

Rural Mothers' Evaluation of the Strong and Weak Points of Child Care

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Most of the 199 rural Midwestern mothers with young children interviewed for this study rated their caregivers as "good" or "excellent." Mothers' descriptions of the strong and weak points of child care differed according to the type of care used. Mothers using relatives emphasized personal relationships with caregivers and the characteristics of the caregiver. Mothers using center-based care frequently commented on the programs and service. The patterns for family day care were less clear. Mothers' evaluations of child care have significant implications for guiding the support and monitoring of child care services in rural areas.

Most research examining parental evaluation of child care has focused on how well urban families consider their child care to meet their needs (Booth, 1992; Hofferth, Brayfield, Deich, & Holcomb, 1991; Kontos, 1992; Willer et al., 1991). However, parents living in rural areas differ from urban families in their financial resources and the type of child care used (Atkinson, 1994; Beach, 1995). These parents may also differ in their evaluation of child care.

Studies of rural child care located in Arkansas, Iowa, and Maine have documented problems that families face in finding affordable and good quality child care (Clinton & Bean, 1989; Hawk, Donham, & Gay; Iowa State Extension Service, 1991; Moore, 1989; Raghavan & Sachs, 1992; Sherman, 1992). Commercial child care is often reported to be too expensive, unavailable, located too far away, or not open during the hours when care is needed. The unlicensed family day care that is commonly available has often been assessed as low in quality, with providers having little training in child development (Clinton & Bean, 1989). However, these studies have usually reported the views of professionals and researchers, and little is known about rural parents' assessment of the strong and weak points of their child care.

In evaluating care, urban parents often mention caregiver characteristics, the caregiver's relationship with the child, the characteristics of the group, the physical

environment, and practical considerations regarding cost, time available, and location of the care (Hofferth et al., 1991; Galinsky, Howes, Kontos, & Shinn, 1994; Kisker & Maynard, 1991; Kontos, 1992; Willer et al., 1991; Whitehead, 1989). Their evaluations of center-based and family day care differ according to the type of care used. Parents using center-based care commonly mention characteristics and goals of the program, while parents using family day care are more likely to mention characteristics of the caregiver (Willer et al., 1991). Although relatives are an important source of care for many families, relatively little research has investigated parents' preferences in this type of child care (Dawson & Cain, 1990; Galinsky et al., 1994). In general, all parents report more positive aspects than concerns about their child care arrangements (Booth, 1992; Hofferth et al., 1991).

Most studies that have asked urban parents if they were satisfied with their child care have gathered only limited information, as parents generally indicate that they are highly satisfied with their current care and do not want to change (Galinsky et al., 1994; Hofferth et al., 1991; Kontos, 1992). Their positive response may accurately indicate (1) they have found what they want in child care; (2) they have found the best care possible; or (3) they do not allow themselves to believe that the care is of low quality. In any case, asking parents to detail the positive and negative aspects of their child care has yielded more specific information than asking them whether they are satisfied with the care they receive (Hofferth et al., 1991; Kontos, 1992).

Rural Families

The Bureau of the Census defines "rural" as the open countryside and locales with fewer than 2,500 inhabitants living outside urbanized centers. In 1989, 66.2 million Americans were classified as living in rural areas, with the highest percentage living in the South (43.6%) and the

Support for this research was received from the Spelman Rockefeller Child Research Seed Grant, The University of Iowa Old Gold Summer Fellowship Grant, and Eileen Schenken Schmidt Faculty Awards. I wish to thank Kathy Cunneen and Nan Schroeder for assistance in data collection, and to Les Margolin. I also wish to thank the reviewers for their helpful comments and suggestions.

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Midwest (26.7%). The percentage of rural Americans living on farms has steadily dropped during this century and is now 7.25% (Hennon & Brubaker, 1988; LeClere & Dahmann, 1990).

Research has shown several changes in rural families that may be associated with their use of child care (Lichter, 1989). In the past, rural mothers have had more children than urban families, and have been less likely to be employed outside the home. However, these differences have become smaller over time (Lichter, 1989; O'Hare, 1991). Although rural parents are still less likely to be divorced or to have a child out of wedlock than urban parents, the number of mother-headed families in rural areas has increased. This trend is associated with an increase in poverty (Lichter & Eggebeen, 1992). Finally, rural women are more likely to be disadvantaged by low education levels than urban women and are more likely to work in low-paying clerical and service jobs (Bescher-Donnelly & Smith, 1981; Scanzoni & Arnett, 1987). As a result, rural poverty has increased and an "underclass" is developing in rural areas much like what is seen in urban areas (Hennon & Brubaker, 1988; Lichter, 1989; O'Hare & Curry-White, 1992). As mothers in rural families become more likely to be employed outside the home, the need for information concerning their use and evaluation of child care becomes more important.

