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Are the Kids Alright?
Growing Research at Fordham

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New Mothers’ Child Care Choices
Parents’ child care choices matter

- **For children:** Higher quality care associated with positive child development in all domains
  - Half the effect size of parenting (NICHD ECCRN 1997, 2006)

- **For families:** Care that is a “good fit” promotes family well-being
  - Financial self-sufficiency (Chaudry, 2004; Coley et al., 2006)
  - Labor market participation and workplace effectiveness (Emlen, 1999; Gennetian et al., 2002, Galinsky, 1992)
  - Peace of mind and less distraction (Pungello & Kurtz-Costes, 1999)

- **For policymakers:** Several public policies explicitly aim to support parental choice of child care; Emphasize a free-market delivery system (Sosinsky, Lord, & Zigler, 2007; Weber, 2009)
  - Subsidy Policy
  - Work/Family Policy
  - Quality Rating & Information Initiatives
    - Incentivize and support providers to raise quality
    - Educate parents (“star” systems)
What are parents up against…

- Expectant parents face many complex, inter-dependent, dynamic decisions about work and child care.

- Most parents face substantial constraints, financial, supply-based, and pragmatic.
  - U.S. child care quality is “poor to mediocre” (Helburn, 1995)
  - Families spend 6-33% of income on child care.
    - Annual fees for infant/toddler center-based care: $6,000 to $14,000
  - Receive almost no organized information assistance.

- Therefore, are not truly a “choice”, but are an *accommodation* to realities (Meyers & Jordan, 2006).
Extant child care choice research

- Retrospective or concurrent research designs

- Convenience samples (e.g., parents who contact referral agencies)

- Limited frameworks, such as a consumer choice framework, which assumes
  - preferences are static
  - choices are discrete (work, child care, etc.)
  - “consumers” have full information
  - decisions are “rational” and not influenced by cognitive biases
The current study

- Prospective
- Longitudinal
- Mixed-method

- Examines parents’ child care decision-making processes from a theoretical perspective of child care choice as an *accommodation* (Meyers & Jordan, 2006) to family, market, and social realities
Research questions

1. What are mothers’ work and child care plans, and their decision-making processes behind their plans, given:
   - Multiple role demands and simultaneous decisions
   - Beliefs, worries
   - Constraints and needs
   - Information gathering/search strategies?

2. How are these plans and reasoning associated with other family characteristics?

3. Policy question: What are mothers’ opinions about child care rating systems (QRIS)?

4. When follow-up complete: At 6 months, what are work and child care arrangements, how related to prenatal decision-making processes, and how are mothers and babies doing?
Method

- **Participants:**
  - 19 women expecting their first child
  - 20 years or older and English-speaking
  - Recruited from an urban Bronx hospital and a suburban hospital

- **Procedures:**
  - **Baseline:**
    - Completed in-depth semi-structured qualitative interview during first pregnancy; Audiotaped, transcribed and coded with grounded theory; used ATLAS.ti
    - Completed published quantitative assessments
    - Received $40 and a children’s book, plus brochures from NAEYC and NACCRA

  - **6-month follow-up (ongoing):**
    - Second interview
    - Repeated-measures and additional quantitative assessments
    - Observational home visit
Measures

Baseline audiotaped semi-structured interviews
- Work and child-care plans, worries, hopes, constraints, and search and decision-making strategies

Baseline questionnaire:
- **Attitudes Toward Maternal Employment Scale** (Greenberger, Goldberg, Crawford, & Granger, 1988)
- **Home as Haven Scale** (Rapp & Lloyd, 1989)
- **MOS Social Support Survey** (Sherbourne & Stewart, 1991)
- Depressive and anxious symptomology screeners (**CES-D**, **BAI**; Beck, Steer, & Garbin, 1988; Radloff, 1977)

6-month follow-up home visit and questionnaire:
- 6-month interview
- Repeated measures from baseline
- Child care, home and parenting environments
  - **Parental Views of Child Care Quality and the Flexibility Scales** (Emlen, Koren, & Schultz, 2000)
  - **HOME Inventory** (Bradley & Caldwell, 1979)
  - **Parenting Stress Index – Short Form** (Abidin, 1990)
- Child outcomes:
  - **Ages and Stages Questionnaire** (Squires, Bricker, & Clifford, 2010)
Descriptive statistics of the sample at baseline during pregnancy

<table>
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<tr>
<th>Characteristic</th>
<th>%</th>
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<tr>
<td>Maternal education</td>
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<tr>
<td>&lt; HS</td>
<td>11</td>
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<tr>
<td>HS</td>
<td>44</td>
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<tr>
<td>AA</td>
<td>6</td>
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<tr>
<td>BA</td>
<td>22</td>
</tr>
<tr>
<td>MA</td>
<td>17</td>
</tr>
<tr>
<td>Poverty status¹</td>
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<tr>
<td>Poor</td>
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<tr>
<td>Near-poor</td>
<td>44</td>
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<tr>
<td>Nonpoor</td>
<td>33</td>
</tr>
<tr>
<td>Married &amp;/or cohabitating</td>
<td>56</td>
</tr>
<tr>
<td>Working/in school</td>
<td>60</td>
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</table>

<table>
<thead>
<tr>
<th>Characteristic</th>
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<tbody>
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<td>Race/ethnicity</td>
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<td>Latina</td>
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<tr>
<td>Mixed/Other</td>
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<tr>
<td>Language(s) spoken at home</td>
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<td>English &amp; Spanish/other</td>
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<tr>
<td>Immigrant</td>
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<tr>
<td>Elevated depressive/anxious symptomology²</td>
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<td></td>
<td>41</td>
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</tbody>
</table>

Age (in years) m=25 (sd = 4)

