

Fixing a Leaky U.S. Social Safety Net: Diapers, Policy, and Low-Income Families



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Changing work, family, and policy trends converged to increase diaper need in recent decades. Safety net programs do not cover diapers, and diaper policy proposals have met limited success. Based on interviews with seventy mothers who experienced diaper need, this article examines how diapers shape low-income parents' caregiving and why income and public aid are not always enough to cover diapers. Mothers described stigma associated with lacking diapers and mixed experiences seeking diaper support. These experiences suggest effective policy responses, including diaper vouchers and extending changes to tax credit policies.

Keywords: children, diapers, family, policy, poverty

Diapers may seem like just another consumer good, one provided by means-tested public assistance programs when parents cannot afford them. In fact, they are of special practical concern and symbolic importance for early childcare, parental self-efficacy, and family well-being. Diapers are an expensive, crucial need during the first years of a child's life, but they are not covered by existing aid programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Parents can use Temporary Assistance for Needy Families (TANF) or cash aid to pur-

chase diapers, but the buying power of benefits and the proportion of families in poverty that receives TANF have decreased significantly in recent decades (Azevedo-McCaffrey and Safawi 2022). The \$75 average monthly diaper bill for one infant would alone account for 8 to 40 percent of the average state TANF benefit (Safawi and Reyes 2021).

Welfare policy changes have intersected with changing labor market, family-formation, and other policy and economic trends to create a hole around diapers in the U.S. social safety net. Women's labor-force participation rates

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have increased during the past five decades, most significantly for mothers with children of diapering age. From 1975 to 2019, the employment rates of mothers with children age zero to three years almost doubled from 34.3 to 63.8 percent (U.S. Department of Labor 2021); meanwhile, disposable diapers became nearly universal as more parents relied on childcare facilities. During this time, the portion of single-parent households, which are headed primarily by women and more likely to be poor, increased fourfold (Livingston 2018). Single mothers are less likely than married mothers to work full time (U.S. Department of Labor 2021) and more likely to experience work-life conflict associated with job schedule instability (Luhr, Schneider, and Harknett 2022, this issue). In the wake of COVID-19, unpartnered mothers with children younger than five years experienced the sharpest decrease in employment rates, job loss being more common among Black and Latina mothers (Barroso and Kochhar 2020). Since the onset of the COVID-19 pandemic, disposable diaper costs have increased 10 percent due to higher demand and input material costs, supply-chain disruptions, and shipping cost surges.

Working-age, low-income parents struggle to cover mounting diaper costs in the context of poor job quality and a fraying social safety net. Only a third of low-income families earn wages sufficient to cover a basic family budget (Joshi et al. 2022, this issue), and basic needs like diapers that were previously accessed via more generous cash aid are now more likely to be provided as in-kind assistance by community-based organizations (Allard 2009). TANF's time limits, work-related eligibility requirements, and greater state discretion over spending limited direct cash assistance, especially in states with higher proportions of Black and Latinx children (Meyer and Floyd 2020). This transition to a work-based safety net decreased the economic well-being of families headed by poor, single mothers, many of whom became disconnected from both welfare and work during the postreform period (Danziger et al. 2016; Tach and Edin 2017).

Antipoverty policies do not account for necessities like diapers. The Supplemental Nutri-

tion Assistance Program (SNAP), the only government program that provides near-universal basic assistance for families with children, does not allow purchasing of nonfood hygiene items, including soap, menstrual supplies, and diapers (U.S. Department of Agriculture 2021). Although the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) boost family discretionary income, not all can work or find work that qualifies them for credits usually paid as income tax refunds. Most low-income children live in complex family households with ambiguous tax filing situations that complicate claiming full tax credits (Michelmore and Pilkauskas 2022, this issue). Contributing to cumulative disadvantage, those who receive aid through work-based safety net policies typically also have cash income from work, whereas those who struggle to find and maintain employment accrue fewer tax credits.

Dwindling cash aid and lack of well-paid jobs with predictable hours that accommodate childcare compel many low-income mothers to rely on social networks and resource-stretching strategies beyond welfare and employment (Seefeldt and Sandstrom 2015). As recent decades have seen a move away from cash aid to in-kind assistance and work-dependent tax credits, hygiene items such as diapers have become politically invisible, which has significant social, economic, and health implications for families. Rather than just another consumer good, diapers are an important lens through which to understand how the incomplete transition to a work-based safety net in an era of welfare curtailment and growing family instability shapes experiences of poverty, early childcare, and economically vulnerable parents' adaptive post-welfare survival strategies.

BACKGROUND: THE INEQUALITIES AND POLITICS OF DIAPERING

Diaper need—lacking enough diapers to keep an infant dry, comfortable, and healthy—affects one in three mothers in the United States (Smith et al. 2013), where almost half of infants and toddlers live in low-income families (Koball and Jiang 2018). Diaper need disproportionately affects families of color and parents who are not employed or have little education (Raver et al. 2010). It exacerbates food insecu-

rity, can cause parents to miss work or school, and is predictive of maternal depression and anxiety (Massengale, Erausquin, and Old 2017; Smith et al. 2013). When associated with infrequent diaper changes, it can lead to diaper dermatitis (rash) and urinary tract and skin infections (Adalat, Wall, and Goodyear 2007; Sugimura et al. 2009).

Infants in the United States will typically use more than six thousand diapers, costing at least \$1,500, before they are toilet trained (Thaman and Eichenfield 2014). Cloth diapers are not a viable alternative for most low-income parents given high start-up and cleaning costs and childcare requirements for disposables. Many low-income parents must therefore devise coping strategies, such as asking family or friends for diapers or diaper money; leaving children in used diapers for longer; and diapering children in clothes and towels (Massengale et al. 2017).

Low-income parents also turn to diaper banks, which collect donations and purchase bulk inventory for distribution to those in need and usually provide a supplemental supply of twenty to fifty diapers per child per month. In 2016, the nation's more than three hundred diaper banks distributed fifty-two million diapers to more than 277,000 children, meeting only 4 percent of the estimated need (Massengale et al. 2019). Many of those who seek diaper assistance live in households with employed adults who have missed work because of diaper need (Carstensen and Gunther 2018).

