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THEORIZING INEQUALITY: Comparative Policy Regimes, Gender, and Everyday Lives

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Sociological explanations of inequality are incomplete unless they fully recognize the importance of social policy regimes, the policy logics embedded within them, and how policy arrangements work to stratify and shape daily lives. In this address, I develop my arguments by examining two overlapping struggles of everyday life in the contemporary United States: balancing work and family on the one hand, and securing health-care services, both formal medical care and informal family care, on the other. Both struggles involve care deficits that are significantly more serious in the United States than in other high-income countries, in part because our policy regime contributes to rather than counters the gendered roots of work–family conflict. Comparative studies hold a key to better understanding the link between policy regimes and everyday lives, as illustrated by the author's own comparative research in Finland and in the United States In terms of policies and policy logics that promote gender equity, paid parental leave for fathers has received much recent attention from social science scholars. Sociologists are challenged to become aware of comparative social policy scholarship and to approach inequalities and the related daily conflicts and struggles—such as over care deficits—by including this work in their analyses.

INTRODUCTION

> I am, in fact, persuaded that the attainment of a stable new gender-equality equilibrium requires a powerful exogenous trigger and that the welfare state remains the only credible trigger available. (Esping-Andersen 2009:173)

The connection between social structural arrangements and everyday lives stands as a classic sociological problem. My purpose here is to argue for re-visioning this problem once again using a framework that focuses, first, on social policy regimes and how they constrain us and, second, on the inequality logics embedded within policy regimes, which have been neglected and need to be investigated and better theorized. My comments will address as a case in point how social policies structure the work and household demands of everyday lives and how, as a result of the hidden gender logics within policy regimes, family dynamics are shaped and gender inequalities perpetuated. I contend further that sociological explanations of inequalities are incomplete unless they fully recognize the role of social policies, especially in terms of how policies work together to influence the course of daily lives. To the naive reader, this may sound self-evident; however, all too often this level of social influence and constraint is neglected in standard sociological discourse.

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Two Defining Struggles

I would like to start at ground level by focusing on two defining struggles that for over three decades have seriously disrupted and in some cases completely derailed significant numbers of American lives. The first struggle concerns the task of balancing and reconciling the demands of paid work with the demands of family. The second centers on the process of securing health care for ourselves and for our loved ones, including professional medical services from doctors and hospitals and—notably for our purposes here—the nonprofessional or quasi-professional health-related care which families increasingly provide on a routine basis to the healthy young, old, and disabled as well as to the sick. Put another way from the societal standpoint: in referencing the issues of work–family conflict and health-care access, I will be talking about the problem of how to apportion and provide the vast array of care work that Americans currently require and at the same time how to do that in a fair and equitable way.

My perspective in this discussion acknowledges that individuals are agents in constructing and making sense of their own lives; but, also recognizes that resources and social structural forces place constraints on actions (for a discussion of this approach in the context of health and gender, see Bird and Rieker 2008). In what follows here, I focus on some of these constraining forces. I will make the point that too often we sociologists reference and analyze social policies individually where we should be examining them as they intersect and work together, forming powerful systems or regimes of stratification (Zimmerman and Legerski 2008). The policy regimes within which we live (local and national) are important in constraining and channeling the experiences of everyday life. With respect to the question of work–family balance, I will emphasize that certain policy logics (especially concerning the gender division of labor) are at the core of Americans' current struggles. Understanding this also holds a key to opening up greater gender equity. While I will be critical of the gender irrationality embedded in our current policy regime, I will also discuss, in the context of some of my own research, what I believe is a more sane and sensible approach.

CARE DEFICITS IN CONTEMPORARY AMERICA

Family care and the particular problem of reconciling paid work and family are perhaps the most difficult and preoccupying challenges of daily adult life in America today. The stress levels, tensions, and cultural ambivalence surrounding this problem have only been exacerbated by economic recession. These intersecting issues of work–family balance and gendered social policy arrangements have generated a rich sociological and social politics literature in Europe; however, to date relatively few American social scientists have seriously taken them up (for a notable exception, see Gornick and Meyers 2009).

One of the most widely read sociological studies of the late 1990s, Arlie Hochschild's *The Time Bind: When Work Becomes Home and Home Becomes Work* (Hochschild 1997), captured wide attention for its seemingly perverse conclusion that, rather than home being a haven, it is often the workplace that offers welcome respite.