Indications of these demographic changes were found in a study of the social and economic resources of 982 rural and urban families in the Midwest (Atkinson, 1994). On average, rural families reported significantly fewer financial resources than urban families, although a similar percentage of rural and urban mothers were employed. No significant differences were found in the work hours or income of rural and urban mothers, but a significantly higher percentage of rural mothers worked in clerical positions. Urban mothers reported a higher level of education on average; they had fewer children; and their husbands had significantly higher incomes, on average, than rural families (Atkinson, 1994). Rural mothers were more likely to be currently married than urban mothers. These differences in family resources between rural and urban families can affect their use of child care.

Rural Child Care

In one of the few studies of rural child care, Shoffner (1986) found that most care occurred in the child's home, with little use of day care centers. Most mothers (69%) used care because they were employed outside the home. The other main reasons for using child care were needing to be away from home for reasons other than employment and helping in their husband's work. A majority of families used nearby relatives for child care, but fathers provided little child care. Many mothers appeared to be highly am-

bivalent about the desirability of using other than mother care (Boyd & Shoffner, 1983). Shoffner (1986) concluded that the rural mothers would consider "ideal care" to consist of family day care or day care centers with educational and recreational components.

Different results were found over a decade later in a report of rural families in the Midwest (Atkinson, 1994). In this study, mothers' employment, recreation, and shopping were the reasons for using child care about half the time. Almost all (90%) fathers provided some child care, whether for work or leisure activities. Caregivers were not related to the family about half (55%) of the time. Mothers selected caregivers primarily because they knew them or because of their perceptions of the caregivers' qualifications. "Practical" reasons such as the availability, cost, or location of care were also important for the selection of care. Mothers were more likely to select care for practical reasons when the care was for employment rather than for activities such as leisure.

Rural mothers used relatives for child care significantly more often than urban families and were significantly more likely to use child care inside their home than urban mothers (Atkinson, 1994). Rural mothers had used caregivers for a significantly longer period of time than urban mothers. Rural mothers who used child care in the previous week used significantly fewer caregivers than urban mothers, but used significantly more hours of care. Significantly more rural than urban mothers reported that caregivers had offered to care for the children (Atkinson, 1994).

For the current study, rural mothers were asked to evaluate the strong and weak points of each caregiver used in the previous week. Comparisons were then made among the three caregiver arrangements that were primarily used when the rural mothers were employed. These arrangements include relatives who provided care outside the child's home, family day care providers (both registered and non-registered caregivers), and center-based care such as day care and nursery schools. The following research questions were used to guide the study. How do rural mothers evaluate the quality of their current caregivers? What do rural mothers consider to be the strong and weak points of the child care and caregivers they are using? Do rural mothers differ in their descriptions of the weak and strong points of child care when it is provided by relatives, family day care providers, or center-based care? Do rural mothers differ from urban mothers in their evaluation of child care?

Methodology

Subjects

The target population of married mothers was identified through random selection of certificates of live birth recorded between May 1984 and April 1990. Mothers ($N =$

199) with a current address and phone number from 11 rural communities (populations of 2500 or less) were selected from a one county area with a total population of 169,000. Another approach was needed in order to include mothers unmarried at the time of birth of the child, as birth records for unmarried mothers are sealed. This sampling frame included all rural mothers who did not list a husband in birth announcements printed in the major newspaper between May 1984 and April 1990. Some low-income families may not have been contacted, as they may be less likely to have telephone service.

Mothers were sent a letter describing the project and asking for their cooperation about 2 weeks before telephone calls were made to them. This population was part of a larger study that included interviews with 763 urban mothers living in a city of 110,000. The same methodology and interview schedules were used with both urban and rural populations.