Diaper need is also an issue of racial inequality, co-parenting dynamics, and welfare stigma. Those who struggle with diaper need and use diaper banks are most likely to be Black and Latina unmarried mothers who receive means-tested aid, and many are from households with an employed adult (Massengale et al. 2017). Although single motherhood is predictive of diaper need, two-parent families, public aid, and employment do not necessarily prevent it. As a highly visible and costly item that must be procured frequently according to norms of proper parenting, diapers are part of negotiations about paternal responsibility and access to children. Unemployed non-residential fathers give more in-kind support, such as diapers, than formal child support; the

provision of diapers can be a form of or precursor to greater father involvement (Kane, Nelson, and Edin 2015), especially among fathers who are disconnected from the labor market and adopt nonfinancial ideas of provisioning (Halpern-Meehin and Talkington 2022, this issue). Welfare reform was motivated in part by presumptions that cash aid replaced fathers as financial providers and that poor mothers willingly depend on entitlement programs that disincentivize marriage and work (Hays 2003). These presumptions may contribute to the policy inertia surrounding diapers.

Dilemmas of Including Diapers in the Work-Based Safety Net

Since the 1990s, safety net policies have expanded services for working poor families while rescinding support for those in poverty who are not employed (Tach and Edin 2017). Political framings of diaper need reflect this trend. Federal lawmakers introduced the Hygiene Assistance for Families of Infants and Toddlers Act in 2015, 2016, and 2017, which all noted parents' need for diapers to comply with employment requirements of means-tested programs, especially TANF. In 2019, federal legislators proposed the Lee-DeLauro End Diaper Need Act, which appropriated \$100 million a year for state pilot diaper programs. The 2019 bill noted adverse health effects and limited childcare options for those without diapers. All federal bills have proposed designating diapers as "medically necessary" and essential for children's access to childcare and parents' abilities to work and fully care for their children. None made it past initial referrals to congressional committees. COVID-19 spurred two federal bills, the End Diaper Need Act of 2021, which proposed funding and tax exemptions for diapers, and the COVID-19 Diaper Assistance Act earmarking \$200 million in federal diaper assistance. Supporters emphasized parenting expenses, diaper need as a public health crisis, and increased pandemic demand on diaper banks due to illness and financial stress.

Forty states have introduced diaper bills, including proposals for sales tax exemptions, diaper vouchers, and public assistance for diaper banks (National Diaper Bank Network 2021; Wallace, Weir, and Smith 2017). As of 2022,

thirty-five states tax diapers as a discretionary expense at 2.5 to 7 percent, which does not include applicable county and city taxes. In locales with high combined state and local sales taxes, the tax alone can equate to buying an extra month's worth of diapers each year. State diaper policies have been most successful in California, which in 2018 designated \$10 million for diaper distribution via food banks. California also passed A.B. 480: Diaper Assistance for CalWORKS Families, which provides \$30 monthly diaper vouchers for parents enrolled in the Cal-Learn and CalWORKS (California Work Opportunity and Responsibility to Kids) programs. Unlike WIC or food stamps, which can be used only for specific items, the California diaper voucher is an unrestricted cash transfer added to monthly TANF benefits. Parents need not provide receipts or proof of diaper need, but only TANF recipients with children younger than three and qualified work, school, or volunteer plans are eligible. Justifications for increasing diapers' availability and accessibility have focused on reducing public welfare and health-care costs associated with diaper need and investing in welfare-to-work programs and parental self-sufficiency. This accords with larger trends whereby policies perceived to support the working poor are more successful in the current legislative environment (Halpern-Meekin et al. 2015).

Diapers will continue to play a central role in many low-income parents' care and economic survival strategies that require informal work, forgoing other basic needs, and seeking help from relatives, charities, and social service organizations such as diaper banks (Seefeldt and Sandstrom 2015). Diaper policy inertia reveals the difficulty of expanding political notions of need when the safety net promotes work over care and does not recognize hygiene items, especially those purchased and used primarily by women and associated with childbearing, as necessities. As with diapers, menstrual products are still taxed in most states, and the inability to afford them (known as period poverty) linked to poorer mental health outcomes (Cardoso et al. 2021; Smith et al. 2013). Moralistic views of items associated with urine, feces, and menstrual blood as unspeakable bodily products seem to trump a prag-

matic public health perspective that certain items are medically necessary to manage basic biological processes in clean, healthy, and dignified ways. Akin to controversies over birth control as a preventative reproductive health measure (Gordon 2002), beliefs that providing diapers equates to subsidizing irresponsible sexual and childbearing choices may temper support for public diaper assistance.

The case of diapers draws necessary attention to how the social safety net can better support low-income families given work, family-formation, and policy trends. Strategies and stigma related to diaper need have not been studied as part of low-income parenting in the wake of welfare reform. This research fills that gap using data from interviews with seventy mothers who experienced diaper need to answer four questions about emerging diaper policies: What role do diapers and diaper need play in low-income parents' caregiving experiences? How do existing need-based aid programs help or hinder parents' strategies to prevent and manage diaper need? What are parents' experiences accessing private, community-based, and public diaper assistance? What do these suggest about effective policy responses to diaper need?

METHODS AND PARTICIPANTS

I draw on data collected via in-depth qualitative telephone interviews conducted from August 2017 through September 2018 with seventy parents who experienced diaper need. I recruited interviewees by distributing fliers to family and health-care service providers, including WIC offices, hospitals, and postnatal support programs, and in social media groups for low-income parents. Anyone with primary responsibilities for a child in diapers qualified for the study. Despite gender-neutral language and images on recruitment materials, only two men responded. Subsequent targeted recruitment efforts for men participants through father programs, diaper banks, and social service organizations yielded only one other father respondent, suggesting that diaper need is experienced disproportionately by low-income mothers. Consequently, I limited the analysis to those who identified as women and I refer to respondents as mothers.

