

***Family, work, and infant care in limited  
income Latino Migrant farm-working  
and Anglo non-migrant families***

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Changes in the policy context of limited income families' lives have created new stresses at the intersection of work and family. Although numerous studies have investigated the impact that the quality of care may have on social and cognitive outcomes for children, few have investigated associations between care and parental well-being. Greenberger and O'Neil (1990) concluded that child-related concerns were more strongly related to the well-being of single mothers than married mothers, and that child-related concerns contributed to the prediction of maternal well-being independently from concerns about maternal employment. The NICHD Early Child Care Research Network (1999) concluded that the impact of child care on mother-child interaction was similar in size to the effects of maternal depression and child temperament. Recently, a study designed to assess whether welfare reform was meeting its goals of reducing mothers' dependency on aid and boosting outcomes for children reports that young children are moving into low-quality child care settings as their mothers move from welfare to work, and that these young children's early learning and development is limited by uneven parenting practices and high rates of maternal depression (PACE, 2000).

Indicators of child care quality can be grouped into two categories. The first category includes indicators that are structural aspects of the child care program, such as group size and adult:child ratio. Other aspects of the child care environment that can be considered structural include teacher education and experience, staff wages, and turnover. These structural factors have been linked to child care quality and child outcomes by numerous researchers (Arnett, 1989; Berk, 1985; Howes, 1983; Howes & Rubenstein 1985; Kontos & Fiene 1987; McCartney et al. 1997; Phillipsen, Burchinal, Howes, & Cryer, 1997). These structural characteristics influence aspects of the second category of quality indicators, which involves aspects of the curriculum that comprise the type of experience that children actually receive in a given program (Cryer, 1999). These include developmentally appropriate practices and the nature of caregiver-child (as well as child-child) interactions. Other aspects of curriculum that are indicators of the quality of an early childhood program include the type of space, activities and materials available to children, as well as how everyday routines, such as eating, toileting, and resting, are dealt with. By and large, research demonstrates that these aspects of early childhood curriculum are associated with higher cognitive and language outcomes, more positive social interactions, and better school readiness (for example, see NICHD, 1996; Peisner-Feinberg & Burchinal, 1997; Whitebook, Howes, and Phillips, 1990; and reviews by Burchinal, 1999; Cryer, 1999; Doherty, 1991).

This research used detailed interviews with limited income working mothers of infants 4 to 18 months old to learn about their work experiences, individual well-being, and perceptions of their infant's experiences in child care. In addition to zero-order associations, a model in which Work Quality mediates associations between Family Stressors and perceptions of infant Care Quality was tested.

Participants. Interviews were individually conducted in the homes of limited income Anglo mothers and limited income Latino migrant farm working mothers (all households were under Federal poverty guidelines). The infants of Anglo mothers were participating in a variety of formal and informal community child care arrangements. Of the infants of migrant farm working mothers, 74 participated in Migrant Head Start programs in various locations, and the remaining children were cared for by a relative.

Participants in the group of low-income mothers included 85 mothers of infants who ranged in age from 3 to 20 months (mean = 11.4 months, sd = 5). The mothers ranged in age from 15 to 52 years (mean = 26.9 years, sd = 6.6). The mothers represented a diverse sample, with 46 identifying themselves as white, 14 as African-American, and the remainder a variety of racial and ethnic groups. Thirty-six mothers (42%) were married, 28 (33%) were single, and 21 (24%) lived with someone. Of the mothers, 12 (15%) had experienced a divorce, and one was widowed. Sixty-four of the eighty-five mothers worked outside the home. The work hours ranged from 9 to 57 hours a week, with an

average of 35.1 (SD = 11.2). One mother worked a second job for four hours a week. Seven mothers participated in school or training, ranging from 3 to 30 hours per week, with an average of 10.78 hours (sd = 9.7). There was a wide variety in educational levels: 10 completed some grade school, 16 were high school graduates, 30 completed some post high school, 12 held Associate Degrees, 12 Bachelors degrees, and 4 had received advanced training or study beyond the Bachelors level.

Participants in the migrant farm working sample included 83 mothers of infants age one to eighteen months (mean = 9.8 months, sd = 4.2). The mothers ranged in age from 16 to 48 years (mean = 25.5 years, sd = 6.5). Sixty-nine mothers (83%) were married, 9 (11%) were single, and 3 (4%) lived with someone. Of the mothers, 1 (1%) had experienced a divorce, and none were widowed. Of the of the 83 mothers, 76 reported that they worked outside the home. The work hours ranged from 10.5 to 77 hours a week, with an average of 37.5 (SD = 11.8). None of the mothers worked a second job or spent time in school or training. None of the mothers had completed a high school diploma.

