebecca Blank. 2013. *Pivot Points: State Child Care Assistance Policies*. Washington, DC: National Women's Law Center. <http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_2013statechildcareassistance-report.pdf> (accessed December 14, 2015).
- Shellenback, Karen. 2004. *Child Care & Parent Productivity: Making the Business Case*. Ithaca, NY: Cornell University. <<http://s3.amazonaws.com/mildredwarner.org/attachments/000/000/074/original/154-21008542.pdf>> (accessed November 12, 2015).
- Smith, Kristin and Nicholas Adams. 2013. "Child Care Subsidies Critical for Low-Income Families Amid Rising Child Care Expenses." *The Carsey School of Public Policy at the Scholars' Repository*. <<http://scholars.unh.edu/carsey/195>>.
- Society for Human Resource Management. 2011. *2011 Employee Benefits: Examining Employee Benefits Amidst Uncertainty*. Washington, DC: Society for Human Resource Management. <http://www.shrm.org/Research/SurveyFindings/Articles/Documents/2011_Emp_Benefits_Report.pdf> (accessed April 20, 2015).
- Spillman, Brenda C., Jennifer Wolff, Vicki A. Freedman, and Judith D. Kasper. 2014. *Informal Caregiving for Older Americans: An Analysis of the 2011 National Health and Aging Trends Study*. Washington, DC: U.S. Department of Health and Human Services. <<https://aspe.hhs.gov/report/informal-caregiving-older-americans-analysis-2011-national-health-and-aging-trends-study>> (accessed January 12, 2016).
- Tax Credits for Working Families. 2015. "States with CDCTCs." Bethesda, MD: The Hatcher Group. <<http://www.taxcreditsforworkingfamilies.org/child-and-dependent-care-tax-credit/states-child-dependent-care-tax-credits/>> (accessed December 22, 2015).
- The Council of Economic Advisers. 2014. *Nine Facts about American Families and Work*. <http://www.whitehouse.gov/sites/default/files/docs/nine_facts_about_family_and_work_real_final.pdf> (accessed March 23, 2015).

U.S. Bureau of Labor Statistics. 2014a. *Women in the Workforce: A Databook*. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. <<http://www.bls.gov/cps/wlf-databook-2013.pdf>> (accessed September 4, 2014).

———. 2014b. *Geographic Profile of Employment and Unemployment, 2014 - Table 23*. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/opub/gp/pdf/gp14_23.pdf>.

———. 2015a. “Frequently Asked Questions About Disability Data.” <http://www.bls.gov/cps/cpsdisability_faq.htm> (accessed January 12, 2016).

———. 2015b. *National Compensation Survey: Employee Benefits in the United States, March 2015*. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics. <<http://www.bls.gov/ncs/ebs/benefits/2015/ebbl0057.pdf>> (accessed November 4, 2015).

U.S. Census Bureau. 2015. “Disability: The American Community Survey.” <<https://www.census.gov/people/disability/methodology/acs.html>> (accessed January 12, 2016).

U.S. Department of Labor. 2015. *Nonmonetary Eligibility: Unemployment Insurance*. Washington, DC: U.S. Department of Labor, Employment and Training Administration. <<http://ows.doleta.gov/unemploy/pdf/uilawcompar/2014/nonmonetary.pdf>> (accessed January 15, 2016).

U.S. Department of Labor, Wage and Hour Division. 2015. *Fact Sheet #28C: The Definition of “Parent” as It Applies to an Individual Who Stood in Loco Parentis to an Employee for FMLA “Eldercare” Protections*. Washington, DC: U.S. Department of Labor. <<http://www.dol.gov/whd/regs/compliance/whdfs28c.pdf>> (accessed January 15, 2016).

Van Giezen, Robert W. 2013. “Paid Leave in Private Industry Over the Past 20 Years.” U.S. Bureau of Labor Statistics. <<http://www.bls.gov/opub/btn/volume-2/paid-leave-in-private-industry-over-the-past-20-years.htm>> (accessed January 30, 2015).

Watson, Liz and Jennifer Swanberg. 2011. *Flexible Workplace Solutions for Low-Wage Hourly Workers: A Framework for a National Conversation*. <<http://workplaceflexibility2010.org/images/uploads/whatsnew/Flexible%20Workplace%20Solutions%20for%20Low-Wage%20Hourly%20Workers.pdf>>.

Winston, Pamela. 2014. *Work-Family Supports for Low-Income Families: Key Research Findings and Policy Trends*. Washington, DC: U.S. Department of Health and Human Services. <<https://aspe.hhs.gov/pdf-report/work-family-supports-low-income-families-key-research-findings-and-policy-trends>> (accessed January 12, 2016).

