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# Across Rich Nations, Disadvantaged Children Do Better When Work-Family Balance Is a Policy Priority

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## INTRODUCTION

Children’s health disparities have been well-documented across wealthy nations, including in the United States. Children in well-off families experience better health than those in economically disadvantaged families. These disparities widen between infancy and adolescence and if not substantially improved, they might compound to even larger inequalities in adulthood. However, the rates at which health disparities widen as children grow up vary substantially across societies, including rich countries.

Work-family conflict is consistently linked to declines in parental health and well-being, which in turn can deteriorate well-being throughout the family. In contrast, workers with ample paid time off for parenting, illness and/or vacation are better able to attend to their children’s needs. Indeed, flexible work arrangements and paid time off help to reduce parents’ daily stress. Workers who control their own schedules are better able to mesh their children’s school, sleep, and play time with their own work schedule, enabling closer supervision of children’s schoolwork, friends, and leisure activities.

While policy mandates that support reconciling conflicts between the demands of work and those of family – also known as *work-family reconciliation* policies – cannot eliminate all the financial difficulties of economic disadvantage, they can quite possibly provide more opportunities for quality parenting, reduce family or marital strain, and lessen economic burdens by reducing the need to take unpaid time off.

These work-family reconciliation policies – specifically parental leave, work schedule flexibility or control, and combined paid sick and vacation leave – are likely to reduce children’s health disparities. However, existing evidence is focused on workplace interventions or single countries such as the United States or Norway, leaving unclear whether national work-family policy mandates might make a difference. In many countries, including the United States, policy mandates are limited or completely absent. This makes families rely on their employers to deliver work-family support. Because these benefits are market-driven, they tend to go to advantaged families, thus widening gaps in children’s health in the absence of policy intervention.

National policy mandates may serve to benefit disadvantaged families the most by “leveling the playing field” among working parents. Paid leaves and work flexibility enable parents to continue working and supporting their children both financially and emotionally. Conversely, when mandated work-family reconciliation support is absent, families must draw on their own economic resources to parent effectively, leaving disadvantaged families behind.

State subsidization of childcare is a cash transfer policy lever that might also impact health disparities between rich and poor children. However, because parents utilize childcare in such differing ways depending on center quality, proximity, availability, and other factors, cost subsidies alone may not make a significant difference in narrowing children’s health disparities across developed nations. Moreover, while cash transfers may lower family economic strain in the short-term, they do not impact parental working conditions or hours, nor are they likely to facilitate bonds between parents and children in the same way that extended time off work might allow.

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## INTRODUCTION (CONT.)

For these reasons, the authors hypothesize that children's health disparities between disadvantaged and advantaged families will be lessened significantly in countries with more generous work-family reconciliation policies whereas cash transfer policies will not be associated with reduced disparities in children's health.

In order to estimate the impacts of work-family reconciliation and cash transfer mandates in reducing children's health disparities, the authors analyze child-level data from the 2006 and 2010 rounds of the World Health Organization Health Behaviour in School-Aged Children (HBSC) study. The HBSC is a cross-national, representative survey focused on the health and well-being of early adolescent girls and boys ages 11, 13, and 15 in 20 industrialized nations: Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Netherlands, Norway, Poland, Portugal, Russia, Spain, Sweden, Switzerland, United Kingdom, and the United States. Policy data are gathered from a variety of sources including the Organisation for Economic Co-operation and Development (OECD) database.

