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Alone in the Ivory Tower:
How Birth Events Vary among Male and Female Fast-Track Professionals

Nicholas H. Wolfinger,* Ph.D.
Department of Family and Consumer Studies
University of Utah

Mary Ann Mason, Ph.D., J.D.
Center on Health, Economic & Family Security
University of California, Berkeley

Marc Goulden, Ph.D.
Academic Affairs
University of California, Berkeley

*Corresponding author

June 10, 2009

Working Paper 2009-6-10
<http://www.ipia.utah.edu/workingpapers.html>

Institute of Public and International Affairs
The University of Utah
260 S Central Campus Drive, Room 214
Salt Lake City, UT 84112
<http://www.ipia.utah.edu>
(801) 581-8620

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Subject Keywords: fertility, family, occupation, academic careers, census

ABSTRACT

We use data from the 2000 Census Public Use Microsample to examine the likelihood of a birth event, defined as the household presence of a child under two years old, for male and female professionals. Physicians have the highest rate of birth events, followed in order by attorneys and academics. Within each profession men have more birth events than women. For men, professional variation in birth events can be explained by marital status, income, and spousal employment. These factors only partially account for occupational differences in birth events for women.

AUTHOR CONTACT INFORMATION

Nicholas Wolfinger
Associate Professor, Department of Family and Consumer Studies
225 South 1400 East
AEB 228
University of Utah, Salt Lake City, UT 84112-0080
801/364-3283
nick.wolfinger@fcs.utah.edu.

Phil Morgan, Benita Roth, Sharon Sassler and the Utah Demography Research Network provided useful advice on this project. Sonja Anderson and Alta Williams provided able research assistance. We also thank the Sloan Foundation (2004-5-25 DLC) for its generous support.

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This paper examines fertility in families headed by male and female professionals using data from the 2000 Census PUMS (Public Use Micro Sample). We examine the prevalence of birth events for family heads employed in three professions: doctors, lawyers, and professors. We attempt to explain variation in the prevalence of birth events on the basis of social and demographic differences, including age, working hours, race/ethnicity, marital status, income, and spousal characteristics.

Background

It has long been known that education and fertility are inversely related in the United States (Rindfuss and Sweet, 1977). Yang and Morgan (2004) recently showed that American women with a high school education have a total fertility rate about .5 higher than do their counterparts who spent time in college. Over time educated women are also waiting longer to have their first child (Rindfuss, Morgan, and Offutt, 1996). These trends are well documented.

How does fertility vary among educated professionals? Although there have been studies of gender differences in births among academics (Long, 2001; Mason and Goulden, 2004; Perna, 2001a) and doctors (Boulis, 2004), we know little about whether men and women in different professions have children at different rates. To the best of our knowledge only two studies have considered this issue. Using data from the 1980 Census, Cooney and Uhlenberg (1989) show that female physicians are more likely to have children than are female lawyers or professors. In turn, female physicians are less likely to have children than their male colleagues, or women in general (Boulis, 2004). Female tenure-track professors have fewer children than their male

counterparts (Mason and Goulden, 2004). We know almost nothing about how male fertility varies by profession.

Although few studies have considered how career choice affects fertility, many have examined the effects of childbirth on professional success. Several studies find that children incrementally decrease women's wages (Avellar and Smock, 2003; Budig and England, 2001; Waldfogel, 1997). Others show that time out of the labor force also lowers women's incomes (Hewlett and Luce, 2005; Noonan, 2005; Noonan and Corcoran, 2004). Aspiring female academics with young children are less likely to get tenure-track positions than are either childless women or men (Wolfinger, Mason, and Goulden, 2009).

Implicit in these studies are arguments about causal order. Although all employed longitudinal data, the general presumption is that children are causing the professional outcomes in question. This raises a more general point regarding endogeneity in the relationship between family formation and professional success. Economists have long posited a relationship between fertility and women's labor force participation, although there has been little consensus about the direction of causality (for an overview see Macunovich, 1996). Recent evidence suggests it flows both ways: Budig (2003) found that young children increase women's labor force departures, while older children decrease them. Women with preschool-age children are less likely to work in the first place, but employed women are less likely to become pregnant. Many female academics report making joint decisions about career and childbirth (Van Anders, 2004). With these findings in mind, we should speak of correlation, not causation, when discussing the relationship between career and the presence of children.