Hochschild's interviews documented the increasing recognition that home for many Americans had become an overly time-pressured, chaotic place. Surveys and studies continue to confirm and elaborate that American families remain in trouble with little let up from the constraining demands of homes and jobs (Presser 2003; Bianchi, Robinson, and Milkie 2007). The recommendations to remedy this situation for the most part targeted changing workplaces and corporate cultures, especially reducing work hours (Hochschild 1997). Interestingly, while Hochschild's data seemed to show women bearing a considerable portion of these stresses, particularly at home, *The Time Bind* was not read as a book about gender relations. As Robert Drago pointed out in his review of the book, for some readers "the problem does not lie in the general stress of home as opposed to work life. Instead, the problem might be viewed as one disproportionally affecting women, as a product of patriarchy" (Drago 1998:554). Such an analysis, however, required a structural dissection of American society that has remained largely untouched. In addition to focusing on mid-range solutions and blaming workplaces, one might have wished that Hochschild's analysis and/or the sociological fallout from it had dug deeper to examine the gendered divisions of labor revealed in her data and to investigate more fundamental forces shaping those divisions—for example, the patriarchal assumptions and contradictory logics embedded in work–family policies (see, for example, Boushey 2011).

Meeting family members' health-care needs is yet another challenge of contemporary American life that figures high on the public agenda. Part of the care deficit, lack of easy access to health care and inadequate health insurance coverage can be closely related to the work–family tensions of the time bind. The nearly impossible conditions many Americans face trying to manage work and home life are compounded—sometimes exponentially—when there is illness or disability in the family (Bird and Rieker 2008). Illnesses and disabling conditions occur more frequently in family life than is often recognized. For example, a recent AARP (formerly the American Association of Retired Persons) survey found that one in four U.S. adults each year are engaged in caring for other adult family members or friends, assisting with transportation, medication, meals, personal affairs, and illness management. Two-thirds of those providing care to adults are women. The average caregiver is one of these women who is caring for her mother some 20 hours per week over a period of nearly five years (Feinberg et al. 2011). In addition, estimates for the percent of families caring for a child with special needs are as high as 20 percent (Firestein 2005). Routine tasks of caring for children that are already difficult for working families become nearly impossible with the added care regimens prescribed for children with learning disabilities, autism, asthma, and other chronic conditions. Joan Williams in her 2010 book, *Reshaping the Work-Family Debate: Why Men and Class Matter* devotes an entire chapter to the implications of health and health care: "For families dealing with a child's serious illness or chronic disease, Americans' lack of childcare and social services, along with job inflexibility creates a toxic mixture that threatens the jobs of fathers as well as mothers" (Williams 2010:42). Making the connection between social policies and the quality of daily lives, Williams argues that the difficulty in meeting

family care obligations has been significantly influenced by a federal policy shift dating back to the early 1980s. At that time, a significant load of the work of caring for the sick was transferred from hospital-based care to informal care at home (Glazer 1993). This was related to a shift in national health policies toward competition and "market forces." One consequence affecting families was a drop in the average length of hospital stays from seven to five days. This did not mean that patients were getting well faster, but rather that they were returning home sicker and needing to be taken care of by family members (mostly women), instead of professional staff (Zimmerman, Litt, and Bose 2006).

There was no comparable book to *The Time Bind* in the field of medical sociology. Rather than attending to how market-based health care was affecting the work loads and finances of families, medical sociologists studying illness experience and its impact were more likely to be interested in identities and identity change. Even into the late 1990s, there was almost no attention to how the rapidly evolving market orientation of health policies affected how illness was experienced in every day lives. It has been left to family and labor force researchers such as Williams to underscore how federal policies that decreased hospital stays, in turn, increased home care demands with little or no compensation when family caregivers had to miss work or quit their jobs.

The Care Deficit and Stressful Family Lives

The stressful family lives created by work–home conflict and inadequate health-care access reveal a U.S. care deficit of major proportions; care needs are increasing while the availability of unpaid caregivers in the family is shrinking. Men's caregiving for children has increased (Bianchi et al. 2007); however, their participation is still insufficient, and there is little governmental support for caregiving (Williams 2010). Most families have limited resources to privately hire caregivers, which, in turn, creates a demand for cheap care work labor from other countries—a care drain from global south to global north that creates its own care deficits in the families of sending countries whose citizens come to relieve northern deficits (see Parrenas 2001; Ehrenreich and Hochschild 2002; Zimmerman et al. 2006). These care chains need to be seen in direct relation to social welfare policies. As opposed to this care deficit being simply a "necessary" characteristic of life in the early 21st century, I want to argue here that among high-income nations it afflicts the United States more than any other. Care deficits and resulting care chains will continue to bring disruption and unnecessary stress to our own lives and the lives of those in sending countries until we can bring our policies into realistic alignment with our care needs (see Heymann 2006). Moreover, addressing care work and care deficits can play a key role in resolving gender inequalities.