Mothers were interviewed during a 12-month period, with a completion rate of 94% for mothers to whom letters were sent. Almost all mothers were white (99%). Families in the total sample had a mean of 2.4 children per family, and most mothers (96%) were married at the time of the interview. Employed mothers' mean income was in the \$10,000 - 15,000 range, and fathers' mean income was in the \$20,000 - 25,000 range. This compares with the median family income in the county of \$38,142 (U.S. Bureau of the Census, 1992). Children ranged in age from newborn to 12 years.

Instruments

Mothers were interviewed by telephone by one of two trained interviewers and asked to describe the child care used in the past week. If married, mothers were first asked the amount of care provided by fathers. Mothers were then asked, "Did you use any other kind of child care during the past week—for example, a baby-sitter, friend, neighbor, or relative? How about a day care center or preschool?" For each caregiver mentioned, the respondent was asked how many hours of care that caregiver provided for each day of the week and whether the care was in or outside the home.

Mothers estimated the age of caregivers on a 15-point scale from less than 10 years to over 70 years, as well as the number of months the caregiver had been providing care. The amount paid to the caregiver on a weekly basis also was recorded.

Mothers were asked to report their age, occupation, education level, race, income, and marital status together with the corresponding information about the child's father, if married. Occupation was coded on a scale similar to census data coding, including professional, managerial, clerical, laborer, sales, and farmer. Parental level of formal education was coded from less than high school (1), high

school graduate (2), some college (3), college graduate (4), community college (5) to post-graduate study (6-9). Income was measured in increments of \$5,000 from under \$5000 (1) to over \$50,000 (11).

Mothers described the activities for which the child care was used in response to an open-ended question. Responses were coded as paid employment, school, housework, errands, family obligations, appointments, recreation, and volunteer work.

Mothers rated each caregiver on three four-point scales as being warm to reserved in nature, strict to lenient in their control of the child, and whether they provided excellent to poor care. In open-ended questions, mothers were asked to describe the strong and then the weak points of each caregiver arrangement. These responses were later coded by two researchers with a .90 or above agreement on categories. Statistical analysis included establishing means and medians.

Results

Mothers in the 199 rural families reported using 366 caregivers in the previous week, an average of 1.8 caregivers per family with a maximum of four caregivers. These caregivers included relatives (45%), family day care homes (42%), and center-based care (12%).

Table 1 provides descriptive information about the child care and caregivers used by rural mothers. Child care arrangements used by parents primarily for leisure activities and shopping (sitters and relatives in the home) are not included in this study. These arrangements were used for fewer hours, and they were presumed to have different dynamics and a different impact on children than care used for employment.

About half of the care provided by relatives outside the child's home was for employment. On average, these caregivers were the oldest (50 to 55 years) and were often grandparents. They provided slightly more than 20 hours of care a week, similar to the hours provided in center-based care.

Most relatives were not paid (83%), and when paid, their average charge per week was low (\$4.40). However, some mothers mentioned that they gave gifts to relatives as an exchange for the child care. Relatives had provided care for the family for the longest period of time (43 months), often beginning with the birth of older siblings and continuing with care of the younger children. Although few male relatives provided care, there were more males in this group than in other care arrangements.

Rural mothers primarily used family day care providers because they were employed (88%). Most of these caregivers charged for their services. The small percentage of caregivers (5%) that provided care with no charge included friends and neighbors who traded child care ser-

Table 1
Characteristics of Rural Child Care and Caregivers by Type of Care

Characteristics of child care	Rural Caregivers					
	Relatives <i>n</i> = 115		Family Day Care <i>n</i> = 108		Center-based Care <i>n</i> = 43	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Caregiver's age	9.5	2.8	7.1	2.2	—	—
Hours of care/week	21.6	31.8	28.5	19.0	20.9	18.9
Dollar cost/week	\$4.4	11.6	\$27.2	18.1	\$26.1	24.8
Number of months caregiver was used	42.5	35.2	29.8	22.4	20.1	17.9
Warmth of care	1.1	.3	1.3	.5	1.6	.8
Strictness of care	2.7	.7	2.3	.5	2.1	.6
Rating of caregiver	1.2	.4	1.3	.5	1.5	.7
Age of children in months	34.0	28.9	43.9	26.5	58.2	69.1
	%		%		%	
Care used for employment	50.0		87.8		55.8	
Caregivers who were not paid	83.0		5.0		7.0	

Note. Caregiver's age is on a scale of 1 (10 years and under) to 15 (over 70 years of age). Warmth of care, strictness of care, and rating of caregiver each is on a four-point scale. Data were not available for the age of staff in center-based care.

vices. Caregivers averaged 35 to 39 years in age. These caregivers provided the most hours of care per week (29 hours).

