Paid family and medical leave helps workers manage their work and family responsibilities by allowing them to take extended time away from work while receiving some wage replacement and without the threat of being fired. Yet, access to paid family and medical leave to care for a sick family member, a new child, or tend to one’s own illness is uneven: workers who typically have access are more likely to be full time, have higher education and earnings, and work in larger firms than workers with no access. Support for a statewide paid family leave program is widespread in New Hampshire. In a winter 2016 Granite State Poll, 82 percent of New Hampshire residents said they support a paid family and medical leave insurance program.

Although New Hampshire currently does not have a paid family and medical leave law or program, these policies are gaining momentum across the United States. California, New Jersey, Rhode Island, and New York have enacted family and medical leave legislation (the New York law takes effect in January 2018), and many other states are considering similar legislation.

At the federal level, the Family and Medical Insurance Leave Act (the FAMILY Act) would create a national paid family and medical leave insurance program to provide workers with time to care for family members, a new child, or themselves when seriously ill. Understanding the level and nature of support for a program in New Hampshire will provide policy makers and stakeholders with useful information when considering the needs of Granite State workers and the opportunities for maintaining a strong workforce.

Men Strongly Supportive, but Less So Than Women

New Hampshire residents are in favor of the creation of a paid family and medical leave insurance program. In the winter 2016 Granite State Poll, 82 percent of New Hampshire residents stated support (strongly or somewhat) of a program of paid family and medical leave insurance for workers who have to take time from work for reasons such as pregnancy complications, caring for a new child, or tending to the serious illness of themselves or a family member (Figure 1). Sixty-three percent strongly support this type of legislation, while another 19 percent are somewhat supportive. Though it varies, support is high regardless of gender, marital status, income status, education level, and political party affiliation.

In terms of gender, nearly nine in ten women and three in four men in New Hampshire support paid family and medical leave insurance (Figure 1), equating to a 13 percentage point gender gap. The gap is larger—20 percentage points—between the shares of women and men who “strongly” support paid family and medical leave (Figure 1).

The gaps between women’s and men’s support is concentrated in specific demographic sub-groups. Men who are married, employed, have higher education levels, and experience fewer work interruptions due to paid family and medical leave are more likely to strongly support this type of policy. Women with greater family responsibilities, such as primary caregivers, are also more likely to support paid family and medical leave insurance.
or live in higher-income families are supportive of paid family and medical leave, but less so than similar women. For example, 70 percent of married men support the policy, 16 percentage points lower than the share of support by married women (Table 1). By contrast, the gender difference in support among single people is only 6 percentage points (and not statistically significant). In fact, married women, single women, and single men all report similarly high levels of support, at 83 percent or higher.

Employed men, too, register high levels of support for paid family and medical leave (72 percent), yet their support is 14 percentage points lower than that of employed women (Table 1). However, men who are out of the labor force (that is, retired, disabled, homemakers, or students) are just as likely as their female counterparts to support paid family and medical leave—91 percent of both are in support. This high support among those out of the labor force is not surprising given that the majority are retired: they may be in need of family care themselves and see first-hand the difficulty their family members have managing their work and caregiving demands, or witness the lack of parental leave options available to their sons and daughters.

Larger gender differences in support for paid family and medical leave exist among those living in higher-income families compared with those living in families with lower incomes (Table 1). It is possible that those with fewer economic resources perceive a larger direct benefit from a paid family and medical leave insurance program.

The largest gender gap in support—20 percentage points—is among college graduates. While 67 percent of college-educated men express support, 87 percent of college-educated women do (Figure 2).
The gender gap in support among those with some college or less is only 9 percentage points (and not statistically significant).

A large share of men affiliated with the Republican Party support paid family and medical leave insurance (69 percent), though their support is 13 percentage points lower than the share of support among Republican women, registered at 82 percent (Figure 3). Virtually no gender gap in support for paid family and medical leave insurance exists among women and men affiliated with the Democratic Party. Overall, women and men affiliated with the Republican Party express high levels of support for paid family and medical leave insurance, but their support is lower than that of women and men affiliated with the Democratic Party.

Willingness to Pay Into an Insurance Fund

Asking whether one would be willing to pay $5 per week into a paid family and medical leave insurance program provides a further test of support. Among the employed, 69 percent voiced a willingness to pay $5 per week into the program. Support among the employed was equally high regardless of gender or family income (data not shown).

However, support varies depending on political party affiliation (Figure 4). Men and women affiliated with the Democratic Party are more likely to be willing to pay than men and women affiliated with the Republican Party. Republican-affiliated women were more likely than Republican-affiliated men to be willing to pay $5 a week into the program (a gap of 21 percentage points), while women and men affiliated with the Democratic Party were equally willing to pay the cost.
Paid family leave is also important to men in New Hampshire, as three in four men express support for it. Men increasingly value caregiving alongside breadwinning, as evidenced by the vast majority of fathers taking some time off for the birth or adoption of a child and the increase in father’s involvement in the care of their children. Further, there are increasing numbers of fathers who report conflicts between their work and family commitments, indicating an increased awareness and involvement in caregiving among men.