Differences between Professions

Differences in the professional development of doctors, lawyers, and professors lead us to hypothesize that doctors will have the most children and professors the fewest. We anticipate these professional differences in fertility will hold for both sexes, although they should be stronger for women than for men.

The unique career structure of academia offers no good opportunity to take time out for children. After four to eight years in graduate school, assistant professors have about six years to publish or perish. Only after tenure and promotion from assistant to associate professor are faculty assured of job security. The median doctorate recipient is already 33 or 34 years old (Jacobs and Winslow, 2004; Hoffer *et al.*, 2006); after a probationary assistant professorship, close to 40. In terms of career development this would be an ideal time for professors to start their families, but biologically female faculty are already past prime childbearing ages. For instance, women over 35 and over have quadruple the likelihood of having Down's Syndrome babies (California Birth Defects Monitoring Program, 2005). Graduate school may not be an optimal time to have children, both because of the work load and the probable lack of income. Another impediment to academic fertility is the paucity of part-time tenure-track positions (Leslie and Walke, 2001). Academics who want to work less than full-time generally must resort to the reduced pay and status of adjunct professorships. Both medicine and law presumably offer more opportunities for part-time employment.

Male academics face similar barriers to fertility. Like their female colleagues, they may feel compelled to wait until after the challenges of graduate school before having children. Prior to obtaining tenure-track jobs men may feel their lives are too unsettled to become fathers.

Graduate students also lack the paychecks that might otherwise pay for children. Although men do not have their own biological imperatives, most presumably have partners of similar ages. Men are also more involved with parenting than in years gone by (Bianchi, Robinson, and Milkie, 2006), so they may be inclined to wait until their professional exigencies abate somewhat.

Young lawyers presumably face many of the same similar challenges, albeit not as severe as those facing academics. The average entering law student is 25 (Masters, 2004). After three years of law school, attorneys who join firms can be expected to spend about eight years before they make partner (www.AllBusiness.com, 2004). This means lawyers must also wait until their mid to late 30s in order to reach a career position optimal for childrearing. However, not all lawyers aspire to high-powered corporate careers. Note also that failure to make partner is not as catastrophic as failing to get tenure: one can simply move to another law firm. Professors usually have to relocate if they do not get tenure but wish to remain in academia.

The average medical school student matriculates at 24 (Association of American Medical Colleges, 2007). Medical school is followed by a residency of three to seven years (with additional training for some specialties); the majority of doctors are internists and therefore have shorter residencies. The arduous nature of residencies is well known, so this does not seem like a likely time for female physicians to have children. However, given a shorter residency doctors will have completed professional probation in their early thirties, before the age 35 cutoff for biologically risky pregnancies. At this point male doctors should also feel ready to start families if they have not already done so. Based on career structure, then, we would expect the highest fertility for physicians, the second highest for attorneys, and the lowest for academics. Within each profession, men should have more children than women.

Another factor affecting fertility is the ability to pay for children, and in particular, childcare. Doctors, lawyers, and professors have dramatically different salaries: about \$120,000 for a beginning physician, \$60,000 for a fledging lawyer, and \$51,000 for a starting assistant professor (www.payscale.com). Although often saddled with heavy student loan debt (Jolly, 2007), physicians presumably have greater ability to pay for child care than do attorneys or professors. Income may also facilitate other time-saving services such as housekeeping. This may increase doctors' willingness to have children.

Goals of Study

We update Cooney and Uhlenberg's (1989) study on professional differences in fertility in several respects. First, we use comparatively recent data from the 2000 Census. Second, we contrast the incidence of birth events for male and female professionals. Third, we employ multivariate analysis to explain differences in fertility by profession.

There are several reasons why we choose doctors, lawyers, and professors as our bases of comparison. First, Cooney and Uhlenberg (1989) employed these categories. Second, as professionals they are easily identified using Census data (see below). Third, all three represent traditionally male enclaves that have witnessed dramatically increasing numbers of women in recent years. Yet all three share to varying degrees a career model that is not conducive to female fertility (or to men who assume a larger role in the traditionally female activity of childrearing). Our analysis will determine which professions have best facilitated male and female fertility.