Over half of the center-based care used by mothers was used for employment. Mothers used this care for an average of 21 hours per week. Considerable variation was found in the hours of care as 22% of the care was for 10 hours or less (nursery school programs), while 18% of the care lasted for 40 or more hours (day care). This care was the most expensive on average (\$26.10), although some subsidized care (7%) was provided without cost to the parents. Center care had been used by parents for the shortest number of months (20 months).

Ratings of Child Care

Seventy percent of these rural mothers evaluated their caregivers as "excellent" and 27% rated their caregivers as "good;" there were no ratings of "average" or "poor." Mothers' ratings of all caregivers averaged 1.3 on the four point scale. Mothers considered relatives to be the "warmest" ($\bar{X} = 1.1$) and "most lenient" ($\bar{X} = 2.7$) caregivers and gave them the highest rating ($\bar{X} = 1.2$). The scores for family day care providers averaged 1.3 for warmth of relationship, 2.3 for the strictness of the care, and 1.3 for the caregiver rating. Mothers rated center-based caregivers as being

the least "warm" ($\bar{X} = 1.6$), as having the highest level of control ($\bar{X} = 2.1$) and the lowest caregiver rating ($\bar{X} = 1.5$).

Mothers' Qualitative Evaluation of Child Care

The percentages of rural mothers' comments about the strong points of child care are listed in Table 2. The responses are reported by type of comment and the type of caregiving arrangement used. Mothers' comments are based on each child care arrangement that was used in the previous week. As a result, some mothers commented on more than one type of child care.

All mothers mentioned at least one strong point about each caregiver in response to the open-ended question. Most of their comments (80%) fell into 6 of the 12 categories established by the raters. These categories included: a positive relationship between child and caregiver; desirable qualities about the caregiver; characteristics of the program; practical aspects of the service, such as hours, cost, and staffing; the cleanliness and safety of the physical environment of the care; and the children like the caregiver.

Rural mothers using relatives and family day care made many comments about the "child-caregiver relationship" as a strong point of care. Mothers described the caregivers' interaction with the child as "the caregiver shows love and warmth to the child," "caregiver plays with the child and pays attention to the child," and "provides one on one care."

Table 2

Percentage of Rural Mothers' Responses Describing the Strong and Weak Points of the Child Care Provided by Current Caregiver

Categories of Responses:	Mothers' Comments about Child Care		
	Relatives <i>n</i> = 187	Family Day Care <i>n</i> = 276	Center-based Care <i>n</i> = 100
Strong Points			
Child/caregiver relations	34%	18%	11%
Caregiver qualities	30	26	13
Program qualities	5	15	27
Service provided	8	11	21
Physical environment	9	8	8
Kids like caregiver	7	8	2
Other responses	7	14	18
Categories of Responses:	Mothers' Comments about Child Care		
	Relatives <i>n</i> = 70	Family Day Care <i>n</i> = 88	Center-based Care <i>n</i> = 36
Weak Points			
Child/caregiver relations	55%	24%	19%
Caregiver qualities	16	5	8
Program qualities	9	9	8
Service provided	4	11	33
Physical environment	10	24	8
Other children	3	2	26
Other responses	3	5	18

Mothers using relatives and family day care providers also gave many positive descriptions concerning the qualifications of their caregivers, using terms such as "dependable," "responsible," and "experienced." Other mothers described the caregiver as being "like a grandmother," and "she's family." Still others commented that their caregiver was "positive and enthusiastic," "good with children," and "loves babysitting." Other mothers described their caregivers as "professional" and "intelligent."

Mothers using center-based care were more likely to describe positive characteristics of the program. Comments included "the caregiver teaches the child" and "provides games and new experiences for the child," "reads to him." The program was seen as providing appropriate activities, good learning projects, a curriculum described as suiting the child, and preparation for classroom activities.

Many comments made about center-based care described how the services fit family needs. These comments included statements regarding flexibility in hours and care that was dependable. One mother mentioned that the child was able to go even if ill. Mothers' also described the location and the cost of care as strong points.