Yoshikawa, Hirokazu, Christina Weiland, Jeanne Brooks-Gunn, Margaret R. Burchinal, Linda M. Espinosa, William T. Gormley, Jens Ludwig, Katherine A. Magnuson, Deborah Phillips, and Martha J. Zaslow. 2013. *Investing in Our Future: The Evidence Base on Preschool Education*. New York, NY: Foundation for Child Development. <<http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>> (accessed January 12, 2016).

Immigrant Women

Immigrant women experience different outcomes in poverty, employment, healthcare, and education access based on language and their status (as a citizen, lawful permanent resident, refugee, or undocumented). Those from countries that speak English and encourage the education and employment of women, and those who come to the United States for opportunity, rather than to escape a dangerous or oppressive environment, will likely have higher levels of education, income, and professional status. Thus, they are not a monolithic group, and the diversity of outcomes as residents of the United States is in part a reflection of the countries they've left and the circumstances of their arrival.

Of the more than 21 million female immigrants in the United States (13.4 percent of all U.S. women), 6.4 million live in the American South where they make up 11.5 percent of the female population (Appendix Table 8.1).¹ Female immigrants are underrepresented in the South compared with the rest of the country (where they comprise 14.4 percent of the female population).

More than one in four (28.0 percent) immigrant women in the South are from Mexico with smaller shares from Cuba (8.0 percent), India (4.1 percent), El Salvador (3.3 percent), Vietnam and Columbia (each 3.2 percent), and the Philippines (3.0 percent).² The remaining countries represented are all less than three percent of the female immigrant population in the southern states.

The southern states vary widely in the size of their immigrant populations. Immigrant women and girls make up the largest proportions of the female population in Florida, Texas, and the District of Columbia (20.7 percent, 16.4 percent, and 13.8 percent of all women, respectively; Appendix Table 8.1). In comparison, West Virginia (1.5 percent), Mississippi (2.0 percent), and Alabama (3.1 percent) have the lowest proportions of female immigrants.

Immigrants make up a growing share of the United States population overall, and of the population of the southern states (Smith and Winders 2010). Tennessee and Kentucky have seen the greatest growth in the foreign-born population between 2000 and 2014 (102 percent growth in each state), although the share of the population that is foreign-born is quite small in both states (5 and 4 percent in 2014, respectively; Institute for Southern Studies 2015). South Carolina and Arkansas, two states that also have small foreign-born populations (5 percent each), saw growth of 97 and 90 percent, respectively. The two southern states with the largest foreign-born population in 2014 were Florida (20 percent) and Texas (17 percent). Florida had a 49 percent increase in the foreign-born population between 2000 and 2014, and Texas had a 56 percent increase.

In response to this growth in the immigrant population, some southern states have passed restrictive immigration policies in recent years, such as Alabama's H.B. 56 and Georgia's H.B. 87. The most common provisions of these laws include the criminalization of certain interactions with undocumented immigrants such as providing them with employment or renting them an apartment and giving local law enforcement officers the right to require documentation of legal status for anyone the officer suspects may not be in the country legally (Baxter 2011). These laws are purported to target undocumented immigrants but may also punish legal immigrants and native-born citizens (ACLU 2011). Meanwhile other states, such as Florida and Texas, have passed immigrant-friendly policies such as providing in-state tuition for undocumented youth (National Conference of State Legislatures 2014). Many cities in the South, such as Atlanta, GA, Durham, NC, and Nashville, TN are part of Welcoming America, where nonprofit and government partners transform their communities into more welcoming places for all people, including immigrants ("Welcoming America" 2016).

¹ In this report, southern states include Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. State data on immigrant's share of the female population and data on earnings, education, and poverty by country of birth are IWPR calculations based on 2012-2014 American Community Survey microdata. All other data are IWPR calculations based on 2014 American Community Survey microdata.

² Country of origin data for the United States as a whole show that the largest shares of immigrants were from Mexico (25.6 percent), the Philippines (5.3 percent), China (4.7 percent) and India (4.6 percent; (Hess et al. 2015).

Despite increasing political tension and debate about immigration policies, the immigrant population in the southern states has shown a steady increase over time as immigrant women and their families make the American South their home (Smith and Winders 2010).

- Immigrant women have a slightly lower labor force participation rate than U.S.-born women both in the South (55.1 percent and 56.5, respectively) and in states outside the South (56.3 percent compared with 59.8 percent).
- U.S.-born women earn 28.2 percent more than immigrant women across the south (\$35,900 and \$28,000 respectively).
- The earnings of immigrant women differ according to country of origin. Among immigrant women residing in the southern United States, women from India and China have the highest median annual earnings (\$60,000 and \$50,000, respectively), while women from Guatemala and Honduras have the lowest (\$20,000 each; Appendix Table B2.6).
- Just less than one in three (30.8 percent) southern immigrant women aged 16 or older work in managerial or professional occupations compared with 34.1 percent of immigrant women in states outside the South.
- Immigrant women experience a gender wage gap that is larger in the South than in the rest of the country. Immigrant women in the South earn 84.1 percent of the median annual earnings of southern immigrant men compared with 87.5 percent in states outside the South.