METHODS

We analyze data from the 2000 5% Census Public Use Microdata Sample (PUMS) (United States Census Bureau, 2003). Although the PUMS offers relatively little information on participants, it provides a sufficient sample of doctors, lawyers, and professors. Analysis is limited to individuals aged 25 (the approximate lowest age at which people could have finished their professional training) to 44 (few new parents are older). This provides a twenty year window for observing birth events. Summary statistics and sample sizes by sex and occupation are shown in Table 1. There are no missing data.

Table 1 Here

Doctors, lawyers, and professors are identified using a combination of occupational codes and education. For all three professional groups, individuals are required to be working one or more hours a week and have one of the three relevant job titles: (1) postsecondary teacher, hereafter referred to as professor, (2) physician (including surgeons), or (3) lawyer. Professors must have Ph.D.s; doctors and lawyers are required to have professional degrees (accordingly, professors of law and medicine are respectively treated as lawyers and doctors). Hereafter we refer to these individuals as “focal persons”.

The dependent variable in all analyses is a birth event, defined as the presence of a child age zero or one in the household. We view the child’s exact relationship to the focal person—biological, step, or adopted—as irrelevant. Although most birth events reflect biological children (and for convenience we will speak of them accordingly), any infant in the household reflects a conscious decision on the part of the focal person. Birth events may reflect initial or

higher order births. Data on fertility history and intentions would be helpful but are not available in the Census.

Independent variables are employed to account for the relationship between occupation and a birth event. For focal persons, independent variables include age, race/ethnicity, hours worked, urbanicity, union status, household presence of someone over 65, and individual income. Age is a continuous variable; its square is included to account for curvilinearity in its relationship to the likelihood of a birth event (see Figure 1). As we observed in the introduction, people are likely to become minted as doctors, lawyers, or professors at different ages. Race/ethnicity is a set of dummy variables measuring whether a focal person is white, African-American, Asian-American, Latino, or a member of any other population group; white is the reference category. There are profound racial and ethnic differences in both the professions (United States Bureau of the Census, 2009) and fertility (Dye, 2008). Work hours are dummy-coded into six categories: 1-19 (the reference category), 20-29, 30-39, 40-49, 50-59, and 60 or more. Urbanicity is a continuous variable measuring the percentage of an individual's SMSA that is urban; female professors—and perhaps also doctors and lawyers—are more likely than their male colleagues to reside in large cities and other areas with multiple colleges and universities (Kulis and Sicotte, 2002). Union status is strongly correlated with fertility (Dye, 2008) and includes the following categories: never married (the reference category), previously married (including divorced, separated, and widowed individuals), married, and cohabiting. Household presence of someone over 65 is a dichotomous variable. Individual income, also related to fertility (Dye, 2008) is measured in dollars and logged to account for right skew.

We also analyze characteristics of the focal person's spouse or cohabiting partner. These are age, modeled the same way as the focal person's, and employment. Employment is a six-

category variables measuring whether a spouse is a physician, academic, attorney, employed in another profession, not in the labor force, or not in the household; other employment is the reference category. Note that no additional information is available for spouses not residing with focal persons. Finally, select analyses include the natural logarithm of household income.

We begin by examining birth events by sex, profession, and age. Next we attempt to explain these differences via multivariate analysis. Birth event is a dichotomous variable, so we use logistic regression. Analyses are weighted. Independent variables are entered in stages; analysis is conducted separately for male and female focal persons. Preliminary analysis with a pooled sample revealed statistically significant gender differences. Moreover, the social correlates of fertility presumably differ substantially between men and women.

All regression models include profession, age, race/ethnicity, and weekly hours worked as independent variables. For successive models we introduce additional variables to see if they explain the differences in birth events between the three professional groups. With the introduction of the spousal employment variable, we only include individuals who are married or cohabiting.

RESULTS

Figure 1 shows how rates of birth incidents vary by profession, sex, and age. Male physicians and lawyers are the most likely to have babies in the household, whereas women professors are the least likely. Female physicians, male professors and female lawyers are in the middle. Although female physicians and lawyers have a higher rate of birth events than male professors from ages 30 to 39, male professors from ages 25 to 29 and from ages 40 to 44 have

more birth events. Nevertheless, both male and female professors have fewer babies than do members of other professions. In addition, all groups except female professors have the most birth events in their early thirties. For female professors the peak years are the late thirties. Note also that these patterns of birth events diverge substantially from those of employed Americans in general, whose birth timing is depicted by the heavy lines. Compared to fast-track professionals, the average American has more birth events while young and fewer when older. All differences shown in Figure 1—by sex, profession, and age—are statistically significant.