Procedures. Interviews were conducted in the homes of participating mothers. The interviews consisted of questions pertaining to demographic factors, child care experience variables, job variables, and child and maternal well-being. The interviews lasted approximately one to one and one half

hours. Interviews with the migrant farm working families were conducted in Spanish by Spanish-speaking interviewers.

### Measures

*Family Stressors* were indexed through a count of a number of factors likely to add stress to the day-to-day lives of limited income families, including infant medical problems; diagnosed special needs of the infant, other children in the household, or adults in the household; frequent moves; teen-age mother; single-parent home; and lack of access to an automobile.

As would be expected, the work measures clustered such that a mother's intention to turnover or find a new job (3 items) was highly associated with the quality of the relationship with the supervisor (e.g., ability to share family concerns with supervisor, 5 items), schedule regularity (e.g., weekend or swing shifts, unexpected schedule changes, 5 items), and employer support of child care (e.g., time off to care for sick child, support of child care centers, 15 items), and these indicators were combined to form a single *Work Quality* composite (28 items, alpha = .83).

Mothers' *perceptions of Infant Care Quality* was indexed by 7 items (alpha = .51), including ratings of the providers warmth, sensitivity, patience, enrichment activities, time spent reading and outside, and desire to change care arrangement.

Mothers were asked to complete 14 items from the Infant Characteristics Questionnaire (Bates et al., 1994). This is a normed

questionnaire designed to assess children's temperamental characteristics, validity and reliability information for the PCQ can be found in Bates et al. (1994). Mothers completed items that assess children's adaptability, emotional intensity levels, mood changes, and consistency in routines. For each item, mothers indicated the extent to which the description is accurate for their child on a scale of 1 to 7. The mean value of the 14 items that were included in Bates et. al's scales of "difficult" and "soothability" were used to assess *Infant Difficult Temperment* ( $\alpha = .70$ ). Mothers also completed a self-report scale of *maternal depression* (20 items,  $\alpha = .79$ ).

### Results

Zero-order correlations are presented in Table 1. As hypothesized, infants whose families are experiencing more stress are more likely to be in child care perceived by their mothers as poorer quality. Higher rates of family stressors were associated with lower rates of the quality of the work environment. Higher perceptions of the quality of infant care were associated with lower rates of family stressors and higher ratings of the quality of the work environment. Mothers who rated their infants' temperament as more difficult also reported higher levels of family stressors, lower quality work environments, and higher rates of depression.

We then tested whether the quality of the work experience mediates the links between family stress and poor quality child care. A series of regression equations predicting perceptions of quality of child care were constructed (see

Table 2). In the first regression, family stressors when entered alone accounted for a significant 2% of the variance in maternal perceptions of child care quality. In the second regression equation, both family stressors and work quality were entered. As expected, the association between family stressors and perceptions of infant care quality was reduced to non-significant when work quality was entered into the equation.

### Discussion

Results from this study support the hypothesis that maternal work quality mediates the association between family stressors and perceptions of infant care quality. It may be, for example, that mothers who experience high levels of family stress feel that they must make do with the child care that they currently have, even if they do not perceive that the care is of high quality. However, mothers who experience high quality work environments may not feel as pressured to remain with infant care that they perceive as low quality, even if they have a high degree of family stressors.

There were several limitations to this study. First, the samples were small. Second, the samples were not random, and so it is necessary to use caution when generalizing these results to other populations. Although limited by reliance on self-report data from the mothers, these results suggest that further research investigating the role that aspects of the work environment, such as support for families and child care needs, may serve as a buffer for the quality of child care used by low income mothers is warranted.



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Table 1: Associations among family, work, infant care, and maternal well being variables

	1	2	3	4	5
1. Family Stressors					
2. Work Quality	-.17*				
3. Infant Care Quality	-.15*	.21*			
4. Maternal Depression	.08	-.19*	-.10		
5. Infant Temperament	.16*	-.16*	-.08	.18*	
6. Annual Salary	-.30*	.06	.01	.07	-.24*

*note* \* =  $p < .05$

Table 2. Regression predicting perceptions of Infant Care Quality from Family and Work variables

<u>Equation 1</u>	$\Delta R^2$	$\beta$
<u>Block 1</u>	.02	
Family Stressors		-.15*
<u>Equation 2</u>		
<u>Block 1</u>	.04	
Work Quality		.21*
<u>Block 2</u>	.01	
Family Stressors		-.11
Work Quality		.19*

*note* \* =  $p < .05$