The serious illness of one of my children thrust me into the world of intensive caregiving at a relatively early stage in my academic career. It was a personal experience that changed my sociological life. In fact, I can recall the exact moment that I determined to change the course of my research as a medical sociologist. I was drinking a cup of coffee in the kitchen of the Ronald McDonald House when a woman walked in looking flushed and distraught. She sat down across the table from me and with very

little introduction began talking cathartically, lighting one cigarette after another, telling me about her four-year-old daughter diagnosed with cancer whom she had just left in the hospital. She had brought the little girl by train—presumably leaving the car behind for her family—by herself all the way across South Dakota to the University of Minnesota hospital where she could find specialist care. Back home, she had a good, working-class job with health insurance benefits. But now it was Saturday evening and she had just used up her two weeks of vacation leave. The next day, she had to leave to get back to work on Monday. Otherwise, she would lose her job. She didn't know what to do. She couldn't leave her little girl alone in the hospital, but on the other hand, she couldn't lose her job because it was the major income for the family and provided her daughter's insurance. Her husband was unemployed and taking care of their other children. She had prayed with the chaplain at the hospital, and he had promised to plead her case with her employer, but her money was running out and she still had to make the decision whether to get on the train or not. I don't know what happened to her, but the terrible choice she had to make has haunted me for many years. On that evening I promised myself that I would study the families of seriously ill children and learn about how they managed. I decided to work to give voice to the countless invisible mothers whom I imagined, like this mother, were trying to hold the worlds of their children and families together—and, to investigate the policies, rules, and constraints that made this mother's circumstances possible.

That mother's life, I reasoned, could have been vastly different if the United States had a paid program of family leave—at the time I met her the United States did not yet have the Family and Medical Leave Act (FMLA), our current program of 12 weeks of unpaid leave enacted in 1993—allowing her perhaps four to six months of paid leave so that she could take care of her seriously ill child without plunging her family into greater hardship. Or, if the United States had universal health care she could have changed to a more accommodating job without having to worry about losing her health insurance along with leaving her job. Perhaps if the United States had a program of guaranteed, affordable childcare, she could have returned to work in South Dakota and still been able to afford childcare for her other children while her husband took the hospital responsibility for a while. The alternative picture I am painting here is modest, involving a combination of public and private sources for the welfare services needed by this family—a hypothetical mixture of (1) paid and unpaid family care, (2) public policy protection for the woman's job and a paid parental leave program that would help insure her income, and (3) subsidized childcare for the other children that the family could afford. These exist in a number of high-income countries but not in the United States (Leira 2002; Ellingsaeter and Leira 2006; Del Boca and Wetzels 2007; Gornick and Meyers 2009).

CARE DEFICITS IN COMPARATIVE PERSPECTIVE

By now I hope it is clear that my use of the term "welfare" is not limited to government cash payments but more broadly to how human needs are met. Welfare in this sense

refers to "social reproduction," that is, to the basic provisions and services we require on a daily basis to sustain and live a decent life. This often includes health care and education as well as care for individuals who due to young age, old age, or disability are unable to care for themselves.

Until recently, it has been common to compare welfare systems in high-income countries simply on the basis of their level of public (state) welfare spending (Hacker 2002; Esping-Andersen 1990). From this vantage point, the United States looks quite weak compared to its peers. For example, using the 1995 Organisation for Economic Co-operation and Development (OECD) data, Hacker (2002) showed that the United States had approximately half the pretax social welfare spending of the Nordic countries of Denmark, Sweden, and Finland. He then repeated the comparison using a spending variable that combined both after-tax public and private welfare spending (i.e., employee benefits). This changed the picture dramatically; in fact, the position of the United States compared to European countries improved dramatically so that it was nearly equivalent (Hacker 2002). Specifically, the United States' combined public and private welfare spending of 24.5 percent of gross domestic product (GDP), ranked just above Denmark, which spent 24.4 percent, and not far below the Netherlands (25 percent), Finland (25.9 percent), the United Kingdom (26 percent), and Sweden (27 percent)—all of which are thought to be much stronger social welfare countries than the United States. In effect, this provides a partial illustration of expanding state spending to include the role of the market.

Social Policies and Welfare Regimes: A Comparative Perspective

People themselves obtain social welfare services and provisions through their own families as well as from the state and market. Influenced by the work of Esping-Andersen (1990) and others (Orloff 1993; O'Connor, Orloff, and Shaver 1999), the nexus of state–market–family—the dynamics of which has been termed a "welfare regime" rather than a "welfare state"—has been the dominant framework from which to compare countries in terms of social welfare systems. (Comparisons involving the United States also may consider adding the voluntary, charity-based services provided by nongovernment organizations or NGOs and other voluntary not-for-profit organizations as a fourth part of the nexus.)