Figure 1 Here

Fertility among Professional Men

Table 2 shows regression results for the likelihood of a birth event for male professionals. Model 1 of Table 2 is consistent with Figure 1. Among men, professors are the least likely to have babies in the household. After controlling for race/ethnicity, age, and weekly hours worked, male professors are 21% [$100*(1-\exp(-.24))$] less likely than male physicians to report a recent birth event. Male lawyers are a little less likely than male doctors to have a baby in the household, experiencing a 10% decrease in the odds [$100*(1-\exp(-.10))$]. The statistically significant coefficients for age and age-squared confirm the quadratic pattern of birth timing shown in Figure 1. Note also that men with recent birth events work more, while whites have more birth events than do members of other population groups.

Table 2 Here

Model 2 adds marital status to the analysis. Male professors are still less likely than male physicians to have had a birth event, but the disparity in odds is reduced from 21% to 15%

[$100*(1-\exp(-.15))$]. Furthermore, marital status completely accounts for the baby gap between male attorneys and physicians. This result can probably be explained by the fact that 77% of male doctors are married, compared to 71% of male attorneys. The large positive coefficients in Model 2 show that being married, cohabiting, or even having been married in the past are strongly associated with the presence of babies in the house. Furthermore, controlling for marital status eliminates the disparity in birth events between whites and African-Americans, but does not substantially affect the lower rate at which Asian-American and Hispanic men have children. The effect of marital status on African-American fertility is understandable given the disproportionately low marriage rates and high divorce rates for Blacks in recent years (Kreider and Fields, 2002).

Model 3 adds measures of personal and household income. This further reduces the difference between male professors and physicians in the likelihood of a birth event. After controlling for income, male professors are 11% [$100*(1-\exp(-.12))$] less likely than male physicians to have babies. The income variables also partially accounts for the effects of hours worked on the chances of a birth event. Furthermore, men's personal income increases the likelihood of a baby in the household, while family income makes a baby less likely. On average, male professors make less money than either doctors or lawyers (according to Table 1, male professors have a median personal income of \$48,500, compared to \$75,000 for attorneys and \$100,000 for physicians); this is apparently another reason why the former have fewer children than the latter.

Model 4 is identical to Model 3 except that it includes only married and cohabiting male professionals. This model serves as a baseline for the introduction of additional variables associated with spouses or cohabiting partners. According to Model 4, married or cohabiting

professors are 10% less likely than married or cohabiting physicians to have a baby [$100 \times (1 - \exp(-.11))$]. The effect sizes and significance levels of the other covariates are similar to those in Model 3.

Model 5 introduces a measure of spousal employment. This variable accounts for the remaining difference between male physicians and academics in the chances of a birth event. According to Table 1, male doctors are almost twice as likely to have spouses who are out of the labor force in comparison to male academics (38% vs. 22%). Therefore married doctors are probably more likely to have birth events because they have wives available for childcare. Also, male professionals whose wives are physicians and lawyers are disproportionately likely to have birth events. So too are men whose wives are out of the labor force and therefore more available for childcare. On the other hand, male professionals whose wives are academics do not have an elevated chance of a birth event. Given the relatively high rate at which academics marry other academics (Table 1; Jacobs 2004), it appears likely that the low fertility of female professors, described below, can help account for the relative paucity of birth events among male professors.

The results shown in Table 2 confirm that male lawyers and, especially, male professors are less likely to have babies than are male physicians. For lawyers, this disparity can be explained by marital status. They are less likely to be married than are doctors, and married people have more birth events. Finally, differences in marriage and spousal employment can account for the low rate at which male professors have birth events.

Fertility among Professional Women

Table 3 shows multivariate differences in fertility between female professors, lawyers, and physicians. Controlling for age, weekly hours worked, and race/ethnicity, Model 1 confirms that professors are less likely than physicians to have a baby in the household. The disparity is larger for women than men, with female professors 41% [$100*(1-\exp(-.53))$] less likely than female physicians to have had a recent birth event. Female lawyers are also less likely than female physicians to have a baby in the household, with 23% lower odds [$100*(1-\exp(-.26))$]. As is the case for men, age is strongly correlated with fertility.

