Infant Care Arrangements and Maternal Well Being Among Low-income Non-migrant Families and Migrant Farm Working Families

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Children's experiences in out-of-home care during the preschool years has been a topic of interest to many researchers (e.g., Bates, Marvinney, Kelly, Dodge, Bennett, & Pettit, 1994; Colwell, Meece, Pettit, Bates & Dodge, 2000). Howes, Phillips, & Whitebrook, 1992; Lamb, 1998; NICHD Early Child Care Research Network, 1998; Peisner-Feinberg & Burchinal, 1997; Vandell & Corasaniti, 1990). Several researchers have argued that concerns due to increased maternal participation in the workplace necessitated investigations of the impact of out-of-home care. By the age of 6, 84% of U.S. children have

received some form of supplemental care or education (U.S. Department of Education, 1995). In fact, the majority of infants, and over two-thirds of preschoolers, in the United States are cared for by someone other than their parent on a regular basis (Lamb, 1997).

Numerous studies have investigated potential outcomes of early childcare experiences (see Burchinal, 1999, for a review). In a review of 36 studies testing the impact of model programs on low-income children, Barnett (1995) concludes that strong evidence exists of large short-term benefits for measures of children's IQ, as well as for long-term effects on school achievement, grade retention, placement in special education, and social adjustment. Much of the early research examining the impact of typical care experiences on the development of children from all backgrounds focused on the potential negative impact that out-of-home care might have on children's social development, due to disruption of the mother-child relationship (e.g., Belsky, 1986). Although some studies have raised concerns about the potential negative impact of out of home care (e.g., Bates et al., 1994), several studies have demonstrated that the impact of time spent in out-of-home care is at least partially mitigated by the quality of care (e.g., Clarke-Stewart, 1989; Howes, Phillips, & Whitebrook, 1992; Lamb, 1997; Peisner-Feinberg & Burchinal, 1997).

Recently, researchers have called for a contextual approach to understanding children's childcare experiences (see Burchinal, 1999). One

hypothesis that has gained currency is that discrepancies between children's home environment and their childcare experiences may result in differential effects on children (Caughy, DiPietro, & Storbino, 1994). Thus, high-quality care may serve as a buffer for children from risky home environments, whereas poor-quality care may have negative effects for children from enriching, responsive home environments. Evidence that high quality intervention programs may have particularly beneficial effects (at least short term) for children from low-income homes (see Lazar & Darlington, 1982, for a review), along with findings of differential effects of childcare on cognitive or language development related to socioeconomic status or family structure (Baydar & Brooks-Gunn, 1991; Bryant, Burchinal, Lau, & Sparling, 1994; Caughy et al., 1994; Vandell & Corasaniti, 1990) lend support to this hypothesis. Other researchers (Lamb, 1997) further argue that the potential negative impact of low-quality childcare might be buffered for children from enriching, responsive home environments, whereas children may be at increased risk if they experience both risky home environments and low-quality childcare (Burchinal, 1999; Lamb, 1997).

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).

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). The goal of the current study is to investigate the relative impact of structural characteristics, child characteristics, and child care experiences on maternal well-being among a sample of low-income mothers of infants and a sample of mothers of infants from migrant farm working families.

Method

Participants. Participants in the sample 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

Annual Salary was computed by asking mothers their annual household salary, or their household income during the past month, and multiplying the monthly figure by 12. Among the low-income sample, annual household income ranged from $96 - $20,304 (mean = $7234.22, sd = 4297.36). Among the migrant farm working sample, annual household income ranged from $840- $7200 (mean = $3407.85, sd = 1477.72).

Parents were asked about their number of children. Among the low-income sample, the number of children ranged from one to eight, with a mean of 2.1 (sd = 1.1). Among the migrant farm working sample, the number of children ranged from one to six, with a mean of 2.2 (sd = 1.1).

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 (α = .70). Parents were asked if their infant had any special needs or disabilities, and the variable infant special needs was computed as a dichotomous variable in which 1 represented the presence of a special need, and 0 represented no special need.

Items from the mother interview were used to index the total number of providers that the infants had experienced since birth, as well as the current number of providers. Mothers were asked to recall their experiences in the last week (mothers were instructed that if the last week wasn't a typical one, to think about a typical week), and were guided through a grid that documented who cared for their child each hour for the seven days. Summary variables were computed to indicate the number of hours in grandparent care, in care provided by other relatives, in care provided by family day care homes, and in center-based care.