Few comments (10% or less) were made about the physical environment in any of the care arrangements. These comments were mainly in two areas. Mothers mentioned that the caregiver fed children "good balanced meals," offered "a good diet," and "feeds them well." They also indicated that the caregiver's "house was clean" and that she kept the children clean. The category of "children like the caregiver" was mentioned by fewer than 10% of mothers.

Mothers made fewer comments about weak points—38% of the mothers did not mention any weakness in their child care (Table 2). Most negative comments (95%) fit into six categories: the caregiver-child relationship, characteristics of the caregiver, characteristics of the program and the service, the physical environment, and other children in the care setting.

Rural mothers' concerns about the weak points of care also differed by the type of caregiver. Slightly more than half of mothers' comments (55%) about weak points for relatives described the child-caregiver relationship. Often these concerns were centered on issues of discipline. Comments varied from the caregiver being "too strict," being "too lax," or being "inconsistent." Some caregivers were

reported to "spoil" the child and give too much attention to the child.

A smaller group of mothers commented on "characteristics of the caregiver" in describing the weak points of relatives. These statements included comments that caregivers were "impatient with children," "inexperienced," "immature," or "does not know that much about children." Other relatives were considered "too old to keep up with children" or that the individual "gets tired" or "can be exhausted" when caring for children.

Mothers using family day care were concerned about the child-caregiver relationship, the physical environment, and the "other children" in the care environment. Caregivers were described as not giving children enough attention, such as a caregiver with a new baby who didn't provide as much attention as desired. Another complaint in this category concerned favoritism towards the caregivers' own child, such as a provider's own son who demanded a great deal of attention.

Concerns about the physical setting included safety and health issues, cleanliness, and housekeeping. Concerns included having a small space available for play, food that was too starchy, and illnesses that spread among children. The concerns with "other children" included having too many or not enough children, children of the wrong age to interact well with their child, or undesirable behavior of other children.

Most of the weak points mentioned by mothers using center-based care described characteristics of the service. This included the time that care was available, the location and convenience of the care, and the cost of the care. Other concerns included the amount of staff turnover in the center, billing problems, and gaps in service (such as the unavailability of care for sick children). Some mothers wanted a more structured program and more one-on-one activities for children.

Comparison Between Rural and Urban Mothers' Evaluations of Care

As a secondary analysis, comparisons were made to the urban mothers who were part of a larger study. No significant differences were found on ratings of the warmth of the care, the caregivers' degree of strictness, or the general evaluation of the care. One significant difference was found when the number of comments about strong and weak points of child care were compared: Rural mothers who used relatives made significantly more comments about the weak points of care than did urban mothers who used relatives ($\chi^2 = 4.32; p < .05$).

Discussion

Almost all rural mothers (97%) rated their current caregivers as providing "excellent" or "good" service, simi-

lar to what has been found with urban mothers. Yet, previous studies have indicated that many rural mothers face problems in finding good quality care; moreover, their options for child care may be more limited than those of urban mothers, especially if they prefer center-based care (Atkinson, 1994; Beach, 1995). What are possible explanations for rural mothers' overwhelmingly positive evaluations of their caregivers when past research suggests limited access to good quality care?

First, mothers in this study were not asked to describe their difficulties in finding child care, but to comment on the strong and weak points of child care in current use. Mothers who did not use child care in the previous week may have had difficulties in finding care, while mothers with caregivers may have been satisfied that they had made the best possible choice from the available caregivers. Second, mothers may also have indicated satisfaction with their care because they did not want to discuss concerns about child care with interviewers.

Mothers often emphasize the relationship with caregivers as the major determinant of the quality of child care. The National Child Care Survey, (Hofferth et al., 1991) reported that mothers frequently defined quality in child care by the provider-related characteristic of "a warm and loving manner." Galinsky et al. (1994) found that both mothers and home day care providers agreed that a safe environment, a warm and responsive relationship with the child, and good parent-caregiver communication were the most important elements of quality care. The factor of warm, responsive care was also prominent in mothers' evaluations of caregivers in this study. Process variables such as the caregiver-child relationship may be more important to mothers than the structural variables of adult-child ratio, size of program, and caregiver training that are often used by researchers as indicators of quality.

Types of Child Care

Mothers differed in what they considered the weak and strong points of each of the three child care arrangements (relatives, family day care, and center-based care). Differences in mothers' comments may stem from (a) the relationship between caregivers and families in each of these settings and (b) the structural differences between child care in a family setting and the more formal child care organizations.