Table 3 Here

In contrast to their male counterparts, working long hours is associated with decreased fertility among female professionals. Most notably, putting in 40 to 49 hours a week is associated with 38% [$100*(1-\exp(-.48))$] lower odds of a birth event, compared to fast-track professional women who work under 20 hours a week; working 50 to 59 hours a week produces 55% lower odds [$100*(1-\exp(-.79))$] and working 60 or more hours yields 64% lower odds [$100*(1-\exp(-1.01))$]. Among female professionals, professors work the least, with a average 43 hour work week (see Table 1); physicians work the most, with a work week of 52 hours; and lawyers are in the middle at 44 hours. As for men, whites are significantly more likely to have birth events than are members of other population groups.

Model 2 adds marital status to the analysis. Marital status is associated with fertility, though not as strongly as for men. Among male professionals (see Table 2), being married increases the odds of having a baby by 296 times [$100*\exp(5.69)$], in comparison to 35 times

[$100 \cdot \exp(3.55)$] for women professionals. Cohabiting and previously married women also have higher rates of birth events.

Adjusting for marital status markedly reduces the baby gap between female professors, lawyers, and physicians. After controlling for marital status, female professors are 28% [$100 \cdot (1 - \exp(-.33))$] and female lawyers are 10% [$100 \cdot (1 - \exp(-.11))$] less likely to have babies than are female physicians; the latter effect is only significant at the .10 level. The corresponding figures in Model 1, lacking the control for marital status, are 41% and 23% respectively. Like their male counterparts, female professors and lawyers are less likely to be married or cohabiting than are female physicians: according to Table 1, 68% of female professors and 66% of female lawyers are married or cohabiting, compared to 75% of female physicians. Female professors are the most likely (10%) of the three professions to be separated, divorced, or widowed. These differences in marital status apparently account for part of the disparity in birth events between female doctors, lawyers, and professors, as well as the difference in fertility between whites and African-Americans.

Model 3 includes measures of personal and household income. As was the case with hours worked, income has the opposite effect for female professionals as it does for their male colleagues. Female doctors, lawyers, and professors with higher personal incomes are less likely to have birth events. Conversely, the more household income, the more babies women have. The reasons for this pattern seem clear: female professionals experiencing a birth event are likely to take time off work, producing a commensurate decline in income. This in turn requires labor force participation by the woman's spouse or cohabiting partner.

Model 3 shows that income differentials help explain the lower fertility of professors, but not attorneys. Controlling for income has a small effect on the likelihood a professor

experiences a birth event: the corresponding odds ratios decline from -28% ($\exp[-.33]$) in Model 2 to -25% ($\exp[-.29]$). Perhaps one reason female academics do not have children is because of their comparably low incomes. By dint of their salaries, doctors are more able to pay for childcare or provide their partners with the opportunity to be stay-at-home fathers. On the other hand, female attorneys' fertility is not affected by controlling for income.

Models 4 and 5 include only married and cohabiting women. Model 4 is otherwise similar to Model 3; Model 5 adds a measure of spousal employment. This accounts for a little more of the disparity in fertility between women professors and women physicians: based on Model 5, female professors are 21% [$100*(1-\exp(-.23))$] less likely to have a baby than are women physicians. For women lawyers, spousal employment accounts for the rest of the baby gap: the regression coefficient measuring attorneys' birth events loses statistical significance in Model 5.

As was the case with male professionals, a physician spouse increases the likelihood of a birth event. Predictably, women professionals with spouses outside the house are much less likely to have a baby than those with spouse residing in their house (although the difference is not as large as the corresponding differential for male professions). In contrast to men, women with a spouse outside the labor force do not have higher rates of birth events. Men "opt out" at far lower rates than do women.

In sum, female lawyers and professors have fewer birth events than do physicians. For lawyers, this disparity is the product of differences in marital status, income, and spousal employment. Together these variables account for approximately half the baby gap between female doctors and professors. The other half is attributable to factors that cannot be measured with Census data.

DISCUSSION

Birth events vary dramatically by sex and profession. Male professionals are more likely to have a baby in the family than are women; physicians have the most babies, attorneys are in the middle, and professors have the fewest.

Male professors have fewer children than doctors or lawyers, but this can be explained by differences in marital status, income, and spousal employment. Male professors make less money and marry at lower rates than male physicians; when they do wed, they choose spouses conducive to low fertility—women who are employed as professors, women in other jobs, and those with spouses residing elsewhere. In particular, the propensity for college professors to marry each other may well contribute to low fertility among male faculty.