Two child care quality variables were created from the answers that mothers provided on the interview. First, child care structural was computed by multiplying the range of ages of the children who received care with the target infant by the ratio of adults to children in the care giving location. Among the migrant sample, only 41 of the 83 mothers provided information about the ages and numbers of children and adults at their child's care giving location,

the rest responded with “don’t know.” For this reason, this variable is not included in regression analyses conducted with data from the migrant farm working sample. A measure of child care quality (α = .72) was obtained from the answers that mothers provided to six questions concerning their children’s care (Provider talks to mother or sends notes home, how often the provider reads to the baby, how often the provider takes the baby outside, and ratings of the warmth, sensitivity, and teaching ability of the provider).

Maternal depression was assessed using a 20 item self-report measure, α = .79. Maternal child care worries was computed as the mean of seven items (α = .80) pertaining to worries about child care (concerns about the food, health and or safety concerns, concerns about baby when at the care arrangement, worry about the baby’s care when at work, worry about diaper changes when at work, worry about baby’s safety when at work, and worry about how much attention baby receives when at work).

Results

Descriptive Statistics. Table 1 and Table 2 present descriptive statistics for the number of hours in grandparent care, other relative care, family day care home, and child care center for both the low-income sample and the migrant farm-working sample respectively. For the low-income sample, the number of child care providers that the infants had experienced since birth ranged from 0-5, with a mean of 1.7 (sd = 1.1). For the infants in child care,

the age that they began child care ranged from 1 to 18 months, with an average of 4.6 months (sd = 4). The number of arrangements the children were currently in ranged from 0 to 3, with an average of 1 (sd = .63). Mothers reported that 43 (50%) of the care providers were licensed. 24 (28%) of the mothers received reimbursement for child care costs from FIA, and 10 (12%) received reimbursements from another source. The cost of the care to parents ranged from nothing to $300 per week (mean = $65.5, sd = $64.9). For the migrant-farm-working sample, The number of child care providers that the infants had experienced since birth ranged from 0-3, with a mean of 1.3 (sd = 0.6). For the infants in child care, the age that they began child care ranged from 0 to 16 months, with an average of 5.5 months (sd = 3.9). The number of arrangements the children were currently in ranged from 0 to 2, with an average of 1 (SD = .25). Mothers reported that 74 (89%) of the care providers were licensed. Fifty-five (66%) of the mothers received reimbursement for child care costs from FIA, and 6 (7%) received reimbursements from another source. The cost of the care to parents ranged from nothing to $75 per week (mean = $1.75, sd = $10.25)

Associations among structural and child variables, child care quality, and maternal well-being. Table 3 and Table 4 present correlations among the structural and child and child care variables for the low-income and migrant samples, respectively. In the low-income sample, mothers who rated the temperament of their infant as more difficult rated the quality of care more

positively, and mothers who reported more special needs for their infants reported fewer arrangements and lower child care structural ratings. Among the migrant farm working mothers, the number of arrangements was significantly associated with more negative ratings of infant temperament. In the low income sample, the higher the total number of children, the lower the number of care arrangements, whereas in the migrant farm working sample the higher the total number of children the greater the number of care arrangements.

Associations between the structural and child variables and the maternal well-being variables can be found in Table 5 for the low-income sample and Table 6 for the migrant farm working sample. In the low-income sample, maternal depression was significantly associated with infant difficult temperament, infant special needs, and annual household income. None of these associations were significant for the migrant-farm working mothers. Table 7 presents associations between the child care quality variables and the maternal well-being variables for the low-income sample, and Table 8 presents these associations for the migrant farm working sample. In the low-income sample, maternal depression was significantly associated with the number of care arrangements, transportation difficulties, and ratings of child care quality and child care structural. None of these associations were significant among the migrant farm working mothers.

Regressions predicting maternal well-being. In order to determine the

relative independence of the structural and child variables and the child care quality variables in predicting maternal well-being, two hierarchical linear regression equations were computed for each of the two samples, one predicting maternal depression and the second predicting maternal child care worries. In each of the four regressions, annual salary was entered in the first step, followed by infant difficult temperment, infant special needs, and number of children on the second step, and number of arrangements, transportation difficulties child care structural (not included in the migrant farm working analyses), and child care quality. Tables 9 and 10 present the findings from the regressions predicting maternal depression and maternal child care worries, respectively, for the low-income sample, and Tables 11 and 12 present the findings from the regressions predicting maternal depression and maternal child care worries, respectively, for the migrant farm working sample.