Relatives, as family members, usually have a long-term relationship with the individuals in the family. The identity of each person is important in this relationship, and ideally the relationship is considered reciprocal and positive in emotion. Most of the mothers' comments about relatives referred to their qualities as individuals and to the social and emotional relationship between the child and caregiver. Many relatives did not receive pay for the care

they provided. These factors all point to mothers' evaluations of the quality of their child care as being based on their long-term personal relationship with an individual caregiver.¹

In contrast, relationships in more formal settings, such as center-based care, are characterized by relatively short-term relationships. Caregivers in center-based care had been used for a much shorter time than the care provided by relatives, and mothers rated them as being less "warm" in their relationships with children. Teachers may have a child in their class for only a year. Relationships may be especially limited when centers have high staff turnover, and the role played by the adult becomes more important than the individual in the role (Litwak & Meyer, 1974). In addition, caregivers are responsible for the care of a group of children, and may spend relatively little one-on-one time with one child. Finally, care in centers is usually purchased, creating a market-based relationship that differs from care negotiated on a personal and non-financial basis.

Rural mothers' evaluations of center-based care were more often based on the characteristics of the services and program than personal relationships with staff. One of the primary values of center-based care appeared to be the program and activities that provided new experiences for children. Although children probably also learned new information and skills when in the care of relatives, few mothers commented on this as a strong or weak point. One reason may be that children learned more academic information in center-based care and this differed from the kind of information children learned in a home setting. Parents may also anticipate that center-based care will provide new experiences for children and look for evidence of these experiences.

Mothers using centers were more likely than mothers using other types of care to comment on how well the service met parents' needs for care. This included the time that care was available, the location, and the cost of care.

¹These descriptions of a warm positive relationship among parent, child, and relative contrast with the much less optimistic view of care by relatives found by Galinsky et al. (1994). In this study, many relatives provided child care because of feelings of obligation and recognition of parental need, not because child care was a chosen or even desired occupation. As a result, the quality of their care was judged by the researchers to be generally low. Relatives' desire to care for children appeared to be an important factor in the creation of good quality child care.

Further study is needed to explore the differences found between these two studies as there are significant differences in the two data sets. The Galinsky et al. (1994) study was carried out in large metropolitan areas in the south and south west. Many of the relatives reported that they lived near poverty-level. In contrast, families in the present study lived in rural areas in the Midwest. The average family income was similar to that of the entire county but the income levels of relatives and their motives for providing child care are not known.

Although these aspects of service could be expected to figure importantly in all types of care, more mothers mentioned them as desirable characteristics of centers. Center-based care generally has fixed hours of care. Although the hours may not fit the needs of all families, they are reliable and stable, unlike the hours provided by individual caregivers, who occasionally may be unable to provide planned hours of care. The cost and hours of care are a given aspect in the selection of center-based care, while these factors may have to be negotiated with relatives or in home day care.

Mothers' comments about family day care indicated that the evaluation of a provider was considered both on the basis of the relationship with the caregiver and the structure of the program. Often the percentage of comments given for providers fell between the percentage of comments for relatives and center-based care. The only two categories in which providers had the highest percentage of comments were weak points in the physical environment (health, safety and cleanliness) and characteristics of the other children being cared for (too many, too few, or their behavior).

Family day care has characteristics of both a primary relationship based on parents' relationship with the sole provider and the more formal aspects of group care. For example, parents may have a personal relationship with the provider, but must also accept the terms of care on a market basis and be subject to uniform rules for time and cost of care. The conclusions of other studies of parent-caregiver relationships also support this interpretation (Emlen, Donoghue, & LaForge, 1971; Nelson, 1990).

Differences Between Rural and Urban Families' Use of Child Care

Comparison made with urban mothers who were part of a larger study showed that rural mothers made significantly more comments about the weak points of child care provided by relatives than urban mothers. Several reasons may explain the high number of rural mothers who described areas of the child care given by relatives as weak. First, the difference between rural and urban mothers may be a chance finding. Second, mothers using relatives may also have greater knowledge of the day-to-day care routines of their caregivers than mothers using nonfamily caregivers. Finally, some mothers who commented that relatives "spoiled" their child by not setting high enough standards for behavior seemed to have serious complaints, but other mothers seemed ambiguous and at least somewhat happy that their child had the experience of being indulged by loving caregivers. Clearly, additional research is needed to shed light on the possible meaning of this particular difference between rural and nonrural families.