¹ Poor: <= 100% of federal poverty threshold for income and family size; Near-poor: between 100% and 185% of federal poverty threshold; Nonpoor: Above 185% of federal poverty threshold

² Indicates falling above clinical threshold for depressive symptomology on the Center for Epidemiologic Studies Depression Inventory (CES-D) and/or for anxious symptomology on the Beck Anxiety Inventory (BAI)
Post-childbirth work plans during pregnancy

- 89% of women planned to return to work or school within a year, half of those within 6 months
  - Half of women intending to work would return to the same or a known job &/or educational program, the rest were uncertain about the specific job

- Reasons to intend to return to work or school:
  - Financial need (many of the women)
  - Like working/feel independent/feel adult
  - But, some would prefer to stay at home
Bivariate correlations among quantitative measures of maternal beliefs and functioning during pregnancy

- Significant correlations among stronger belief in the *harm* of maternal employment and in “home as haven,” less emotional and tangible social support, and lower maternal education

- Though no association with belief in the *benefits* of maternal employment, nor with depressive or anxious symptomology or other family characteristics
Major themes emerging from qualitative interviews

- **Worry**
  - New mothers all worry, although to differing degrees and with emphasis on different areas
  - Worries grouped roughly into:
    - Baby’s health and safety, the care and stimulation baby receives
    - Worry for day-to-day issues; impact on work; feelings of guilt & “missing out”

- **Trust**
  - New mothers’ trust was important, but the characteristics of a care arrangement that each mother trusted varied, and were often related to the type of arrangement
    - Largest number trusted a relative, usually their own mother
    - Several others trusted a formal child care center
    - Few trusted non-family home-based settings or in-home caregivers

- **Complexity**
  - Even of those preferring to stay home, all saw benefits of work
    - “better life” for family with mothers’ income or degree
    - baby’s exposure to other children and caregivers could be positive
    - Mother’s own sense of independence and self-worth
Plans for child care arrangements

- About 2/3 of women in this sample planned for a family member – usually their own mother – to care for the baby
  - Low cost, more helpful schedule
  - But also:
    - Trust of family
    - Fear of strangers, often media-fed
    - Worry about physical harm

“I know my family member would never hurt my child.”

“Cause, I know she’ll take good care of my baby, and I don’t have to have any worry thoughts, like somebody’s beating my baby, or you know, all these crazy things that are going on now”
Plans for child care arrangements

- Many of those wanting relative care mistrust centers in particular
  - Too-high ratios
  - Illness exposure
  - Lack of individual attention and inadequate supervision

- Centers also expensive with limited inflexible hours of operation

“…cause of the whole strangeness of it and, with the swine flu and germs and stuff. And, the [lack of] individual attention.”

“Get diaper rash and stuff like that”

“…after everything that I saw on TV about the nurseries and babies dying in the nurseries, and they smack and they shake the babies, it’s really scary…”
But not everyone planned on grandma…

- Some were uncomfortable with relative care
- Some didn’t have a suitable relative available
- Some favor centers:
  - Presence of multiple skilled caregivers
  - More controlled and secure environments
  - Liability insurance
  - Other children to play with
  - Business arrangement

“I think that in a center, they have more preparation of how to take care of baby. And, they have different people working together. It’s not only one person.”

“…a work relationship, I think, is better. I think you risk hurting people’s feelings, having money squabbles, whatever it is. I think if it’s set up as a business relationship, from the beginning, it’s probably better.”
Associations of themes with family characteristics

- Similar across mothers by single-parent status, maternal education, poverty:
  - Worries about safety and health
  - Interested in child caregiver’s provision of a warm and stimulating environment

- Some differences:
  - Higher-educated women somewhat more worried about logistical issues (drop-off/pick-up; hours of operation; location)
  - Women strongly preferring a known/relative caregiver slightly more likely to have lower education
Specific QRIS policy-relevant questions

- Large need for information
  - Only 2 women knew of CCR&R
  - Rest would “ask around,” look around neighborhood, “Google it”

- Parents would find “star” ratings moderately helpful
  - Though many would want to know details
  - All would still go and visit
  - Some inconsistency with endorsement of the importance of a state license
Mixed responses on who should provide QRIS ratings

- Half said a nonprofit and/or university, a few said a state or city agency, and a few said any of these

- Those who did not endorse a public agency would not trust their ratings
  - View agency as biased, or with an agenda
  - Doubt competency

“…depending on the organization. If it was Fordham University, then yeah, it would [be helpful].”

“I think the state, for a lot of government kind of work … things seem to fall through the cracks.”

“Frankly, I think they have so much difficulty following up on child welfare cases, they should get that in line before they worry about rating daycares.”

“…assuming that they have the funds and time to do it, would I trust it? Mildly.”
Limitations

- Small pilot study

- Non-representative sample
  - Though draws from population of pregnant women regardless of their work status, income, or self-initiated search for child care
    - e.g., only 2 knew of CCR&R, while prior studies often recruit from CCR&R records
  - And follows women prospectively, beginning in pregnancy when child care decisions are new, salient, urgent, and not yet firm
Preliminary conclusions and next steps

- Central role of worries, trust, and balancing of constraints
- Many themes cut across women regardless of income, single-parent status, and education
- Women were largely consistent in beliefs, but sometimes faced constraints in realizing preferences
- Continued follow-up as infants reach 6 months old
  - 56% complete; 100% retention to date
- Address longitudinal research questions at 6 months
- Expand and enhance sample – recruit from medical records
- Develop quantitative assessment tool from qualitative interviews
- Experimental test of QRS
Thanks to:

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- Caitlyn Hynes, FCRH ’10
- Fordham Office of Research

And special thanks to all of the moms in the study, most of whom are working or in school, all of whom were pregnant and now are caring for infants, and all of whom are very busy!