Interviews focused on familial and financial situations, diapering practices, and strategies for accessing diapers. Respondents each received \$25 cash compensation to recognize the value of their time and to offset any costs associated with participation. Most respondents identified as women of color (see table 1). All lived in-state: fifty-nine in Central California, eight in Southern California, and three in Northern California. Most (N = 68) lived in urban or suburban areas, suggesting limited rural access to diaper support services. Overall, respondents were more disadvantaged than other families in the state living in poverty with children up to five years old. They were less likely to have an employed adult in the household, had lower annual income, and were less likely to be recipients of state food and cash aid programs; they were more likely, however, to have a high school diploma and be married or living in a two-parent household (Danielson and Bohn 2017; U.S. Census Bureau 2018).

Six respondents (9 percent) had received the CalWORKS \$30 monthly diaper voucher, and forty (57 percent) had received diapers from a diaper bank, church, or agency at least once. The average monthly diaper bill for the thirty-seven respondents who disclosed a specific amount was \$66 (ranging from \$22 to \$175), some 8 percent of the mean household income. In 2018, a household of two people, the smallest in the sample, qualified as poor according to federal poverty guidelines with an annual income of \$16,460 or less (U.S. Department of Health and Human Services 2018); the sample's average annual income of \$9,564 meant that most respondents and their children lived below the poverty line.

Telephone interviews lasted between forty-five and ninety minutes. With respondents' permission, all interviews were digitally recorded and fully transcribed. I followed a semi-structured interview guide and used an abductive analytical approach that relied on

Table 1. Participant Demographics, N = 70

	N	Percent		N	Percent
Race			Relationship status		
Latina/Hispanic	31	44	Single	26	37
African American/Black	17	24	Dating or cohabiting	20	29
Mixed race/Multiracial	9	13	Married	24	34
White	9	13	Number of children		
Asian/Asian Indian	4	6	1	14	20
Education			2	16	23
Less than high school	12	17	3	18	26
High school diploma	21	30	4+	22	31
Some college or vocational	30	43	Pregnant	8	11
College degree	6	9	Number of children in diapers		
Graduate degree	1	1	1	51	73
Employment			2	17	24
Not employed	46	66	3	2	3
Part-time employed	17	24	Mean monthly income or aid	\$797	
Full-time employed	7	10	Mean age	29 years	
Other sources of income or aid					
WIC	49	70			
Food stamps	47	67			
TANF	37	53			
Spouse or partner income	21	30			
Housing assistance	19	27			

Source: Author's calculations.

knowledge of previous literature to deductively shape the research and interview questions yet remained open to inductive findings and explanations emerging from the data (Timmermans and Tavory 2012). I coded notes and transcripts using a flexible coding process (Deterding and Waters 2018). I first coded for broad topics by applying index codes and a priori attributes to the data, which allowed me to generate cross-case memos and a set of analytic codes, including those related to reasons parents struggled with diaper need, how existing programs addressed diaper need, and recommendations for diaper policies. I applied these analytic codes and generated new attributes specifically related to how mothers' experiences of diaper need aligned with potential policy solutions.

Findings: Policy Discontents of Diaper Need

I describe mothers' experiences of diaper need, why aid and income were not enough to prevent it, and mothers' efforts to access diaper support. Mothers drew on these experiences to make a case for expanded safety net conceptions of need that include diapers and diaper aid.

What Diapers Mean to Low-Income Mothers

Diapers were the first item many mothers bought after receiving aid or income, and most knew exactly how many days and hours their diaper supplies would last. Almost all mothers (93 percent) had completely run out of disposable diapers at least once. Forty-eight (69 percent) had borrowed diapers or diaper money from others, and fifty-five (79 percent) reported forgoing other basic necessities, including food, hygiene items, and medicine, to buy diapers. Mothers described cloth diapers as both cost and labor prohibitive and therefore not a feasible solution to their diaper need. The sixteen mothers (23 percent) who tried cloth diapering noted expensive start-up costs, lack of in-home washers and dryers, high per-load laundromat fees, and stigma associated with what others might not perceive as a "normal" diaper. Most who used cloth diapers reported that cloth was ultimately more expensive than disposables. They therefore devised diaper-stretching strategies, including using other household items such as paper towels and t-shirts to construct makeshift diapers, leaving

used diapers on longer, and letting children go diaperless when not in public. A third of mothers described experiencing anxiety or depression related to diaper need, many emphasizing the stress of "living diaper to diaper."

Half reported that diapers were the household expense they worried about most, even more than food or housing. Food shortages were less common due to mothers' receipt of WIC and SNAP, access to food banks, and strategies for stretching limited food supplies. WIC and SNAP did not always cover all their families' nutritional needs, and many mothers reported spending money out-of-pocket on food, especially infant formula. Compensatory tactics for managing diaper need, however, were limited relative to those devised for coping with food insecurity. Mothers justified going without food themselves or eating limited diets of low-cost foods such as tortillas and rice. Yet they could not rationalize depriving their young children of something necessary to perform a basic bodily function in a dignified and clean way. As Melissa, a thirty-two-year-old Asian mother of three, explained, "As long as you portion sizes and know how much your children eat, you know how much food you're buying. But diapers, it's uncontrollable because you don't know how many times they're going to pee or poop a day. If they're sick and have diarrhea, they're going to go through way more. I don't worry as much about food because I can manage it with food stamps. I worry more about diapers because there's no support, and they go like no tomorrow." Mothers could also rely on more people in their social networks for food. As a fieldworker, Melissa could access fresh produce from work and knew family with fruit trees and gardens that produced excess. Respondents had fewer sources of in-kind diaper support and felt guilty asking for diaper money from friends and family experiencing similar financial constraints.

Family instability compounded the economic difficulties of diaper need. Single mothers were less likely to have an employed adult in the household and especially struggled to access diapers. Married and cohabiting mothers reported that they generally had more financial resources and could rely on another adult if diaper supplies ran low. Almost half

($N = 21$) of married and cohabiting respondents had an employed partner who contributed income to the household, which accords with research that many families experiencing diaper need include at least one working adult (Mas-sengale et al. 2017). The time and money an additional live-in parent offered allowed partnered mothers to access diaper giveaways and be full-time caregivers at home where they could let children go without diapers. Although having a co-parent could mitigate diaper need, some mothers reported that husbands' and boyfriends' questioning about money spent on diapers exacerbated their diaper stress. Partnered mothers tended to purchase and change more diapers than fathers, some of whom, according to mothers, were unaware of diaper expenses, how many diapers children used, and the labor of managing limited diapers supplies.