Differences in income, marital, and spousal characteristics can also explain the lower fertility rates for female attorneys. However, they only account for part of the baby gap between female physicians and professors. Perhaps the remainder is rooted in the lengthy training and probationary period characteristic of academia. With these challenges in mind, many scholars of higher education have called for flexible tenure clocks, temporary part-time options, and other family-friendly interventions on behalf of female professors (Frasch *et al.*, 2007; Smith and Waltman, 2006). Perhaps also there are occupational differences in personality: professors may simply be less interested in having children than are doctors and lawyers. In any event, our results show that work-family balance issues are particularly salient for America's colleges and universities.

A shortcoming of this study is the lack of data on the type of employment other than broad job classifications. We do not know if academics are tenure-track professors at large

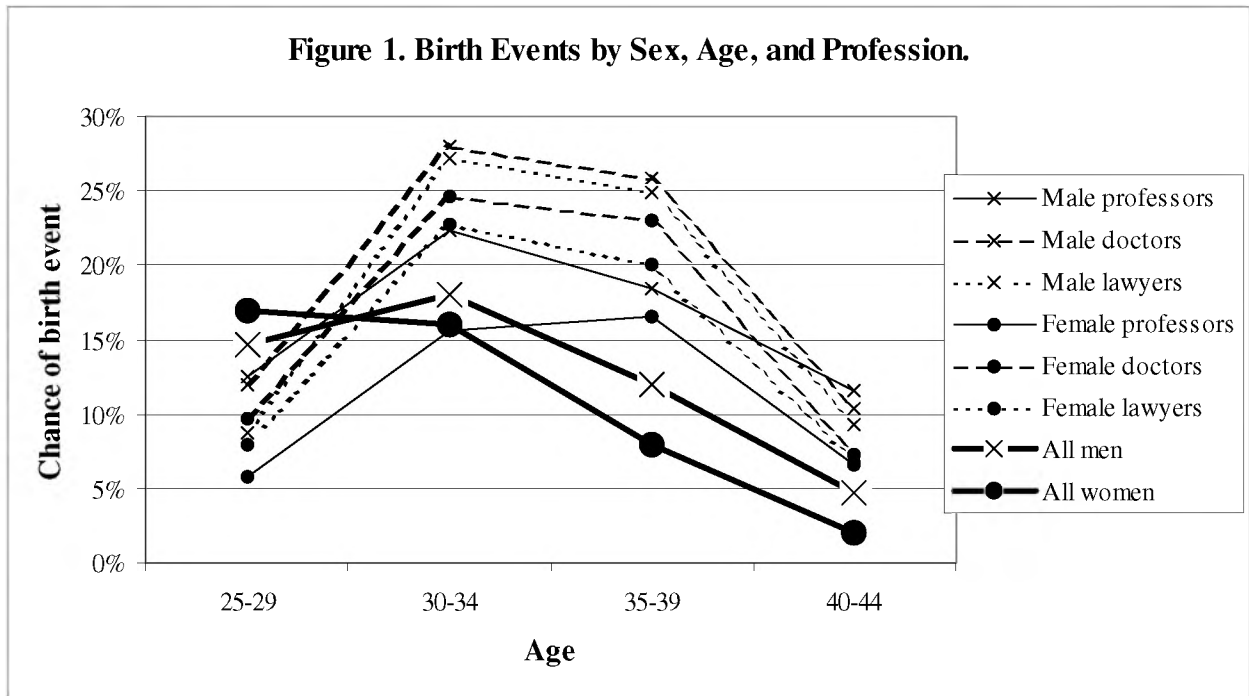
research universities or part-timers at community colleges. Lawyers may have high-powered corporate careers or low-paying jobs with non-profit agencies. Physicians could be internists or neurosurgeons. This information would likely reveal larger professional differences in birth events: we suspect that some women choose undemanding career paths to avoid work-family conflict. We know, for instance, that women are disproportionately likely to be adjunct professors (Curtis, 2004; see also Perna, 2001b); this is especially true for women with young children (Wolfinger, Mason, and Goulden, 2009). Moreover, only 26% of full professors are women (American Association of University Professors, 2001), as are 17% of partners at law firms (*The New York Times* 2006). Of the approximately 26,300 practicing general surgeons in the US, just 12% are women (American College of Surgeons, 2007).