Social policies play a major role in assigning which source—state or market or family—will be the welfare provider in a given situation of need as well as the extent of this provision. Accordingly, a nation's arrangements for using state, market, and family for welfare services influence the nature and magnitude of care deficits in that nation. It is impossible within this framework to claim that a country has no welfare regime. Where the state is weak and provides few benefits, then welfare needs will likely be met by families providing unpaid care or purchasing services in the market. Low-income families have limited purchasing ability, so for them the burden of care is even greater, and often cannot be met. For education and health-care services, if the state does not provide and individuals have no means to purchase from the market, then low-income individuals may simply go without. The implications for inequality go even further:

When the family is the care provider, care tasks fall largely to women. Thus, social policy regimes that emphasize family care are more likely to disrupt and depress women's employment opportunities and, as a result, their subsequent life chances. Moreover, as Bryson (2007) points out, time itself is a key resource affected by social policies and inextricably bound up with care deficits and women's lives. I turn next to a powerful illustration of the gendered consequences of social policies and welfare arrangements, which arises when we compare the United States to the Nordic countries of Sweden and Finland.

Welfare Regimes and the Consequences for Caregivers

Based on my silent commitment to the woman from South Dakota, I eventually conducted a study to understand how childhood illness was experienced by families in the United States (weak state/strong market/strong family welfare regime) compared to Finland (strong state/weak market/weak family welfare regime). The mixed-methods study included 160 families, 80 families of children with cancer, half in Finland, and half in the United States, and 80 matched control families, half in each country. Finnish social welfare policies in the late 1980s/early 1990s were explicit in their goal of minimizing the impact of illness on the family in order to achieve equitable conditions among all families (Zimmerman 1993). I was particularly interested in the stated ideal of minimizing potential family disparities as an outcome of a child's serious illness, a policy logic standing in strong contrast to the "rugged individualism" embedded in U.S. health and social care policies.

Framed within the context of work–family balance and the challenges and potential for care deficits when working parents are faced with caring for a seriously ill child, my study focused on the nature and extent of disruption in work life, family life, and the family economy for these families compared to similar families where the children were healthy. Overall, I found that American parents were significantly more likely to have jobs and careers negatively impacted by the illness of their children, both compared to other U.S. families as well as compared to their Finnish counterpart families. To assess possible work–family conflict, I looked at and compared the proportions of primary caregiving parents (self-identified as mostly mothers) who quit jobs or reduced hours. I also included those who took leave; although in Finland the leave was a paid, legal entitlement as opposed to the United States where it was not.

Results showed that Finnish parents dealing with childhood cancer experienced somewhat less work–family conflict than U.S. parents in contrast to the matched controls where there were no differences between the two countries. This suggests that Finnish family policies directed toward these parents may have had an effect. United States' primary caregiving parents were more likely to quit their jobs and to reduce their work hours compared to their Finnish counterparts, suggesting less work life disruption. In addition, Finnish families reported minimal financial impact from the illness compared to the United States where there were significant negative financial effects with some families experiencing huge debts extending even to bankruptcy in 5 percent of the U.S. families. In fact, during the intensive interview portion of the study,

when I asked Finnish families about the financial impact of the illness, at first they were puzzled and didn't know quite how to answer. For them, health care was totally covered with virtually no cost and, in addition, they received a monthly social insurance stipend for disabled children of approximately $500 to $600 per month in recognition of the additional burdens of care. Here are examples of what Finnish parents said in response to the question about whether the illness had a financial impact: "No, not actually. I spent a lot of money on toys and surprises, but the sickness didn't actually affect our [family] economy." And another, "There are so many different kinds of benefits and that's good. . . . Economically, however, we have not suffered." The comment of one U.S. parent summed up the American point of view: "The insurance was as bad as the cancer."

While collecting data in Finland, I was guided by the notion that in Finland perhaps the state would serve to take on some of the care burdens that in the United States fell solely onto families and the market. Generally, I found this to be the case. Later, over many months of observation and encounters with U.S. parents, it was confirmed that for them, especially those with few financial resources, state–market–family arrangements were providing less assistance—and, in a number cases, notably as a result of private insurance, added further anguish. U.S. parents frequently could not take time from jobs to be with their young children; they turned down promotions; they were demoted; they lost their jobs; they lost vital income and suffered from feeling they had let their family down; they became uninsured or underinsured; they worried about neglecting their other children; and a few went into bankruptcy. All but one of the U.S. families I studied in the 1990s had insurance coverage at diagnosis; however, fully half of the families experienced prolonged, major struggles with insurance companies who denied coverage, hospitals, and medical practices that hounded them incessantly for payment. In both countries, it was mothers for the most part who dealt with insurance issues (in Finland the state benefit programs) and provided the bulk of nonprofessional illness management and daily care; however, comparing the two countries, the more extensive social safety net in Finland appeared to significantly lessen the average mother's challenges and struggles.