Parental relationship dissolution also contributed to some mothers' diaper need. Sonia, a thirty-three-year-old Latina mother of two, said, "I had never been without income. Her father and I separating dampened our situation. When he was around, he was helpful with her and diapers, but when we didn't have [diapers] that was another detriment added to our fighting. We were breaking up, and I was worrying about the diapers." Mothers noted that fathers struggled to provide diapers or diaper money due to unemployment, low wages, lost contact, incarceration, or death. Tracy, a twenty-five-year-old multiracial mother of three, explained, "I never thought I'd be a single mother needing help for diapers, but my son's father was killed before [my son] was born. I just need more help. It's hard to do the diapers and other stuff on your own."

Paternal diaper provision made some mothers more inclined to let fathers spend time with children, and fathers' inability to provide diapers signaled lacking or waning commitments. Trinity, a forty-two-year-old Black mother of three, noted that "Even if you're working, diapers are expensive. Her father helps, but not really. He's not really around. I've been with him on and off for a long time. By the time we had the baby, I assumed from our conversations, and we had two miscarriages, that he wanted the baby. But once she came, he was just out, no diapers, no nothing." Diaper trans-

actions could be a barometer of co-parenting relationship quality, and diapers a currency used to negotiate fathers' involvement. Marissa, a forty-year-old Latina mother of seven, explained how she and her youngest child's father came to an agreement. "I get the milk, the formula, and he gets the diapers and the wipes. We both budget. Money for this stuff gets put aside first, and it means a lot that he always takes care of this one thing." Although they had broken up shortly after their daughter's birth, Marissa worked hard to maintain an amicable co-parenting relationship with the baby's father, whom she believed proved his paternal commitments by ensuring adequate diapers.

When mothers could not rely on paternal diaper support, they were reluctant to ask others because they feared judgment about their childbearing choices and parenting abilities. Audra, thirty-two, white, and a mother of five, admitted feeling embarrassed. "It's sad to need diapers. You don't want to feel like you're failing as a parent. I hate it when people say, 'You knew what you were getting into having kids.' People get food, but they judge you more when you struggle with diapers." Likewise, Toni, a twenty-nine-year-old Latina mother of four, confided, "I will never ask my mom for diaper money again because she doesn't get it. Neither does my sister. They look down on me about it. You feel so alone. It gets thrown in my face. I can't live it down that I asked them for diapers." Mothers speculated this was why no government program covered diapers. Ashley, a seventeen-year-old Latina mother of one, said, "I guess policy people think diapers are the main thing that's a parent's responsibility. If you ask for help because you can't afford diapers, they think we're not taking care of our kids, that we're too lazy to get them."

Natalie, twenty-nine, mixed race, and a mother of three, speculated that policymakers think, "They had a choice to have that child. There are all these other programs out there. They should be able to provide at least this one thing if they choose to have the baby. Nutrition, we're not going to take that away. That's definitely a necessity. People need housing, so we'll help with that. But diapers, that parent can figure that out on their own." Maria, thirty, Latina, and a mother of four, similarly surmised that

policymakers wanted to discourage childbearing among poor families. “They likely think, ‘We’re not going to give you everything on a silver platter when you should be working and supporting these babies you’re making.’ We didn’t plan for another baby. Our daughter was already potty training. I was going back to school. My husband was working. I was on birth control. It failed us.” Assumptions that parents should live with the consequences of their choices, Maria elaborated, ignored the realities of low-income families’ constraints. Maria’s husband, a fieldworker, lost work hours due to extreme heat and wildfire smoke that ravaged Central California during the summer of 2018. Maria quit school because they could not afford childcare, and she lamented the struggles of trying to live responsibly on low wages and limited government aid that did not account for diapers.

Mothers’ stories pointed to the practical and symbolic significance of public support for diapers. Practically, WIC, SNAP, and housing assistance programs provide need-based aid to cover some, if not all, of families’ food and shelter requirements. Symbolically, they codify that food and housing are basic human needs to which all should have access regardless of ability to pay. The absence of any similar systematic policy for diapers combined with mothers’ struggles to provide them meant that diaper need was experienced as an acute parenting failure. Diapers are taken for granted as parents’ responsibility, but politically deemed a discretionary expense. This is misaligned with how mothers understood their infants’ specific basic needs, which for most came down to milk and diapers. Food stamps and WIC offered support for one. No comparable acknowledgment or assistance for the other meant that mothers struggled even more to access a necessity policy did not officially recognize their children have. Mothers astutely suspected that their diaper struggles were shaped by a work-based safety net that scrutinized work behaviors and stigmatized additional childbearing among poor families.

When Welfare and Work Are Not Enough

Most mothers received government aid, including WIC, food stamps, housing assistance, and

TANF. Of these, only TANF could be used to purchase diapers. All forms of assistance could potentially offset household expenses, but combined benefits were not enough to cover diapers. Solange, a twenty-four-year-old Black mother of five, described how difficult it was to qualify for cash aid, how little it covered, and how rarely case managers asked about diapers. “I still have to get everything these children need, and being low income, it isn’t the easiest to survive. There’s this very old saying, ‘If you have clothes on your back, food in your mouth, and the lights on, you’re okay.’ But nobody cares about the other stuff, like does your baby have diapers? People think that people like me are ungrateful because we need more resources. . . . They’re like, ‘You get WIC? You get this service? You should be able to afford everything.’ But no one cares about diapers.”

Some mothers’ requests to welfare case managers for diapers were met with condescension. One told Aisha, a twenty-year-old Black mother of one, “You have cash aid. Why is it so hard for you to get diapers?” Aisha responded, “You have to pay rent, and food stamps don’t cover everything. You have to figure it out on your own. People act like we don’t want to get her diapers, or we just like spending money. But it just doesn’t always work in our favor.” Others echoed concerns that cash aid was not enough for diapers along with other household basics.

Respondents specifically challenged stereotypical assumptions that poor mothers do not effectively budget public aid. Brenda, twenty-five, Asian, and a mother of three, said, “If you get any government assistance and you need more because it’s not enough, people wonder where are you putting your money? They just think, ‘You’re buying other things, you’re not buying for your kid.’ I do whatever needs to be done for my kid, and my kids come first. But cash aid, it’s never enough for the gas, the bills, keeping the lights on. They think it’s not enough for the diapers because we screw it up. But it’s not enough because it’s not enough.”