For years traditional liberal feminism was partly framed as women's struggle to achieve economic and vocational parity with men (NOW, 2007; Roth, 2003; Tong, 1989). The majority of women now work, even if they have children (United States Census Bureau, 2009). The gender gap in wages has gradually narrowed (United States Census Bureau, 1999). As Suzanne Bianchi (1997) remarked twelve years ago at a Consortium of Social Science Associations Congressional Breakfast seminar, "Men and women are not equal, but when it comes to market work, to earnings, to the jobs they hold, the changes are all in the direction of greater equality." Becoming a doctor, lawyer, or professor—all high-status jobs—can be viewed as a triumph of the women's movement.

But there is another way to measure women's progress relative to men: whether their professional gains have been offset by familial losses (Mason, 2002 [1988]). Most Americans want children (Thornton and Young-DeMarco, 2001), so it may undercut women's professional accomplishments if they have to forego motherhood in the process. If this metric is applied to

our findings, female fast-track professionals have not attained equality. Moreover, professors make greater familial sacrifices than do doctors or lawyers.

Like Cooney and Uhlenberg (1989), our results show that female doctors are most likely to have children, while female professors are least likely. Also in accordance with previous research (Avellar and Smock, 2003; Budig and England, 2001; Waldfogel, 1997), our study finds that women's wages are negatively correlated with birth events. We offer two new findings. First, female professionals have fewer children than their male counterparts. Second, fertility varies dramatically by occupation. If women are sacrificing families for careers, the sexual revolution has not come nearly as far as we might like.



Note: Differences by sex, age, and profession are statistically significant ($p < .001$).

Table 1. Means or Percentages by Sex and Profession.

	<u>Men</u>			<u>Women</u>		
	<u>Professors</u>	<u>Doctors</u>	<u>Lawyers</u>	<u>Professors</u>	<u>Doctors</u>	<u>Lawyers</u>
Birth Event	16%	19%	18%	12%	17%	15%
Race/Ethnicity						
White	75%	72%	88%	78%	65%	82%
African-American	4	5	3	5	8	8
Asian-American	16	17	3	11	19	5
Hispanic	5	7	5	5	7	5
Other	.3	.3	.2	.5	.5	.5
Age	38	36	36	37	35	35
Weekly Hours	47	58	50	43	52	44
% Urban	.83	.87	.91	.84	.9	.92
Union Status						
Never Married	17%	15%	15%	23%	20%	26%
Divorced/Sep./Wid.	5	4	5	10	5	7
Married	74	77	71	61	70	59
Cohabiting	4	4	5	7	5	7
Household Resident over 65	2%	3%	2%	3%	4%	3%
Personal Income (median)	48,500	100,000	75,000	41,200	57,000	53,000
Household Income (median)	69,400	130,001	107,000	74,810	121,530	106,410
Spousal/Part. Emp. Status						
Professor	12%	.5%	.4%	28%	2%	1%
Physician	2	16	1	3	36	3
Lawyer	1	2	15	3	3	32
Other Employment	60	42	60	60	50	61
Out of Labor Force	22	38	23	3	5	2
Not in House	3	2	1	4	4	1
Spouse Age	37	36	35	40	38	37
N	3,918	11,683	13,914	2,547	8,536	5,952

Note: Numbers are weighted. Percentages may not sum to 100 due to rounding error.

Table 2. Logistic Regressions of Birth Events for Male Professionals.