When rugged individualism fails and U.S. families with seriously ill children cannot afford medical treatment, the "all American" solution is sometimes the charity benefit. This was not necessary in Finland or part of the Finnish experience. One American mom's reference to this led to a poignant testimony about the experience of paying for cancer treatment in the U.S. welfare regime:

> There are a lot of people I know that have to go out and beg for money. The Dicksons had to raise $140,000 before somebody would even look. . . . This one lady has been fired, she has no insurance, and her little boy Joey died . . . and after he dies she's got the hospital bills and no job. . . . There are some people that I look at them and I cry. Begging for the child, begging from people to give your child life. That's exactly what those people are doing. . . . I just can't see where parents have to go out and beg for their child's life.

IMPLICATIONS OF POLICY REGIMES FOR GENDER RELATIONS

As sociologists we have become adept at revealing and micro-analyzing the challenges of everyday life. Sociologists studying work–family balance often direct their attention and recommendations for change at mid-level; that is, at workplaces and corporate cultures. Medical sociologists for many years studied illness experience, neglecting the effects of an often brutal health insurance environment. At their core, however, many of our care work and care deficit struggles relate to the U.S. social policy regime and how it orchestrates state, market, and family. In the United States, much care work is left to the family where it is uncompensated and falls mostly on women or where it can be purchased at great expense. For the remainder of this discussion, I return to the idea of the policy logics embedded in welfare regimes to consider further gender relations, including the gender division of labor and inequalities that follow from these arrangements.

Numerous studies have found that American women consider the household division of labor unfair (see Dodson, Manuel, and Bravo 2002; Williams 2010). This is not surprising given that many households have dual earners in the labor force but maintain a system of household labor that assigns the majority of domestic work to women. In a single-earner family, the care deficit is even more precarious if no other adults are available and especially when children have special needs. There is also evidence that care work in these settings may get passed on to girls, continuing the cycle of gender disadvantage.

The relationship between social welfare policies, care deficits, and the gendered division of labor can work to either improve or disadvantage women in ways that are not immediately visible. Two examples illustrate this point. U.S. welfare policies expanded the care deficit in the mid-1990s when cash assistance welfare, Aid to Families with Dependent Children (AFDC), was reformed to require employment and the eventual termination of benefits. This policy change required single mothers to enter the labor market to be both earners and carers, often leaving them without resources for childcare either from state, market, or family. This shift from state to market and family created a huge care deficit, untold difficulties for mothers, and it placed children at risk (Dodson et al. 2002). An opposite shift of care responsibility—from family to state—is represented by recent U.S. legislation, the Caregivers and Veterans Omnibus Health Services Act (CVOHSA) of 2010 (Public Law 111–63). This policy compensates caregivers to care for post–911 U.S. veterans and recently returning U.S. soldiers. It is intended to help and relieve families of a potential care deficit (and job–family conflict) where there are injuries that require extra home care. In a landmark recognition of the importance of compensation for care work within the federal government, the CVOHSA provides a stipend of some $1,600 per month to compensate family care providers.

Thanks to over 20 years of feminist scholarship on the gender logics of welfare regimes—the vast majority in critical response to the work of Esping-Andersen—the centrality of care work in the comparative welfare state literature is now much more

established (see, for example, Hobson 1990; Sainsbury 1994; Sainsbury 1996; Siim 2000; Hobson, Lewis, and Siim 2002, Daly and Rake 2003; Lewis 2009). As a result, it is easier to understand how vitally important social policies are in adjudicating the gender division of labor.

In *Reshaping the Work–Family Debate*, Joan Williams (2010:1) argues that "The United States has the most family-hostile public policy in the developed world." As a case in point, the detailed research on low-income women's lives conducted by Lisa Dodson and colleagues conclude that "To raise children and keep a job is all but impossible for low-income American parents under current conditions . . ." (Dodson et al. 2002:18). Weak state policy support not only means a heavier burden for women at home but also a higher penalty in the labor market (Budig and England 2001). As Williams points out, women who leave work for just two or three years suffer a 30 percent drop in lifetime earnings. In contrast to the motherhood penalty, there is strong evidence of a "daddy bonus," whereby men's salaries increase after they have children, an increase that cannot be explained by increases in their work hours (Hodges and Budig 2010). This is another indication of policies and related workplace cultures out of sync with daily lives.

One of the most important contributions from the literature I have been discussing is to show that welfare regimes function as systems of stratification. When welfare policies ignore care work, that work is left to the family, affecting the lives and economic resources of women in profound ways. Even with such a simplified view of a complex process, we can see how policy regimes work to stratify by gender and reinforce gender inequalities.