Mothers explained how benefit levels did not account fully for basic living expenses and that the problem was not mismanagement of lavish government handouts. Indeed, in all fifty states, TANF benefits are not enough to pay

utilities and rent for a modest two-bedroom apartment, and no state benefit is above 60 percent of the poverty line (Safawi and Reyes 2021).

The falling value of TANF combined with purchasing restrictions on other forms of aid forced mothers into a perpetual bind when it came to work, welfare, and diapers. Many mothers could not afford to work due to prohibitively high childcare costs, and employment did not always pay enough to cover diapers. Although working mothers generally had higher combined monthly income and aid, many of the twenty-four employed mothers described how work reduced the time children's diapering could be managed privately at home, thereby increasing the need for disposable diapers. Although family diaper costs varied depending on how many children wore diapers and diaper brand and size, employed mothers were more likely than stay-at-home mothers to report monthly diaper costs higher than the sample mean of \$66 per month.

Employed mothers relied on center-, family-, or nonfamilial home-based childcare to work. Childcare facilities require that infants' disposable diapers be changed for each urination or defecation or at least every two hours otherwise; cloth diapers are not accepted by many care providers due to hygiene guidelines for preventing fecal contamination. Centers that receive Child Care Development Block Grants are not required to provide diapers, and many funds do not fully cover salaries, facilities, and program mandates. Therefore, most parents, even those who receive childcare grants, must provide diapers. Mothers reported that a full day of center-based care could require six to eight diapers, sometimes twice the number they would have used at home. Thus a full-time employed mother could expect her diaper costs to double, and five mothers had missed work at least once because they had had too few disposables required for daycare.

Employed respondents who used family or home-based childcare described tacit agreements that providing disposable diapers was a condition of leaving their children in the care of others not able or willing to manage cloth diapers or leave children diaperless. Employed mothers were also more likely to describe time pressures associated with work, commuting,

and readying children for school and childcare, which further increased their need for disposables. Natalie, a twenty-nine-year-old multiracial mother of three, noted, "I'm always in a rush on the way to work, a tight schedule, getting the kids and baby ready, making sure I have enough clean diapers." The demands and costs of employment could ultimately contribute to mothers' diaper challenges and restrict their diaper need coping strategies. Even low-wage work could earn just enough to cut the value of mothers' cash aid or cause them to lose eligibility entirely. In California in 2019, a family of four could earn monthly gross income up to \$3,970 before losing WIC benefits. Yet a similarly sized family could earn only \$1,724 before losing a portion of TANF, the only form of public assistance that can buy diapers.

Mothers in households with an employed adult also underscored the stresses of working poverty. Patricia, a twenty-nine-year-old Latina mother of three, described how her husband's low-wage job was not enough for diapers, yet made it harder to ask for diaper support:

I'm embarrassed to ask people for help because they'll say, "Your husband works so you should be able to afford diapers." But no, there's more I have to pay for. I think it's even more of a problem because a lot of the working class, we don't get a lot of extras. I barely get WIC, barely any financial support. It took my husband getting deducted in hours for us to get food stamps back. It's harder because everything has to come out of his paycheck, and we literally have to pinch and dime every single thing for the diapers.

Employed mothers emphasized the strains of living paycheck to paycheck and questioned how even working two-parent families could not afford essentials. Yazmin, twenty-eight, Latina, and a mother of three, described how working mothers' diaper need seemed invisible and unjustified. "My husband and I have full-time jobs, but we're in debt, don't qualify for anything, and rely just on our income. I'm working. He's working. There should be no reason why she shouldn't have diapers." That married, full-time employed parents struggled to get diapers challenged assumptions that "do-

ing everything right,” in Yazmin’s words, prevented diaper need.

Other employed and married mothers asked how they could play by the rules of a welfare system that promotes work and responsibility yet still not afford diapers given the high cost of living and raising children. Alexis, a twenty-three-year-old Asian mother of two, earned \$1,000 a month at Wal-Mart; her husband earned slightly more doing seasonal farm work. “They used to say it takes a village to raise a child. Now that means it takes a village to fund a child, like paying for diapers. I work, go to school. He works. If you do get a job, you get cut off from everything. I could never be a stay-at-home mom because now it takes two working. Even when parents have jobs, on minimum wage, you work hard, and with taxes you still you don’t make enough for diapers.” Employed mothers like Yazmin and Alexis faced stigma when asking for diaper assistance because people assumed that a dual-earner household should make enough to cover all bills. Yet, much like welfare, low-wage work was rarely enough to meet families’ diaper needs.

Mothers receiving welfare found that benefit levels were too low to pay for diapers not covered by other safety net programs, and employed mothers’ low wages, inconsistent work hours, and added childcare costs meant that income did not necessarily prevent diaper need. The third group—the ten mothers who neither were employed nor received TANF—were particularly hard-pressed to afford or access diapers given their disconnection from both the labor market and the cash aid safety net. Like those in the Kristin Seefeldt and Heather Sandstrom (2015) study, disconnected mothers in this study relied on a patchwork set of coping strategies to get diapers, including informal side jobs like housekeeping, living with family or friends, and asking for diapers or diaper money from others. The shared difficulties of managing diaper need among mothers who were welfare recipients, employed mothers, and disconnected mothers point to fundamental problems of the incomplete transition to a work-based safety net (Danziger et al. 2016). Without a guarantee of living-wage employment or sufficient cash aid benefits, basic needs not covered by in-kind aid

programs will often go unmet. Almost all of the more than three hundred diaper banks in the United States have been founded since 1990s welfare reform; they have become an increasingly important part of the community-based safety net of organizations that provide in-kind goods to help families meet needs unmet by government policies and programs (Allard 2009). With mixed success, mothers turned to diaper distribution services to fill diaper gaps.

Setbacks and Successes of Seeking Diaper Support

Mothers sought various sources of diaper support, including family service agencies, churches, and diaper pantries. Two in three mothers had accessed or tried to use diaper assistance services at least once, and half of these reported negative experiences. The half who had positive experiences spoke specifically about respectful, accommodating, and empathic staff. Alas, numerous challenges prevented respondents from utilizing in-kind diaper aid.