Immigrant women and girls are a diverse group and whether or not they live in the South, they have unequal access to health care services and education, which increases their vulnerability to poverty.

In the southern states, 61.7 percent of immigrant women aged 18 to 64 have health insurance, compared with 83.9 percent of native born women. In states outside the South, 76.4 percent of immigrant women have health insurance, compared with 90.4 percent of native born women. The lower coverage rate for immigrant women reflects, to some extent, barriers they face in accessing basic healthcare services including a federal law that bans many immigrants from means-tested benefit programs, such as Medicaid, during their first five years of legal status (Broder and Blazer 2011), coupled with the decision by many southern states to not expand Medicaid.

One in four immigrant women in the South (26.0 percent) hold at least a bachelor's degree, however, U.S.-born women in the South are even more likely to have at least a bachelor's degree (27.9 percent). Across the southern states, immigrant women from India (69.4 percent), China (59.0 percent), and the Philippines (54.8 percent) are the most likely to have a postsecondary education while women from El Salvador (8.8 percent), Honduras (9.9 percent) and Guatemala (10.2 percent) are the least likely (Appendix Table B4.2). Some immigrant women who have college degrees, however, may find that their qualifications are not recognized in this country or that their lack of English fluency narrows their options, limiting them to low-skilled, low-paying jobs (Redstone 2006).

In the South, female immigrants are more likely to live at or below the poverty line (21.1 percent) than native-born women (15.6 percent). This same pattern holds true in states outside the South, where 17.9 percent of immigrant women and 12.8 percent of U.S.-born women live in poverty.

Among immigrant women in the South, women born in the Philippines, India, and Japan have the lowest poverty rates (6.9, 8.3, and 9.3 percent, respectively) while women born in Guatemala, Honduras, and Mexico have the highest poverty rates (36.4, 32.3 percent, and 26.7 percent, respectively; Appendix Table B4.2).

As of 2012, there were 20 million adults and 16 million people under age 18 who were U.S. citizens born of immigrant parents (Pew Research Center 2013). Projections show that if current trends in immigration and birth rates continue, the growth in the U.S. population will be almost entirely driven by immigrants and their U.S.-born children (Pew Research Center 2013). Given this growth, the health, security, and well-being of immigrant women is critically important to not only themselves and their immediate families, but to the nation.

References

- American Civil Liberties Union. 2011. *Frequently Asked Questions about the Georgia Racial Profiling Law*. New York, NY: American Civil Liberties Union. <<https://www.aclu.org/frequently-asked-questions-about-georgia-racial-profiling-law>> (accessed February 1, 2016).
- Baxter, Tom. 2011. *How Georgia's Anti-Immigration Law Could Hurt the State's (and the Nation's) Economy*. Washington, DC: Center for American Progress. <https://www.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/georgia_immigration.pdf> (accessed February 9, 2016).
- Broder, Tanya and Jonathan Blazer. 2011. *Overview of Immigrant Eligibility for Federal Programs*. Los Angeles, CA: National Immigration Law Center. <<http://www.nilc.org/overview-immeligfedprograms.html>> (accessed April 16, 2015).
- Hess, Cynthia, Jessica Milli, Jeff Hayes, and Ariane Hegewisch. 2015. *The Status of Women in the States: 2015*. Report, IWPR #400. Washington, DC: Institute for Women's Policy Research. <<http://statusofwomendata.org/app/uploads/2015/02/Status-of-Women-in-the-States-2015-Full-National-Report.pdf>>.
- Institute for Southern Studies. 2015. *Institute for Southern Studies' Analysis of 2000 Decennial Census and 2014 American Community Survey 1-Year Estimates*. Durham, NC: Institute for Southern Studies.
- National Conference of State Legislatures. 2014. "Undocumented Student Tuition: State Action." <<http://www.ncsl.org/research/education/undocumented-student-tuition-state-action.aspx>> (accessed February 12, 2016).
- Pew Research Center. 2013. *Second-Generation Americans: A Portrait of the Adult Children of Immigrants*. Washington DC: Pew Research Center. <<http://www.pewsocialtrends.org/2013/02/07/second-generation-americans/>> (accessed February 12, 2016).
- Redstone, Ilana. 2006. "Occupational Mobility Among Legal Immigrants to the United States." *International Migration Review* 40 (4): 854–84.
- Smith, Barbara Ellen and Jamie Winders. 2010. "New Pasts: Historicising Immigration, Race and Place in the South." *Southern Spaces*. <<http://southernspaces.org/2010/new-pasts-historicizing-immigration-race-and-place-south>> (accessed February 5, 2016).
- "Welcoming America." 2016. *Welcoming America*. <<http://www.welcomingamerica.org/programs/our-network>> (accessed February 12, 2016).