POLICY LOGICS AND GENDER EQUITY

Policy logics refer to intentionalities, pathways, and the general direction of social policies that are often hidden. Esping-Andersen (1990) advanced the idea of worker decommodification as a policy logic—that is, the notion that welfare regimes, through benefits, could enable workers to survive outside the market. Regimes also could be compared on the basis of how well they allowed decommodification. Interestingly, given the stature and impact of his work, Esping-Andersen turned out to be quite myopic about families and the lives of women and, in particular, the significance and scope of unpaid care work. Many of the feminist critics who responded to his work (for example, Hobson 1990 and Orloff 1993) pointed out the androcentrism in Esping-Andersen's apparent assumption that the workers in his theoretical model were male. While a male worker may be "decommodified" by a welfare regime so that he is free from the "whims" of the market, that same freedom is not automatically transferred to the worker's wife. She may, in fact, be subjugated (even oppressed) within a patriarchal family structure with very little personal freedom. For this reason, feminist scholars sought a policy logic other than decommodification to conceptualize and to compare welfare regimes in terms of gender stratification and equity. Orloff (1993), for example, added two new dimensions to Esping-Andersen's framework: the ability of women to

form an autonomous household (to live outside the family) and their access to paid work. Several scholars, including Jane Lewis and Diane Sainsbury, suggested the ideal type of the "male breadwinner model" welfare regime as a standard of comparison. Other scholars argued for comparing welfare regimes according to the extent of body rights (O'Connor, Orloff, and Shaver 1999).

Dual Caregiver/Dual Earner as a Welfare Regime Prototype

Most recently, Janet Gornick and Marcia Meyers as part of the Real Utopias Project (Gornick and Meyers 2009) have argued for another policy logic, a dual earner/dual carer model that would transform the gender division of labor in the United States. This model, in contrast to the nonviable male breadwinner/female caregiver division of labor, holds that adults can both be workers in the labor force and caregivers at home. This solution appears for a number of scholars to be an ideal (and idealistic) policy logic that merits greater attention, especially in terms of its potential for gender equality.

The idea of dual earner/dual carer has roots in a "thought experiment" the feminist social theorist and philosopher Nancy Fraser (2000) offered as a solution to the demise of the "family wage," the late-19th-century version of the gender division of labor wherein the male earner was supposedly to earn a salary that would also support his caregiver/homemaker wife. Despite its lingering cultural currency, Fraser dismisses the family wage as a viable option for contemporary families, and then asks what model for the gender division of labor should take its place. She considers two possibilities: the universal breadwinner model which she links in practice to U.S. feminists and the caregiver parity model linked to European feminists. When she evaluates each against seven criteria for gender equity, neither stands the test.

As a result, Fraser concludes that neither is suitable, proposing instead a model, much like the dual earner/dual caregiver where both paid work and unpaid family labor are shared.

Though segments of U.S. culture (including some mainstream political candidates) continue to advocate for the male breadwinner model, the evidence shows that for a majority of Americans, such a view of the gender division of labor is neither sustainable nor fair for women. It may be, in fact, as argued by Gornick and Meyers (2009), time for social policies that shift some of the unpaid carework burden from the family to the state, either through direct services or through financial assistance. This could mean subsidized childcare and compensation for family caregivers, including paid parental leave during the first months of life. It could also mean reducing or reconfiguring work hours for full-time jobs when workers have young children. But, this is not enough. Following Fraser's analysis, it is only when the gender division of labor becomes equitable in terms of the entire division of unpaid carework that true balance may be possible.

Implementation of this model involves dramatic changes for the work of men: "To fully transform norms about the role of men in the private sphere of caregiving, fathers need rights and incentives to shift a greater portion of their time and labor from the

market to the home" (Gornick and Meyers 2009:47). In fact, several European countries are pursuing just such an approach, focused for the most part on shared parental caregiving and encouraging fathers to take more of the paid parental leave available to them after the birth of a child. In Sweden, for example, the goal is fathers taking half the total 480 days available to them so that fathers and mothers become equal carers (Duvander, Farrarini, and Thalberg 2005). In the United States, it is common to counter arguments for expanding family-friendly legislation, such as parental paid leave, with the argument that the costs would undermine American business competitiveness. Earle, Mokomane, and Heymann (2011) have studied work–family policies in 15 of the world's most competitive economies and found that all except the United States have paid family leave programs as well as other related benefits. And, the majority of these programs are available for fathers as well as for mothers.