Mothers spent significant time and energy tracking when diaper distributions were scheduled, arranging for how to get there, and ensuring they had the proper documentation or proof of need, which often included the physical presence of children. Gina, a sixteen-year-old Latina mother of one, could not receive diapers from a church pantry without an adult guardian and government-issued form of identification. Because her mother’s work hours conflicted with diaper distribution times, Gina rarely received diapers. Other mothers worried about pantries running out of their children’s sizes before they could get there. Jackie, a thirty-five-year-old multiracial mother of three, was nearing the end of her diaper supply because the organization from which she received diapers ran out of the larger sizes her son wore. As many mothers reported, smaller diaper sizes (newborn, 1, and 2) were in greater supply, but demand for 3s, 4s, and 5s was higher. Jackie said, “Many places have smaller sizes because they’re more supportive toward the newer babies versus the older ones.” The standard weight range for size 2 diapers is twelve to eighteen pounds, the typical infant growing out of size 2 at six months. Mothers struggled to get

the right diaper sizes given that seventy-six of the ninety-one diapered children of mothers in the sample were six months or older. The average age of children who wore diapers was 16.2 months (median = twelve months), though only two mothers ever received disposable training pants for toddlers. Some mothers described not receiving diaper assistance because their children had been deemed too old and ready for toilet training. Yet only ten diapered children were thirty-six months or older, the average age at which children in the United States finalize toilet training (Thaman and Eichenfield 2014). No child needing diapers was older than four years, and one of the only two diapered four-year-olds had been diagnosed as medically incontinent due to health issues.

The number of diapers mothers received varied widely. Some received as few as five, whereas others received full bulk-sized boxes with 120 to 150 diapers that would last a month. Most reported receiving in the range of thirty-five to fifty per month, which aligns with recommendations for what families typically need. Most pantries allocated diapers per child, but some distributed by household. This was a problem for Christine, a fifty-three-year-old Black grandmother of three children in diapers. Three toddlers needed triple the diapers, and Christine was forced to choose the one size that would best fit all of them, ages one, two, and three.

Mothers who did not live near organizations that distributed diapers had difficulty with transportation, especially when diapers were available only during narrow time windows on specific days. One of the two mothers living in rural areas reported that traveling to the closest diaper distribution would require three bus changes and several hours of transit time just to receive thirty diapers. Many mothers shared stories of traveling across town via circuitous bus routes with numerous young children in tow, only to arrive at diaper pantries that had already run out. Although Aisha was aware of a family resource center that gave out diapers, she noted,

You have to buy a bus pass, make it all the way downtown, and they usually want you to bring the baby to verify you have a kid. They ask for

a lot just to get what you need. I don't blame them. A lot of people scam the system, but most people need help. After all that, you only get fifteen, twenty diapers. That would be gone in less than a week. It's pretty embarrassing to ask for diapers for your own kid because it comes with questions like, "You're not taking care of your kid?" And the last thing we want in our life is [Child Protective Services] when a lot of us have been in the foster care system before.

Like Aisha, many mothers of color feared that asking for diaper support would trigger accusations of negligent parenting that could lead to involvement with the child welfare system. Several had experiences with child removal based on citations of unfit living conditions, including lack of diapers. Mothers often did not know whom to trust and questioned whether agency staff or case workers would see their efforts to get more diapers as good mothering or as evidence of potential neglect. They feared that requests for diapers would cause child welfare agencies to conflate the conditions of poverty with parental unfitness.

The sixty-one respondents (87 percent) who identified as mothers of color were more likely to report racialized stress, stigma, surveillance, and social exclusion associated with diaper need and seeking diaper assistance. Overall, White mothers in the sample were somewhat less economically disadvantaged; all but one had at least a high school diploma, and they had higher combined household income and aid (\$1,093 monthly). Likely in an effort to deflect racialized welfare queen stereotypes of having additional children to collect more public aid, mothers of color were more likely to emphasize that they used aid frugally and were responsible parents. Mothers of color, especially Black mothers, described being attuned to public perceptions of their children's diapers and fears of involvement with the child welfare system on the basis of inappropriate or too few diapers. Mothers of color were also more likely to report avoiding public spaces, including diaper distributions. Undocumented immigrants or those with undocumented family members were also reluctant to seek diaper support from agencies they feared might disclose their status

and risk their deportation. Several expressed concern that diaper pantries might be immigration enforcement checkpoints. Although no such cases were known, immigrant mothers' fears kept some from seeking diaper aid.

Another obstacle was that many organizations distributed diapers only as an incentive for watching or attending parenting classes. Through a family support agency, Ramona, twenty-one, Latina, and a mother of one, earned "mommy money" she could spend on diapers. Staff treated her respectfully, she said, and "didn't make you feel absolute crazy because you don't have enough diapers for your kids." Yet once she started picking up more work hours as a restaurant server, she found it harder to travel when the required classes on managing money and parenting were available. Mary, a twenty-eight-year-old Latina mother of three, was especially irritated that a church from which she received diapers made single mothers watch and discuss a half-hour video about the importance of fathers' involvement. Jessica, thirty-seven, White, and a mother of five, was able to get diapers every three months if she watched a twenty-minute video about how to prevent choking hazards and safely secure car seats. The diaper supplies they provided were generous, enough for two weeks, but the church would not provide diapers to children older than two years, the age at which staff believed children should be toilet trained.