	<u>All Professionals</u>			<u>Married/Cohabiting</u>	
	<u>Model 1</u>	<u>Model 2</u>	<u>Model 3</u>	<u>Model 4</u>	<u>Model 5</u>
Employment Status					
Physician	--	--	--	--	--
Lawyer	-.10**	-.04	-.02	-.02	.04
Professor	-.24***	-.15**	-.12*	-.11+	-.03
Race/Ethnicity					
White	--	--	--	--	--
African-American	-.21*	-.01	.01	-.02	.05
Asian-American	-.13*	-.18**	-.17**	-.17**	-.16**
Hispanic	-.22**	-.17*	-.16*	-.16*	-.17*
Other	-1.03*	-.74	-.72	-.71	-.62
Age	1.60***	1.34***	1.32***	1.33***	1.29***
Age Squared	-.02***	-.02***	-.02***	-.02***	-.02***
Weekly Hours					
1-19 hours	--	--	--	--	--
20-29	.52*	.60*	.59*	.60*	.59*
30-39	.41+	.46*	.41+	.39+	.39+
40-49	.59**	.52**	.45*	.44*	.44*
50-59	.67***	.49*	.41*	.40*	.38+
60 or more	.62**	.45*	.37+	.36+	.35+
% urban	-.20*	.19*	.20*	.20*	.22*
Union Status					
Never married	--	--	--	--	--
Divorced/Sep./Wid.	--	1.68**	1.68**	--	--
Married	--	5.69***	5.70***	--	--
Cohabiting	--	3.05***	3.07***	-2.63***	-2.63***
Household Resident over 65	--	-.08	-.04	-.05	-.07
Log of Personal Income	--	--	.11***	.11***	.14***
Log of Household Income	--	--	-.03*	-.08**	-.16***
Spousal/Part. Emp. Status					
Professor	--	--	--	--	-.04
Physician	--	--	--	--	.34***
Lawyer	--	--	--	--	.18***
Other Employment	--	--	--	--	--
Out of Labor Force	--	--	--	--	.37***
Not in House	--	--	--	--	-2.32***
Spouse Age	--	--	--	--	--
Spouse Age Squared	--	--	--	--	--
Constant	-28.93***	-29.16***	-29.04***	-23.63***	-22.25***
Log-Likelihood	12785.94	11197.78	11189.56	11023.97	10868.26

+p < .10; *p < .05; **p < .01; ***p < .001 (2-tailed tests)

Notes: Analyses are weighted. N is 29,515 for Models 1-3 and 22,281 for Models 4-5.

Table 3. Logistic Regressions of Birth Events for Female Professionals.

	<u>All Professionals</u>			<u>Married/Cohabiting</u>	
	<u>Model 1</u>	<u>Model 2</u>	<u>Model 3</u>	<u>Model 4</u>	<u>Model 5</u>
Employment Status					
Physician	--	--	--	--	--
Lawyer	-.26***	-.11 ⁺	-.12*	-.13*	-.08
Professor	-.53***	-.33***	-.29***	-.28***	-.23*
Race/Ethnicity					
White	--	--	--	--	--
African-American	-.42***	-.06	-.03	-.13	-.12
Asian-American	-.16*	-.23**	-.22**	-.22**	-.20*
Hispanic	-.35***	-.28*	-.27*	-.23*	-.23*
Other	-.41	-.42	-.42	-.37	-.38
Age	1.92***	1.76***	1.74***	1.84***	1.84***
Age Squared	-.03***	-.03***	-.03***	-.03***	-.03***
Weekly Hours					
1-19 hours	--	--	--	--	--
20-29	.04	.03	.09	.11	.10
30-39	-.19	-.12	-.04	-.04	-.04
40-49	-.48***	-.30**	-.20	-.19	-.19
50-59	-.79***	-.55***	-.46***	-.42***	-.42**
60 or more	-1.01***	-.73***	-.63***	-.60***	-.61***
% urban	-.14	-.13	.08	.18	.23+
Union Status					
Never married	--	--	--	--	--
Divorced/Sep./Wid.	--	1.51***	1.53***	--	--
Married	--	3.55***	3.45***	--	--
Cohabiting	--	2.00***	1.93***	-1.52***	-1.55***
Household Resident over 65	--	-.04	-.06	-.14	-.06
Log of Personal Income	--	--	-.07**	-.08**	-.07*
Log of Household Income	--	--	.15***	.16***	.12**
Spousal/Part. Emp. Status					
Professor	--	--	--	--	-.05
Physician	--	--	--	--	.14+
Lawyer	--	--	--	--	.06
Other Employment	--	--	--	--	--
Out of Labor Force	--	--	--	--	.21
Not in House	--	--	--	--	-1.06***
Spouse Age	--	--	--	--	--
Spouse Age Squared	--	--	--	--	--
Constant	32.82***	33.68***	33.04***	32.09***	31.69***
Log-Likelihood	-6435.97	-5675.47	-5667.53	-5337.19	-5319.18

⁺p < .10; *p < .05; **p < .01; ***p < .001 (2-tailed tests)

Notes: Analyses are weighted. N is 17,035 for Models 1-3 and 10,919 for Models 4-5.

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