Gender Equity in Parental Leave Policy Designs

Paid parental leave with gender equity has become a key focus for work–family balance and policy regimes in advanced economy countries. Ray, Gornick, and Schmitt (2010) have constructed a "gender equality index," which they use to compare the parental leave programs of 21 high-income countries (Europe, Australia, New Zealand, Japan, Canada, and the United States). I show it here just to illustrate the wide range in policy designs. Interestingly, based on these measures—father's share of leave allotment, wage replacement, and use of incentives—the unpaid FMLA policy in the United States leaves us at about the midpoint of the scale, with Sweden at one end and Switzerland (with no leave for fathers) at the other. This is somewhat ironic given that United States is the only advanced economy country to lack some form of paid parental leave.

Coming back to the realities of lived experience, both Fraser and Gornick and colleagues name Sweden as the country with the welfare policy regime closest to achieving the Dual Worker-Dual Carer family. Sweden has been using various incentives—both economic and cultural—for well over a decade to increase the percentage of parental leave days taken by fathers from less than 10 percent to nearly 25 percent (personal communication, Swedish Social Insurance Office, Stockholm 2011). Each year, the Swedish government issues policy objectives directed to achieving equity and, accordingly, the Swedish Social Insurance Office develops specific strategies aimed at achieving this outcome. Based on current uptake levels, Swedish policy experts estimate equity in parental leave by 2032.

Engineering changes in the gender division of labor through policy is a daunting task. Results from Sweden and other countries show the importance of incremental incentives, in particular the "use it or lose it" assignment of two months of parental leave to fathers and increases in leave compensation maximums to better reflect male salary levels.

A VISION FOR SOCIAL POLICIES AND SOCIAL CHANGE

Where are the sociological discussions of policy and welfare regimes, care deficits, and policy logics in producing gender stratification? I would hope them to be in our texts,

in our classrooms, and in our research agendas. But, I believe they are relatively absent. Do we teach comparatively? Do our students know that in terms of lived experience our contemporary American struggles have a very different reality in Sweden and in other European countries? Do they know that the most competitive of our peer nations offer paid family leave to mothers and fathers? Do they realize that work–family conflict is a much greater problem here in the United States than in some other high-income countries? And do they understand how welfare policies work together to produce logics of inequality in gender (class and race)?

While the topic of family–work balance has received relatively more scholarly descriptive attention than the health-care struggles of the Americans, in both cases the groups of scholars attending to them have failed to adequately theorize the structural conditions that underlie them. Social policy regimes, the recognition of care work, and the particular arrangements for how state–market–family relations produce welfare are key to understanding gender stratification. As sociologists, we collude in this neglect by so often approaching our daily struggles and problems as negotiated in the family or workplace rather than also orchestrated and constrained by policy regimes. Yet, social policy configurations remain crucial to the sociological imagination and understanding of everyday lives.

REFERENCES

Bianchi, Suzanne M., John P. Robinson, and Melissa A. Milkie. 2007. *Changing Rhythms of American Family Life*. New York: Russell Sage Foundation.

Bird, Chloe E. and Patricia Rieker. 2008. *Gender and Health: The Effects of Constrained Choices and Social Policies*. New York: Cambridge University Press.

Boushey, Heather. 2011. “The Role of the Government in Work-Family Conflict.” *The Future of Children* 21(2):163–90.

Bryson, Valerie. 2007. *Gender and the Politics of Time*. Bristol, England: Polity Press.

Budig, Michelle J. and Paula England. 2001. “The Wage Penalty for Motherhood.” *American Sociological Review* 66(2):204–25.

Budig, Michelle and Melissa J. Hodges. 2010. “Differences in Disadvantage: How the Wage Penalty for Motherhood Varies across Women’s Earnings Distribution.” *Gender & Society* 24(6):717–45.

Daly, Mary and Katherine Rake. 2003. *Gender and the Welfare State*. Cambridge, England: Polity Press.

Del Boca, Daniela and Cecile Wetzels, eds. 2007. *Social Policies, Labour Markets and Motherhood: A Comparative Analysis of European Countries*. Cambridge, England: Cambridge University Press.

Dodson, Lisa, Tiffany Manuel, and Ellen Bravo. 2002. *Keeping Jobs and Raising Families in Low-Income America: It Just Doesn’t Work*. A Report of the Across the Boundaries Project. Cambridge, MA: Radcliffe Public Policy Center.

Drago, Robert. 1998. “Review of *The Time Bind*.” *Review of Social Economy* 56(4):551–4.

Duvander, Ann-Zofie, Tommy Farrarini, and Sara Thalberg. 2005. “Swedish Parental Leave and Gender Equality: Achievement and Reform Challenges in a European Perspective.” Arbetsrapport #11. Stockholm, Sweden: Institute for Future Studies.

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):191–210.