Shame also prevented mothers from seeking diaper assistance. Jamie, a thirty-eight-year-old White mother of one, said about using a pantry, "You have to provide a lot of information about why you need the diapers that people wouldn't share if you weren't in that situation. It's humiliating and humbling. Some of them are understanding. Some are just judgmental. If you stutter, they think you're on drugs, and they look at you, like, 'What's wrong with you?' Like you can't provide, or that my baby's dad can't provide." Mothers emphasized that some were quick to pass judgment when they sought diapers, but less willing to seek understanding of why they needed them. Faith, forty-three and multiracial, was the guardian of four young children of her best friend who had died of cancer, including three-month-old twins. Recently diagnosed with lung and cervi-

cal cancer and undergoing radiation and chemotherapy treatments, Faith once tried to get diapers from a national charity. The woman she spoke to asked Faith whether she had a car, implying that if Faith had any asset of value, she should sell it before seeking free diapers. "I took off my wig, 'I'm going through chemotherapy. . . . I don't have time [to sell my car] when I have to raise these four babies.' I shouldn't have to explain why they should help me. It's humiliating because I'm used to doing things on my own. It's hard to explain why you need diapers to a stranger. They're just looking at you like, 'Why don't you get a job?' I'm not asking you to give me money. I just need some diapers." Faith later got diapers from a compassionate church group that knew her situation and offered a big box of diapers monthly until the twins were toilet trained.

Half of the mothers who had received diaper aid reported positive experiences like Faith's with the church group. Sonia, a thirty-three-year-old Latina mother of two, described it as "one thing in my life I knew I could count on, which gave me a sense of peace. If I run out or have a problem, I can go over there and ask and probably get another set of diapers." Mothers stressed the value of developing relationships with staff who knew and treated them with knowing respect, not anonymous indifference. These relationships were helpful when the staff's knowledge of a family's situation resulted in more diapers beyond the allotted amount in emergencies. Trinity, forty-two, Black, and a mother of three, was grateful for the six packs of diapers she received each month through a municipal diaper bank that served all TANF recipients in her city.

You can only get diapers as long as you qualify, so that's the stipulation. If something ever happens where I'm not able to get aid, cash aid for her, because I don't get it for me, just for her, then I'm not going to be able to get them. It's easy. I just show up with my government-issued EBT [electronic benefit transfer] card and say, "I'm here for diapers." They just give them to you. At first I was embarrassed to go get them, but I had to work through that, and I put in my share of time. I've worked and paid taxes my whole life. I'm

just in a unique situation right now. I don't know what I would do without this program.

Trinity felt more justified in accessing diapers as a tax-supported service because she saw it as a benefit earned through work rather than a stigmatizing charitable handout.

The six mothers who received CalWORKS (TANF) diaper vouchers had mostly positive experiences. Although the voucher's \$30 value did not cover all diaper costs, it filled many of the gaps. Unfortunately, three of the six mothers lost eligibility within three months. Molly, a thirty-one-year-old Black mother of two, received the voucher for two months before her household income barely surpassed the \$2,100 eligibility limit for a family of four. Before that, she strategically shopped at a supermarket that offered a \$20 gift card if a customer spent \$100. Molly converted \$70 cash into \$50 worth of diapers and spent the rest on groceries and other household items, including tampons and toilet paper. Receiving the diaper voucher as a cashable check gave her a sense of agency to spend the extra benefit based on her family's needs. Aurelia, twenty-five, Latina, and a mother of three, received the voucher for two months before sustaining life-threatening injuries in a car accident. After she could no longer fulfill the requirements of her work plan, she became ineligible for the voucher. During the two prior months, the \$30 voucher was enough to stretch diaper supplies until she received her next aid check. Offering cash aid for diapers as a work support reduced the stigma and shame of receiving it but also meant that mothers who desperately needed it did not qualify.

CONCLUSION: DESIGNING POLICIES TO FILL THE DIAPER GAP

Changes in diapering norms and practices have converged with changing work, family formation, and policy trends in recent decades to create a specific basic need that goes unmet for a large portion of low-income families in the United States. Disposable diapering has become universal since the 1960s, when the majority of mothers with children of diapering age entered the paid labor force in record numbers. Family trends associated with higher poverty rates for mothers and young children, espe-

cially single parenthood, have increased, and low-income children in the United States are now more likely to have nonresidential parents and experience periods of parental incarceration (Carlson, Wimer, and Haskins 2022, this issue). Growing family instability accompanied greater job insecurity, lower wages, and unpredictable work schedules with irregular and reduced hours, especially among those without a college education. Employment and earned income requirements of cash aid and tax credit policies do not account for unstable earnings and household living arrangements, informal jobs, and barriers to work common among low-income families. Meeting children's basic needs for goods such as diapers has become especially difficult for those disconnected from both work and welfare.

Mothers' experiences of work, welfare receipt, and seeking diaper support point to how policies can better address diaper need in the context of these changes. Mothers emphasized the importance of diaper support that was equitable, easily accessible, and did not leave parents feeling stigmatized or shamed. Some mothers recommended changing SNAP and WIC to allow for the purchase of diapers. However, given that many already struggled to stretch the value of their SNAP and WIC allowances to cover food, many mothers advocated for increasing food or cash aid benefit levels to cover diapers. Even increasing cash aid by half of the average monthly diaper bill, \$35 to \$40, would go a long way in helping families fill their diaper gaps.

Mothers also recommended more public support for diaper banks. Many families that do not qualify for need-based programs struggle with diaper need. Those who run diaper banks work tirelessly to serve families and yet, with existing infrastructure and reliance on private in-kind and monetary donations, they are able to meet only a small fraction of the need. Interviews described here suggest that the existence of diaper banks destigmatizes need by normalizing diaper aid and recognizing diapers as a childcare necessity for which low-income parents deserve support. As true of food banks, accessing diaper banks has costs, some obvious (for example, transportation) and others hidden, such as fears of being labeled a failed

provider and reported to the child welfare system. Yet accessing diaper banks can also reduce feelings of isolation by connecting parents in need to supportive staff and others who struggle with similar needs (Purdam, Garratt, and Esmail 2016). Mothers' different experiences accessing diaper aid reveal the importance of well-designed diaper distribution programs that, in addition to providing diapers, reduce the stigma, shame, and invisibility surrounding the need.

Public funding for diaper banks would likely increase the dignity of parents who must use them. Research on the EITC reveals that parents see it as an earned reward for work (Halpern-Meekin et al. 2015); public diaper banks could similarly enhance feelings of social inclusion and public responsibility. As Trinity justified accessing the country's only publicly funded diaper bank because she "worked and paid taxes [her] whole life," more parents would likely feel valorized, rather than stigmatized, for getting diapers that their labor and taxes helped fund. Policies that recognize diaper need as a *need* provide a basic item required for children's health. They also generate social trust about the deservingness of low-income families.