Among the low-income sample, the variables combined to explain a significant 38% of the variance in predicting maternal depression. When all variables were entered, significant beta values were obtained for annual household income, number of arrangements, transportation difficulties, and child care quality. In predicting maternal child care worries, the variables together accounted for a significant 30% of the variance, and the betas for total number of children and child care quality were significant when all variables were entered into the equation. Among the migrant farm working sample, annual household income accounted for a significant 6% of the

variance in maternal depression, but none of the other variables added significantly to the prediction. In the prediction of maternal child care worries among the migrant farm working sample, the variables combined to account for a non-significant five percent of the variance, and no significant beta values were obtained for any of the predictor variables.

Discussion

The goal of the current study was to investigate the relative impact of structural characteristics, child characteristics, and child care experiences on maternal well-being among a sample of low-income mothers of infants and a sample of mothers of infants from migrant farm working families. Findings from the research suggest that there are differences in the impact of these factors on maternal well-being for the low-income mothers and for the mothers from migrant farm working families. For the low-income sample, maternal depression was significantly predicted from a greater number of child-care arrangements, greater transportation difficulties to the child-care arrangements, and lower ratings of the quality of the child-care, even when household income and child characteristics were controlled. For the mothers from migrant farm working families, however, there were no significant associations between maternal depression and these variables.

An examination of the depression variable revealed no differences in distribution between the two samples. Among the low-income sample, the mean of depression was 3.35 with a standard deviation of .45. Among the

migrant farm working sample, the mean of depression was 3.37, with a standard deviation of .34. There was no significant difference between these means (t = -.37, ns).

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. Finally, there was a systematic difference between the low-income and migrant farm working samples that was not accounted for. The low-income sample lived in a community where there was only very limited access to early Head Start for infants, and none of the mothers in the sample utilized Head Start for their infant. At the time of the interviews, all of the mothers in the migrant farm-working sample were residing in migrant camps in which access to Head Start was available for their infants, and the majority of mothers used these services. It is unclear if this difference in access to Head Start was linked to the difference in the pattern of associations with maternal depression. To examine this possibility, post-hoc analysis examined associations between the percentages of hours in various care types (grand parent, other relative, day care home, and center-based care) for both the low-income and migrant farm working mothers (see Tables 13 and 14). No significant associations were found between hours in any care type and maternal depression for the migrant farm working mothers; for the low-income mothers, more time in relative care was associated with lower levels of depression. These results do not help to

explain the difference in the pattern of associations between the low-income mothers and the migrant farm working mothers. It is unclear if this difference in the pattern of association resulted from cultural differences, language differences, lifestyle differences and some other factor. More research would be necessary to consider these issues further.

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Table 1
Total hours in care arrangements: Low-income sample

	Number of Children	Minimum Hours	Maximum Hours	Mean Hours	sd
Grandparents	20	2	123	31.1	32
Other Relatives	12	3	50	27.6	16
Home-based care	18	4	60	32.1	19.6
Center-based	24	6	55	40.6	11.9
TOTAL	62	4	168	40.1	25.8

Table 2
Total hours in care arrangements: Migrant farm working sample

	Number of Children	Minimum Hours	Maximum Hours	Mean Hours	sd
Grandparents	7	11	118	48.1	37.2
Other Relatives	5	6	55	20.4	20.3
Home-based care	1	55	55	55	NA
Center-based	75	45	77	54.2	3.8
TOTAL	81	6	168	56.3	15.1

Table 3

Associations among structural variables and child care variables: Low-income sample.

	Number of ar-	Transportation	Child Care	Quality
Infant difficult temperament	.15	-.03	-.17	-.20*
Infant special needs	-.19*	.06	-.31**	.03
Total number of children	-.22*	-.11	-.18	-.09
Annual Household Income	-.04	-.11	.13	.16

*note * = $\underline{p} < .05$*

Table 4

Associations among structural variables and child care variables: Migrant farm working sample.

	Number of arrangements	Transportation Difficulties	Child Care Structural[1]	Quality Rating
Infant difficult temperament	-.25*	.12	.24	-.06
Infant special needs	-.01	-.07	.08	.09
Total number of chil-	.22*	-.01	.10	.03
Annual Household In-	.06	.04	-.06	.03

note * = $p < .05$; [1] only 41 of the migrant farm working mothers provided information about the age range and adult:child ratios of their children's care arrangements, the rest answering "don't know."

Table 5

Associations among structural variables and maternal well being: Low-income sample.

	Maternal Depression	Child Care Worries
Infant difficult temperament	.26**	.18
Infant special needs	.24*	.14
Total number of children	-.06	-.20*
Annual Household Income	-.36**	-.11

*note ** = p < .01; * = p < .05*

Table 6

Associations among structural variables and maternal well being: Migrant farm working sample.