No significant differences were found in the distribution of comments for mothers who used family day care or center-based care. The abilities and skill of the caregiver and the quality of caregiver-child relationship appeared to be valued by both rural and urban mothers. However, rural mothers were significantly more likely to use relatives for child care than urban mothers. As a result, most (87%) of the care used by rural mothers was provided by a single individual (relatives or family day care) and was unlikely to be supported or monitored by child care professionals. Unlike urban mothers who have greater options for use of center-based care evaluated by professionals for at least minimal standards for quality, parents in rural areas bear much of the responsibility for monitoring the quality of their own child care.

Implications

Child care researchers and professionals have generally assessed the quality of child care at a much lower level than have parents. Parents' evaluation of child care may be less rigorous than the evaluation by professionals for several reasons. In comparison with professionals, parents' evaluation of care may be influenced by their close personal relationship with the caregiver and their investment in their own child. With limited experience in evaluating care, parents may use child care standards that are more appropriate for short-term casual babysitting than for group child care. Their evaluations may also be influenced by their own adult relationship with the caregiver, especially if it is ongoing and predates the caregiver relationship. Parents may also be likely to give a positive evaluation when they have no other options for care.

Given these limitations, do employed parents have sufficient time, knowledge of child care, and objectivity to be able to monitor and build high quality child care arrangements in rural areas? Several potential problem areas can be identified from mothers' comments.

Mothers' responses to the interview questions suggest that specific types of support may be needed based on differences in caregiver needs. Some mothers reported that their caregivers were "too old" and "tired" to effectively care for children. These relatives may be in situations similar to the grandmothers studied by Galinsky et al. (1994). Other mothers commented that their caregivers were "inexperienced" and "did not know that much about children," implying a need for more information about normal child development. Still other mothers indicated that providers needed to know more about positive ways to discipline children, as the caregivers were either "too lax" or "too strict" in their guidance of children.

Several practical concerns in delivering this training for relatives are evident. Individuals providing care in their homes who are not registered or licensed are difficult to

identify. They may also be limited in their motivation to invest their time in child care training. Study is needed to examine how activities and routines commonly used in center-based child care programs can be useful to caregivers providing care for one child in a home. Additionally, the financial resources needed to support this training must be found.

Research and support programs have primarily focused on the quality and curriculum of center-based care, but research is also needed to understand why mothers prefer care given within the context of a close personal relationship (such as a relative) rather than center-based care. Under what conditions does care by individuals work well and when do problems occur for adults and children? How does a personal relationship with a caregiver affect the quality of care and influence parents' evaluation of child care? Can parents recognize and remedy problems in the child care practices of relatives?

The age and related needs of a child may be an important influence on rural mothers' preference for caregivers, as the children cared for by relatives were significantly younger than children enrolled in centers. Do mothers use relatives to care for infants because they feel more comfortable with a family member or would rural mothers prefer center-based care if it were available? Assuming that relatives' motives for providing child care are critical for the quality of that care, do relatives consider it a privilege or an unwanted obligation to care for an infant, a toddler, or a preschooler?

Parents' use of care from extended family members or from more formal group care for young children may have implications for elementary school programs as well. The transition to kindergarten may differ for children who have always received individual care from an adult versus children who have already learned how to function in a group setting. Parents who have always used relatives for child care may also be less experienced in dealing with teachers than parents who have used day care centers. Do these parents differ in how they relate to school personnel when their children enter school and in their preferences for relationships?

Are extended family members such as grandparents included in school activities in rural areas? If so, are these separate programs, such as "Grandparents Day," or are interactions with extended family members interwoven into daily curriculum? In comparison with urban schools, do rural schools have stronger relationships with extended family members as well as with immediate family members?

This study was limited to one area in the Midwest. Additional information is needed about rural mothers in other areas of the country who may differ in important characteristics. The use of interviews with rural mothers and fathers is recommended to explore research questions in greater depth and complexity. Future studies should include

the perspectives of the child care providers and descriptions of their caregiving practices in order to provide a more comprehensive evaluation of rural child care. Professionals may not always agree with parental appraisals for the quality of child care (Powell, 1989), but in order to effectively work with parents they must be aware of parental perceptions of what 'good' care is in various types of arrangements.

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