Diaper vouchers that directly increase the value of families' cash aid have other advantages. Vouchers allow parents to access diapers as part of their normal shopping trips when they can choose the size, brand, and type of diapers best suited for their children. The \$30 cash value of the California diaper voucher will usually buy double or triple the number of diapers parents were able to get at diaper giveaways. When combined with coupons, store sales, and other promotions that mothers became especially adept at coordinating, that amount could meet much of a child's diapering needs for a month. Cash diaper support also affords parents more agency and dignity than accessing diapers through gatekeepers that may implicitly or explicitly question mothers' honesty, financial need, and fitness as parents. Cash for diapers circumvents many problems parents experience when they do not have the documents, geographic access, and ability to travel to specific locations at designated times. Vouchers may be particularly helpful for moth-

ers living in rural areas with less public transportation and fewer diaper distributions.

Diaper voucher policies have their own drawbacks and are unlikely to be enacted in many states. Only two states, California and Washington, offer diaper vouchers, and those efforts took many years and much concerted advocacy. Other states may follow, but if they use the California model that offers vouchers only as a supportive work service, most families in need will not benefit. To be eligible, parents must receive TANF, have a qualified work, school, or volunteer plan, and not earn income over a low threshold. Requiring another administrative process involving eligibility verification, tying public diaper support directly to work reinforces many negative stereotypes of low-income parents. Welfare programs should support parents' efforts to work and earn enough to care for their children; mothers I interviewed shared these priorities. In a system where full-time, low-wage work rarely earns enough to provide fully for a family, however, justifying diaper aid only as a work support does not account for deeply entrenched class, race, and gender inequalities that create need for welfare in the first place, especially among mothers of color raising children in deep poverty. It also sends the message that children deserve help with diapers only if their parents engage in activities the government defines as *work*.

Other promising policy proposals are more tenable in the current political environment. A federal law that officially designates diapers as medically necessary would have two primary benefits. First, it would lay the policy foundation for classifying diapers as a qualified medical expense for public programs like Medicaid in all states. The End Diaper Need Act of 2021 proposed permitting states to use Medicaid funds for medically necessary diapers for children age three and older officially diagnosed as bladder or bowel incontinent. It also proposed allowing the use of funds from health savings accounts for diapers as a health-care expense. Although some states already cover medically necessary diapers through their Medicaid programs and low-income families are unlikely to have jobs or the means to invest in tax-advantaged accounts, such a policy

would likely help more families access diapers. It could also be a precursor to political recognition of diapers as a health-care expense for all individuals who need them, regardless of age or official medical diagnosis. Second, given that many states exempt some or all medically necessary items from sales tax, this could encourage states to revisit the question of whether diapers should be taxed at all.

As important, designating diapers as medically necessary could ultimately align political stances on diapers with parents' lived experiences of diapers as an essential need of early childhood, not a discretionary expense that families can do without. Classifying diapers as discretionary has fiscal repercussions that increase the economic costs of diapers; it also takes an emotional toll by invalidating parents' struggles and sacrifices to provide them. Existing public programs for food and housing do not meet all eligible families' needs, but they politically and socially acknowledge these needs exist. Diaper need reveals consequences of our work-based safety net's failure to recognize hygiene items as essential in the context of dwindling cash aid and changing family and employment trends that harm low-income families, especially those headed by poor, single mothers of color.

It is for these same reasons that diaper support policies will likely continue to face opposition and barriers to implementation. No federal bill focused specifically on increasing diaper access and affordability has progressed far enough in the legislative process to prompt serious deliberation, much less a congressional vote. This is partially due to widespread mistaken assumptions that alternative diapering methods, namely cloth, can address diaper need. Diapers are not unique among hygiene items that have no place in the national social safety net. However, they are distinct in that they meet a basic need of young children, a particularly sympathetic demographic, but one with high poverty rates and no political power. In a charged political environment where reproductive rights and needs have taken center stage, we might not expect fiscal support for an item associated with additional childbearing and waste.

That I restricted the sample to California

and recruited through family service programs has several implications that likely limit the applicability of these findings to families struggling with diaper need in other states. California has relatively generous TANF benefits and public support for diapers through diaper banks and the CalWORKS diaper voucher program (Azevedo-McCaffrey and Safawi 2022), and more than half the sample (57 percent) had received in-kind diaper support. This suggests that diaper need due to insufficient public aid and limited access to diaper distributions is even more pronounced among families living elsewhere.

I conducted interviews before COVID-19 and diaper need has since increased because of pandemic-related financial stress. Many diaper banks received triple or more the requests for diapers from families struggling with job loss, reduced work hours, and limited diaper supplies in stores. Many sources of diaper support, including family agencies, health-care providers, and food and diaper banks significantly reduced in-person services, further reducing access to diaper aid. Shelter-in-place orders meant that parents had less contact with those in their social networks they previously relied on for diapers or diaper money.

COVID-19 relief bills and the American Rescue Plan Act of 2021 provided some hope. The Heroes Act passed in 2020 by the House of Representatives would have allowed programs funded by the Maternal, Infant, and Early Childhood Home Visiting program to provide emergency supplies, including diapers, to families in need. Although the American Rescue Plan did not include a diaper provision, it did include a \$3,600 fully refundable Child Tax Credit for each child under age six, one that millions of families received as monthly payments through December 2021. The Rescue Plan also temporarily eliminated the requirement that families must have at least \$2,500 in taxable earnings to qualify for the CTC. Almost all parents who received the credit spent the money on essentials, including diapers (Zippel 2021). If families had more adequate income, diaper need would be reduced but likely not eliminated without major shifts in income distribution. The need for direct diaper provision will thus be ongoing in addition to efforts to

increase income sufficiency and unrestricted transfers, such as through living wages and universal basic income. Increasing housing assistance, SNAP, the EITC, and the CTC offset costs of families' other needs, allowing more resources for diapers and reducing childhood poverty (Parolin et al. 2021). These temporary provisions may pave the way for public diaper aid and chip away at work-based requirements that have effectively withheld cash from low-income families in recent decades. In the context of changing family and work trends that show no signs of abating, these provisions provide hope for fixing a leak around diapers in the U.S. social safety net.

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