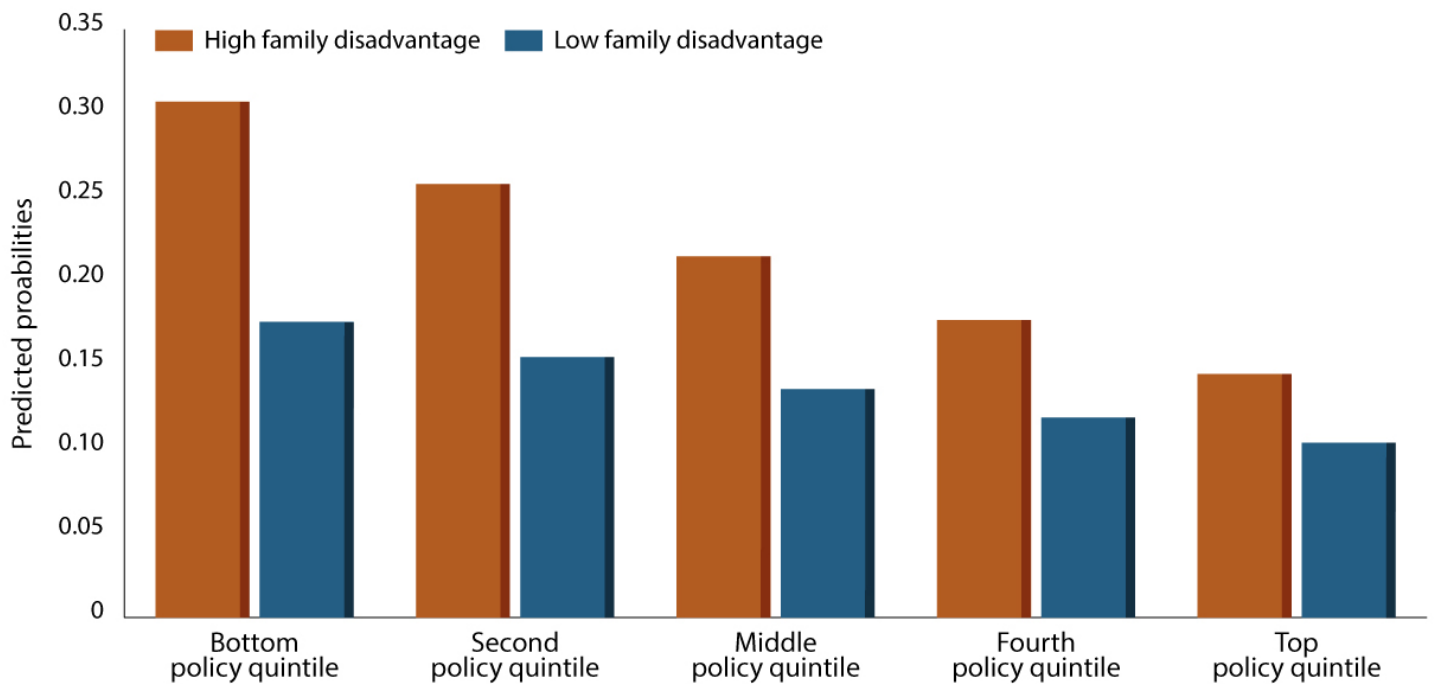
The authors analyze the impact of three policies on inequalities in young adolescents' psychological health complaints, life satisfaction, and general health: 1) paid vacation and sick leave, 2) work flexibility, and 3) paid maternity leave. Based on the assumption that policies may operate more effectively as a complementary package of resources that consistently increase time and resources for parenting across childhood, the authors also analyze a comprehensive policy index based on the three policies listed above.

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## KEY FINDINGS

- ▶ **Across 20 OECD countries, economically disadvantaged children report more psychological health complaints, lower life satisfaction, and worse general health compared to their more advantaged peers.**
    - ▶ This inequality in children's health and well-being may be linked to national work-family policy. For example, the United States scores lowest on work-family reconciliation mandates and shows the greatest inequality in children's self-rated health.
  - ▶ **Across all levels of disadvantage, higher amounts of paid vacation and sick leave, work flexibility, and a comprehensive work-family policy index are all associated with better self-rated health for children.** Work flexibility is also associated with higher life satisfaction.
  - ▶ At the same time, these **country-level policies show stronger links to the health of children within disadvantaged families, thereby reducing inequalities in children's health and well-being.**
    - ▶ **For paid vacation/sick leave, the disadvantage gap in self-rated health is reduced by 69%.** See Figure, next page.
    - ▶ **For the country policy index, the gap is reduced by 60%.**
    - ▶ **For work flexibility, the gap is reduced by 59%.**
  - ▶ Similar though weaker trends for life satisfaction were found, with the gap in children's life satisfaction reduced by 25% in countries with the most generous work-family reconciliation policies.
  - ▶ Notably, cash transfer programs, including family benefits spending and childcare costs, were not associated with the size of children's health disparities across OECD nations, suggesting the unique importance of work-family reconciliation policies.
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## The gap in self-rated health between children in rich and poor families is reduced in countries with generous paid vacation/sick leave policies



These bars show the predicted probabilities of children reporting fair or poor health by the paucity (e.g., those in the bottom policy quintile) or generosity (e.g., those in the top policy quintile) of their country's paid vacation/sick leave policies. While children in families with both high and low socioeconomic disadvantage show improvements in general health (i.e., lower probability of reporting fair or poor health) as paid vacation/sick leave policies become more generous, the reduction for children in families with high disadvantage is greater. Overall, the health disparity between children from advantaged and disadvantaged families is reduced by 69% from the bottom policy quintile to the top policy quintile.

Note: See published paper for additional results, including the policy impacts on self-rated health by work flexibility and a comprehensive work-family policy index, as well as confidence intervals for all results.

## POLICY IMPLICATIONS

Taken together, these results suggest the singular value of better national work-family accommodations, rather than any generic cash allowances, for lessening inequalities in children's health and human capital development. Because disadvantaged adolescents gain more well-being linked to work-family reconciliation than do advantaged adolescents, national work-family policies may be especially beneficial for children whose parents have less power to bargain for paid time off and consistent work schedules and hours. These policies, in turn, help to level the playing field among working parents and reduce the negative impact of economic disadvantage on children's health.

## REFERENCE

Andersson, M.A., Garcia, M.A., & Glass, J. (2021). Work-family reconciliation and children's well-being disparities across OECD countries. *Social Forces*. Published online ahead of print.

## SUGGESTED CITATION

Andersson, M.A., Garcia, M.A., & Glass, J. (2021). Across rich nations, disadvantaged children do better when work-family balance is a policy priority. *PRC Research Brief 6(2)*. DOI: 10.26153/tsw/10942.

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## ACKNOWLEDGEMENTS

This work was supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (P2C HD042849) and T32HD007081, Training Program in Population Studies, both awarded to the Population Research Center at The University of Texas at Austin. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.