Ehrenreich, Barbara and Arlie Russell Hochschild, eds. 2002. *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Metropolitan Books.

Ellingsaeter, Anne Lise and Arnlaug Leira, eds. 2006. *Politicising Parenthood in Scandinavia: Gender Relations in Welfare States*. Bristol, England: Polity Press.

Esping-Anderson, Gøsta. 1990. *Three Worlds of Welfare Capitalism*. Cambridge, England: Polity Press.

——. 2009. *The Incomplete Revolution: Adapting to Women’s New Roles*. Cambridge, England: Polity Press.

Feinberg, Lynn, Susan C. Reinhard, Ari Houser, and Rita Choula. 2011. *Valuing the Invaluable: 2011 Update. The Growing Contributions and Costs of Caregiving*. Insight on the Issues #51. Washington, DC: AARP Policy Institute.

Firestein, Netsy. 2005. “A Job and a Life: Organizing and Bargaining for Work Family Issues: A Union Guide.” Labor Project for Working Families #17 (http://www.laborproject.org/bargaining/guide.html) (as cited in Williams 2010).

Fraser, Nancy. 2000. “After the Family Wage: A Postindustrial Thought Experiment.” Pp. 1–32 in *Gender and Citizenship in Transition*, edited by Barbara Hobson. London, England: Routledge/Taylor & Francis.

Glazer, Nona. 1993. *Women’s Paid and Unpaid Labor: The Work Transformation in Health Care and Retailing*. Philadelphia, PA: Temple University Press.

Gornick, Janet C. and Marcia K. Meyers. 2009. *Gender Equality: Transforming Family Divisions of Labor*. The Real Utopias Project Volume VI. London, UK: Verso.

Hacker, Jacob S. 2002. *The Divided Welfare State: The Battle over Public and Private Social Benefits in the United States*. Cambridge, England: Cambridge University Press.

Heymann, Jody. 2006. *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy*. New York: Oxford University Press.

Hobson, Barbara. 1990. “No Exit, No Voice: Women’s Economic Dependency and the Welfare State.” *Acta Sociologica* 33(3):235–50.

Hobson, Barbara, Jane Lewis, and Birte Siim. 2002. *Contested Concepts in Gender and Social Politics*. Northampton, MA: Edward Elgar.

Hochschild, Arlie Russell. 1997. *The Time Bind: When Work Becomes Home and Home Becomes Work*. New York: Metropolitan Books.

Leira, Arnlaug. 2002. *Working Parents and the Welfare State: Family Change and Policy Reform in Scandinavia*. Cambridge, England: Cambridge University Press.

Lewis, Jane. 2009. *Work-Family Balance, Gender and Policy*. Cheltenham, England: Edward Elgar.

O’Connor, Julia S., Ann Shola Orloff, and Sheila Shaver. 1999. *States, Markets, Families: Gender, Liberalism, and Social Policy in Australia, Canada, and Great Britain*. Cambridge, England: Cambridge University Press.

Orloff, Ann Shola. 1993. “Gender and the Social Rights of Citizenship: State Policies and Gender Relations in Comparative Perspective.” *American Sociological Review* 58(3):303–28.

Parrenas, Rhacel Salazar. 2001. *Women, Migration and Domestic Work*. Stanford, CA: Stanford University Press.

Presser, Harriet B. 2003. *Working in a 24/7 Economy: Challenges for American Families*. New York: Russell Sage Foundation.

Ray, Rebecca, Janet C. Gornick, and John Schmitt. 2010. "Who Cares? Assessing Generosity and Gender Equality in Parental Leave Policy Designs in 21 Countries." *Journal of European Social Policy* 20(3):196–216.

Sainsbury, Diane, ed. 1994. *Gendering Welfare States*. Thousand Oaks, CA: Sage.

——. 1996. *Gender, Equality, and Welfare States*. Cambridge, England: Cambridge University Press.

Siim, Birte. 2000. *Gender and Citizenship: Policies and Agency in France, Britain, and Denmark*. Cambridge, England: Cambridge University Press.

Williams, Joan C. 2010. *Reshaping the Work—Family Debate: Why Men and Class Matter*. Cambridge, MA: Harvard University Press.

Zimmerman, Mary K. 1993. "Caregiving in the Welfare State: Mothers' Informal Health Care Work in Finland." *Research in the Sociology of Health Care* 10:193–211.

Zimmerman, Mary K. and Elizabeth Legerski. 2008. "Gender Regimes as a Key Concept in the Sociology of Gender." Paper presented at the American Sociological Association annual meetings, Boston, MA, August 1.

Zimmerman, Mary K., Jacqueline S. Litt, and Christine E. Bose. 2006. *Global Dimensions of Gender and Carework*. Stanford, CA: Stanford University Press.