	Maternal Depression	Child Care Worries
Infant difficult temperament	.15	-.10
Infant special needs	-.09	.20*
Total number of children	-.04	-.10
Annual Household Income	-.10	-.24*

*note * = p < .05*

Table 7

Associations among child care variables and maternal well being: Low-income sample.

	Maternal Depression	Child Care Worries
Number of arrangements	.19*	.09
Transportation difficulties	.26*	.18
Child care structural	-.20*	-.15
Child care quality rating	-.28**	-.37**

*note * = p < .05; ** = p < .01*

Table 8

Associations among child care variables and maternal well being: Migrant farm working sample.

	Maternal Depression	Child Care Worries
Number of arrangements	-.14	.06
Transportation difficulties	-.01	-.02
Child care structural [1]	-.08	-.11
Child care quality rating	.03	-.04

*note * = p < .05*

[1] only 41 of the migrant farm working mothers provided information about the age range and adult:child ratios of their children's care arrangements, the rest answering "don't know."

Table 9

Regression predicting maternal depression from structural and child care variables: low income sample.

	ΔR^2	β (final)
Block 1	.14**	
Annual Household Income		-.22*
Block 2	.07	
Infant difficult temperment		.21
Infant special needs		.06
Total number of children		-.09
Block 3	.17**	
Number of arrangements		.24*
Transportation difficulties		.29**
Child care structural		-.12
Child care quality rating		-.25*

*note * = p < .05; ** = p < .01*

Table 10

Regression predicting maternal depression from structural and child care variables: Migrant farm working sample.

	ΔR^2	β (final)
Block 1	.01	
Annual Household Income		-.07
Block 2	.03	
Infant difficult temperment		.14
Infant special needs		.11
Total number of children		-.05
Block 3	.01	
Number of arrangements		.04
Transportation difficulties		.06
Child care structural		N/A
Child care quality rating		-.05

*note * = p < .05; ** = p < .01*

Table 11

Regression predicting maternal child care worries from structural and child care variables: low income sample.

	ΔR^2	β (final)
Block 1	.01	
Annual Household Income		-.09
Block 2	.09	
Infant difficult temperament		.10
Infant special needs		.09
Total number of children		-.26*
Block 3	.20**	
Number of arrangements		.09
Transportation difficulties		.20
Child care structural		-.15
Child care quality rating		-.42**

*note * = p < .05; ** = p < .01*

Table 12

Regression predicting maternal child care worries from structural and child care variables: Migrant farm working sample

	ΔR^2	β (final)
Block 1	.06*	
Annual Household Income		-.24*
Block 2	.05	
Infant difficult temperament		.13
Infant special needs		.19
Total number of children		-.06
Block 3	.01	
Number of arrangements		.08
Transportation difficulties		.01
Child care structural		N/A
Child care quality rating		-.04

*note * = p < .05; ** = p < .01*

Table 13

Associations between total hours in various types of care arrangements and structural, child, child care, and maternal well-being variables: Low-income sample

	Grand Par-	Other Rela-	Day Care	Center	TOTAL
Difficult temperament	-.04	.13	-.01	-.06	-.02
Infant special needs	-.05	.01	.06	-.17	-.12
Total number of children	.18*	.10	-.13	-.133	.01
Annual Household In-	.01	-.06	-.07	.31**	
Number of arrangements	.10	.12	.00	.12	.22*
Transportation difficulties	.08	-.09	.10	.02	.11
Child care structural	-.02	-.10	-.32**	.26*	.03
Child care quality rating	.05	.05	.12	-.13	.03
Maternal Depression	-.11	-.22*	.00	-.17	-.11
Child Care Worries	-.19*	.12	.14	.02	-.01

note ** = $\underline{p} < .01$; * = $\underline{p} < .05$

Table 14

Associations between total hours in various types of care arrangements and structural, child, child care, and maternal well-being variables: Migrant farm working sample.

	Grand Par-	Other Rela-	Day Care	Center	TOTAL
Difficult tempera-	.10	.35**		-.20*	.02
Infant special	-.04	.40**		-.03	.06
Total number of	-.18	.34**		-.13	-.08
Annual House-	-.12	-.07		.02	-.11
Number of ar-	-.03	-.04		-.14	.29**
Transportation	.08	.10		.07	.09
Child care structural[1]	.23	-.37*		.30*	.01
Child care quality	.01	.05		.02	.01
Maternal Depression	-.01	.01		.07	-.03
Child Care Worries	-.05	-.05		-.00	-.04