Yet, there are a number of reasons why a gender gap in support for paid family and medical leave insurance might exist. Because men have greater access to paid family and medical leave benefits through their employers in New Hampshire, they may not be aware that many workers in the state do not enjoy these same workplace benefits. For example, many employers offer family-friendly benefits as a means to attract and retain “high-value” employees, such as workers with high education levels. Married men, often more focused on breadwinning than caregiving, are less likely to have ever taken family leave and thus may have fewer care demands or view care as outside their purview. Men with higher incomes may be more able to afford unpaid leave, while those with fewer resources might support paid family and medical leave as they would more directly benefit from a statewide program. It is possible that men, to a greater extent than women, believe the costs of a statewide paid family and medical leave program would outweigh the benefits.

Conclusion

Four of every five New Hampshire residents support paid family and medical leave insurance. Both women and men express high levels of support, but there is a gender gap of 13 percentage points overall and slightly greater gaps between men and women who are married, employed, have higher education levels, or live in higher-income families.

It is understandable that both women and men support paid family and medical leave. New Hampshire women may see the advantages of a program in terms of workers’ ability to meet their work and family obligations. Women spend more time involved in child rearing and family care than men, despite the rise in fathers’ involvement in child rearing and household and the rise in women’s employment. Furthermore, in New Hampshire women are more likely than men to lack access to paid family and medical leave and more likely to have ever taken paid or unpaid leave for caregiving reasons. Women know first-hand that, without paid family and medical leave, workers often must choose between taking unpaid leave to care for loved ones—or perhaps losing their jobs—and staying at work to maintain their paycheck. As women’s earnings are increasingly critical to family economic well-being, maintaining women’s employment and steady earnings is good for the whole family as well as the economy overall.
While access to paid family and medical leave is uneven in New Hampshire, some companies do of course offer it. Most New Hampshire businesses employ fewer than 10 people, and only 10 percent of these provided family care leave in 2011. Among businesses employing 250 or more employees, 30 percent provided family care leave. Thus, even larger businesses are not consistently providing paid family leave to their workers. For workers without access to paid family leave, a statewide paid family and medical leave insurance program would level the playing field.

Data

The data in this brief come from questions the author added to the Granite State Poll (GSP) in February 2016. The GSP is a random-digit-dialing telephone survey administered by the University of New Hampshire Survey Center. The GSP provides a statewide representative sample of approximately 500 households and collects demographic, economic, and employment information. The author developed a Paid Family Leave Topical Module that was included in the GSP.

The primary question analyzed in this brief refers to support for a paid family and medical leave law in New Hampshire. Participants were asked to respond to the following: “Some states currently have paid family and medical leave programs that provide a portion of wages to workers who have to take leave from work for personal or family reasons, like to care for a new child, pregnancy, their own serious illness, or a seriously ill family member. Generally, would you support or oppose a paid family and medical leave law in New Hampshire that provides paid leave for the types of situations just mentioned?” Respondents were asked to clarify whether they strongly support, somewhat support, somewhat oppose, or strongly oppose. Respondents were allowed to respond that they are neutral, don’t know, or are not sure. All respondents, including those with missing data, are included in the analysis; however, support for paid family and medical leave insurance is generally not shown for respondents with missing data. In this brief, we categorize support as those who strongly or somewhat support a paid family and medical leave law. All analyses are weighted using household-level weights provided by the UNH Survey Center based on U.S. Census Bureau estimates of the New Hampshire population. Differences presented in the text are statistically significant (at p<.05) unless otherwise noted.

Endnotes
1. Because there are few statistically significant differences between categories of women and between categories of men, this brief focuses on gender differences in support.
2. Support includes those who strongly or somewhat support a paid family and medical leave law.
3. The unemployed are not shown due to the small number included in the survey.
4. Author’s analysis of Granite State Poll data show that 60 percent of those out of the labor force are retired.

About the Author
Dr. Kristin Smith is a family demographer at the Carsey School of Public Policy and research associate professor of sociology at the University of New Hampshire (kristin.smith@unh.edu).

Acknowledgments
The author especially thanks Nicholas Adams for research assistance, and Michael Ettlinger, Curt Grimm, Michele Dillon, Marybeth Mattingly, Amy Sterndale, Laurel Lloyd, and Bianca Nicolosi at the Carsey School of Public Policy; Bruce DeMay and Annette Nielsen at New Hampshire Employment Security; Vicki Shabo and Sarah Fleisch Fink at the National Partnership for Women and Families; Christina D’Allesandro at MomsRising; Ellen Fineberg, Research, Policy, and Advocacy Committee, NH Women’s Foundation; and Patrick Watson for substantive comments and editorial contributions.

This Carsey brief was funded by a grant awarded by the U.S. Department of Labor’s Women’s Bureau. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it. Internal use by an organization and/or personal use by an individual for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner.