

CHILD CARE DECISIONS AMONG
FEMALE HEADS OF HOUSEHOLDS
WITH SCHOOL AGE CHILDREN

by

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(ABSTRACT)

Depth interviews with 16 urban female heads of households (FHHs) were the basis of this qualitative study which sought to understand the nature of the child care decisions these women made for their school age children. A theoretical sampling model based on six dimensions of contrast (race, financial security, the presence of other caretakers in the household, the number of children in the household, and the age of children) was used in selecting the sample. All of the women were involved in work, education or training to a degree that child care was an issue for them.

The collective testimony of the sample reveals that the FHHs chose care for their children that was compatible with their role as provider and with their resources. Resources included knowledge of caregivers and settings, network support, and material resources (income, presence of care in the community, and transportation). Women who had limited resources and restrictive provider roles functioned in an environment of forced choice and were more at risk for making decisions on child care that they were not personally comfortable with. Their affect, values, and children's opinions and needs played an important role

within the bounds allowed by the provider role and resources. The FHHs maintained child care arrangements until life events or changes in resources or provider role precipitated the need for another decision. However, unmet values, and unacknowledged affect and child opinion precipitated a change if they were highlighted so clearly by anomalous events that they could not be ignored. Such conditions affected immediate change in child care, but not subsequent decisions. Social policy recommendations that stemmed from these findings conclude the study.

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I owe a special thanks to the members of my committee; they were mentors, friends, and guides. Their standards led the way and their confidence and support encouraged me to trust myself.

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TABLE OF CONTENTS

	Page
Abstract	ii
Acknowledgements	iv
Table of Contents.	v
Article	1
Introduction	1
Methods	6
Sample	6
Research Design	11
Method of Analysis	12
Results	14
Provider Role	15
Resources	19
Knowledge	19
Networks	20
Material Resources	25
Affect	27
Values	30
The Child	31
Events	32
Self-Care Versus Supervised Care	35
Discussion	37
Conclusions	40
References	43

Table of Contents Continued

	Page
Appendices	46
A Informant Sketches	46
B Methods	50
C Depth Interview Check List	54
D Telephone Protocol	55
E Interview Questionnaire	56
Vita	58

Child Care Decisions Among Female Heads of Households With School Age Children

The incidence of households with a female head is growing in the United States. The women heading these families must assume two roles which are often incompatible: provider and parent. In 1980, female-headed households constituted 15% of all American households and over 50% of those women and their children had incomes below the poverty level (Welch, 1982). The designation "female-headed household" includes women who are divorced, widowed, or single-never-married. By definition, in current literature, such a household consists of a mother and her children (Sawhill, 1976) or denotes a family where there is only an adult woman and no adult male (Pearce, 1978).

Seventy-two percent of the single parent mothers of school age children work (National Council, 1976). In female-headed families there are almost five million children aged 6 to 13 years. Of these children, 66% have mothers who are in the labor force (Simons and Bohen, 1982). In addition, it is estimated that some seven million children from all family types are unsupervised for all or part of their day (Children's Defense Fund, 1983). There is also research that shows specifically that many single parents leave their school age children without supervision

while they are working (McMurray and Kazajian, 1982; Turner and Smith, 1983). In light of these trends the task of child care in this population becomes a salient one. Several studies on single parents indicate that further research is necessary to understand how female heads of households (FHHs) manage the conflicting demands of occupation and family (Johnson, 1983), how they handle day-to-day decisions (Turner and Smith, 1983) and how they interact with their social milieu (Gongla, 1982).

Because of its effect on family functioning it is essential that economic status be considered when studying single parent families (Gongla, 1982). This has been reinforced by Blechman (1982) in a review of the literature on whether children with one parent are at psychological risk. She suggested that child problems in female-headed families can result from poverty. Hanson and Trilling (1983) in a proposed study of healthy single parent families highlight the importance of adequate resources. Also, Bould (1977) concluded from a national, longitudinal survey of women in 5,000 households that the source and amount of income affects the female head of household's sense of personal fate control in regard to the plans she makes for herself and her children.

Some other (i.e. in addition to economics) characteristics of child care that affect decisions made by working mothers about the type of care they choose for their

children are addressed in the literature. Availability of care, including whether there are sufficient spaces or whether care is available for the time periods that parents need it, is certainly a concern (Lueck, Orr and O'Connell, 1982). That affordability affects choice of child care can also be inferred from research (McMurray and Kazanjian, 1982) and demographics (Lueck et al., 1982). Accessibility also appeared to affect the day care choices of single parents (Turner and Smith, 1983).

The importance of social support networks for facilitating the child care arrangements of female heads of households is well substantiated. McMurray and Kazanjian (1982), in research on the working poor and day care in New York City, found that word of mouth was the most frequently used method to locate day care for dependents. Carol Stack (1974), in a three year ethnographic study of families living in poverty in a black community, found that social support networks which included multiple child caring arrangements were integral to the survival strategies of the community. A large percentage of this community was composed of FHHs. Gongla (1982) and Weiss (1979) pointed to the importance of social networks for single parents and Hansen and Trilling (1983) proposed that the use of networks is a characteristic of healthy single parent families.

There is some indication in the literature of kinds of feelings that single mothers may experience in reaction to their own child care decisions. Long (1983) has said that both ambivalence and guilt are evident in parents that have self-care arrangements for their school age children. Turner and Smith (1983, p.17) concluded from their study of the day care needs, attitudes, and practices of 252 single parents that the selection of day care services "may even reach crisis levels for some." Feelings of control also appeared to be salient in the single parent caretaking role. Perceived environmental control (Blechman, 1982), personal fate control (Bould, 1977), and emotional drain and loss of control to the social support network (Belle, 1983) were all mentioned. Also, after conducting indepth interviews with 52 children in self-care, Long and Long (1982) concluded that "for the most part parents using latch key arrangements slip into self-care by default"(p.4).

This study contributes to the literature by examining the decisions that FHH's make regarding the supervision of their school age childrens' lives and, on the basis of the resultant data, by making social policy recommendations. Such recommendations are called for because current social policy as it affects child caring situations is tied to society's view of the family as a traditional nuclear family. The single parent family has been viewed as an

anomaly rather than as an alternate family form and thus current policy may not at all respond to the needs of the female-headed household.

The methodology used in this study is ethnographic; it offers the data necessary to establish the reality of the decisions that the FHH must make regarding the supervision of her childrens' lives, and thereby to increase the validity of resultant policy recommendations.

The use of an ethnographic methodology, coupled with the thematic findings from the literature reported above, prompted the five questions which gave focus to this study of FHH's school age child care decisions:

1. What does seeing the world as the FHH sees it reveal about child care decisions?
2. What elements does the FHH perceive as important in making child care decisions? Are her dual role, availability, accessibility, affordability, network support and affect important? If so, how?
3. Do these perceptions differ for FHHs that are financially secure and those that are financially insecure? If so, how?
4. What do the FHH's perceptions reveal about the self care versus supervised care decision?
5. What insights do the FHH's own perceptions offer for making social policy recommendations for child care?

Methods

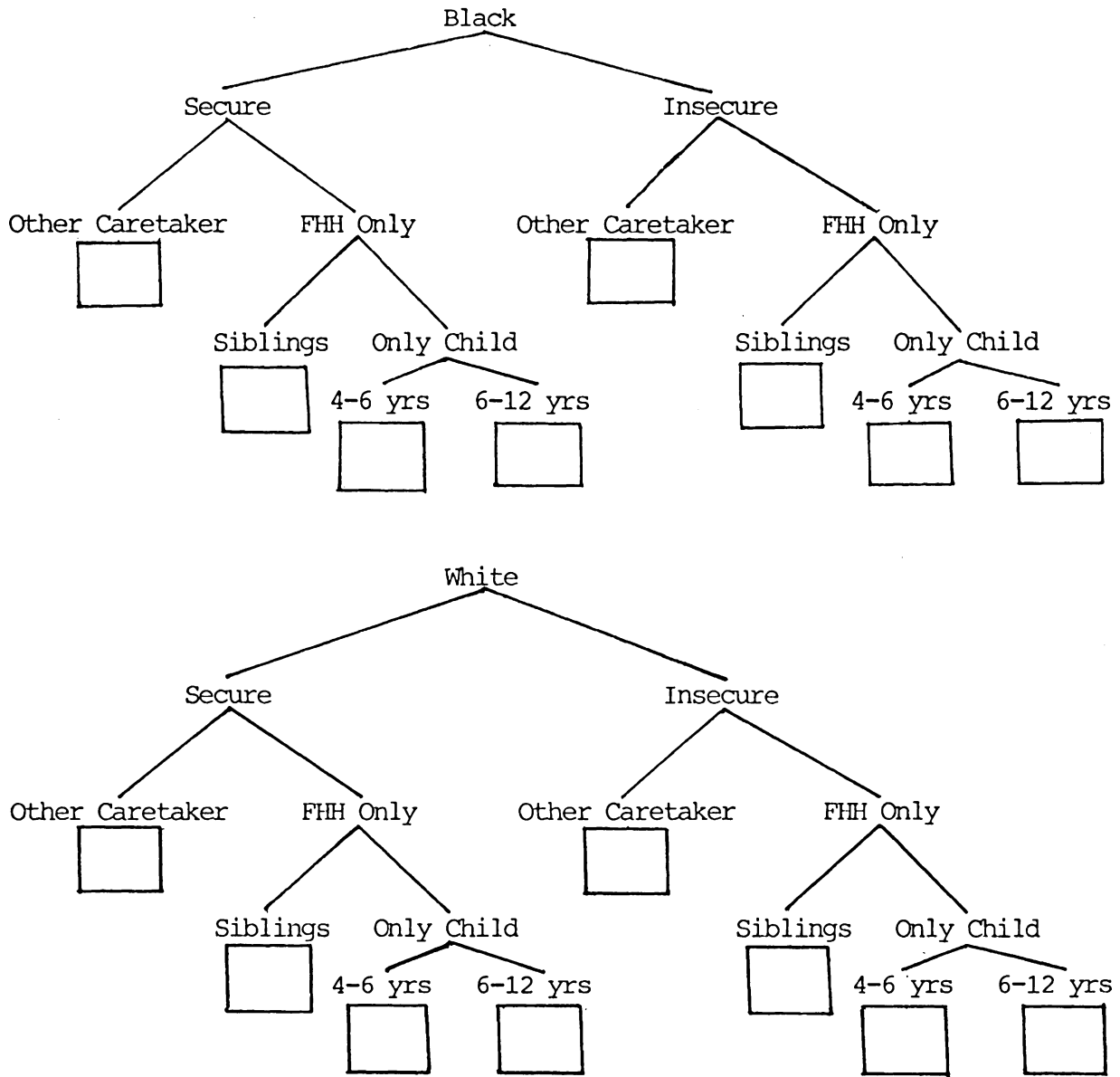
Sample

Sixteen female heads of households living in an urban environment were the focus of this study. The requisite criteria for informants were the following: (a) involvement in full or part time work, training or educational endeavors to the degree that child care was a potential issue; (b) presence in the household of at least one school age child (of her own) age 12 years or below; and (c) maintenance of single parent status for a minimum of two years. The last requirement followed Bould's (1977) lead to insure that normal financial and psychological adjustments to single parenthood had been made.

To suggest the representativeness of the sample and to help make data more manageable (Glaser and Strauss, 1967), a theoretical sampling model was devised based on six dimensions of contrast. The dimensions were race, financial security, the presence of other caretakers in the household, the number of children in the household (younger and older), and the age of children. Both black and white women were included in the sample because these are the major races represented in the urban setting in which the study took place and because Turner and Smith (1983) suggest that race and ethnicity can affect day care decisions. Financially secure (FS) and financially insecure (FI) women were included in response to the literature that pointed out the

saliency of economics in the female-headed household. (An in depth definition and discussion of this dimension is presented below.) "Other Caretakers" were defined as adults and teens living in the household who were potentially able and physically capable of providing care for a school age child. Families with other care takers, with younger (four up to six year olds) and older (from six to twelve year olds) school age children, and with sibling groupings were represented because the investigator reasoned that different ages and family configurations could make a difference in the range of decisions and the kinds of decisions that FHHs would make about their children's care. Because of the possible diffusion of a woman's head-of-household status, no woman currently living with a boy friend was accepted as a subject.

Informants, corresponding to each of the 16 cells of the model (see Figure 1) were located through a purposive, snowball sampling technique. Because of stringency of sampling criteria 68% of the individuals contacted were not ultimately part of the sample. However, only one percent of those contacted refused to participate. Greater representativeness could have been achieved in the sample had the investigator disallowed as informants individuals who shared networks or neighborhoods. Appendix A includes a brief sketch of each component.



Note: Each boxed cell represents one subject.

Figure 1. Theoretical sampling model based on six dimensions of contrast.

The categorization of the financial security and financial insecurity of the subjects was guided by the use of qualitatively derived categories developed by Ambert from her work on remarriage behavior of single women. Ambert (1983, p.45) described a financially secure woman as one "who can fulfill all her material needs on her own, has a position which gives her sufficient revenues to lead a life style that is secure and bereft of economic worries, and who has security of employment." The financially secure women in the present sample included, among others, a small business owner, a director of a human service agency, a bank officer and a planner.

Ambert (1983) described the financially insecure woman as one who has "a low paying job with very little stability and future security" or who may be unemployed and on welfare. She also pointed out that, although many were self-supporting, "the level of material life style they could afford was insufficient, allowed them no luxury and most could barely make ends meet." The financially insecure women in the present study included a factory worker, students that were receiving aide from multiple sources including welfare, and a grill chef at a fast food restaurant.

Contacts were asked about the relative financial security of the informants they suggested. Because of this, several interviews were conducted with women who clearly

did not fit the financial security criteria for which they were chosen. These were excluded from the sample and then replaced. It is interesting to note that financial security does not appear to be stable: those women classifying themselves as financially secure at the time of the interview, one-half had, at some point in their school age child care decision making history, held the opposite status.

How a woman is able to resolve her child care needs and fulfill her provider role may be factors in her financial security. Two women with approximately the same income were classified differently. Gerri (pseudonyms are used throughout) relied on her network for care and felt secure. Rose, on the other hand, had to pay commercial day care bills as well as school loans she'd taken out in order to enhance her abilities as a provider. She felt insecure.

The mean yearly income of the financially secure group was \$22,700 (range = \$18,000 to \$34,000). However, for black FS women it was \$18,861 and for white it was \$26,540. The financially insecure group had a mean income of \$10,103 (range = \$4,800 to \$17,600) with a mean income of \$9,107 for the black sample and \$11,099 for the white. As with the income level, the mean level of education was lower for black than white women in both the financially secure (mean = 15.4 years of education, range = 12 to 18 years) and financially insecure (mean = 13.4 years, range = 9 to 18 years) groups.

The final sample was comprised of 12 divorced, one separated and three single never-married women (mean age = 33 years, range = 22 to 41 years). The mean length of single parenthood for these women was 5.9 years (range = 2 to 10 years).

Research Design

A semi-structured interviewing technique, the depth interview (Smith, 1981), was utilized to gather information from the informant's own frame of reference. The procedures are discussed in more detail in Appendix B. The informant interviews were audio taped. The investigator also kept a journal to record emergent themes, subjective impressions, informant's non-verbal behavior and pre- and post-interview conversations. The interviews were conducted in the informants' homes to maximize their comfort with the interview process and to enable the investigator to both utilize the environment for probes and to observe child care arrangements in action.

The interviewer used an initial opening question and a checklist (Appendix C) to assure that topics of promise (determined by pilot interviews and a review of the literature) were covered. However, the checklist was not used to structure the interviews. Informants were encouraged to explore and reveal fully their own experiences with school age child care decisions. Probes were used when necessary

to facilitate this exploration and to clarify data for the investigator. Interviews lasted from 45 minutes to three and a half hours and were determined by informant interest and ability to recall content. Informants completed short demographic questionnaires at the close of the interviews.

Follow up interviews with each of the informants would have allowed for clarification of detail and for the pursuit of topics that only became evident to the investigator in the coding phase. Such additions would have added greater depth and validity to the findings of the study.

Method of Analysis

Analysis started with journal notations when data gathering began and continued throughout the various stages of the study. The interviews were first analyzed in an audio process. The investigator listened to the tapes and took descriptive and thematic notes on checklist topics and did a domain search for the most salient aspect of all the interviews, i.e., the dimensions of the child care arrangements. Spradley (1979) defined a domain as "a unit of cultural meaning" and a domain search as a systematic perusal of text to identify semantic categories (i.e., domains). Technically, a domain is comprised of a "cover term" which names the domain, two or more "included terms" which are elements of the domain, and a "semantic relationship" which links the cover term and the included terms. This search resulted in a typology which included: kinds

of care, reasons care was needed, reasons care ceased, and ways to find care.

All of the interviews were transcribed. They were then analyzed in groups of four according to one of three of the original dimensions of contrast: presence of other caretakers, number of children and age of children. (See Figure 1). This method was used in order to help delineate extant differences between groups. This stage of analysis was derived from Glaser and Strauss' (1967) constant comparative method and involved coding for emergent categories in the margins of the transcript. Each incident was eventually coded for all categories to which it applied. Incidents in the same category were constantly compared. Categories and their properties, as well as the checklist topics and the child care arrangement typologies, were integrated and ultimately reduced by finding higher levels of inclusive categories until a global theme developed. Memos were made during the coding process that reflected the stage of development of the categories and eventually of the theme. The inclusive categories that resulted from this second stage of analysis were subjected to group analysis based on the two remaining dimensions of contrast: financial security and race.

Due to the temporal constraints of the investigator, it was not possible to give the informants an opportunity to comment on the findings of the research. Their comments

would have acted as a check on the validity of the findings.

Results

The specific results of this study are presented as categories integral to the FHH's decision making process. Some of these categories were established a priori by the research questions. These included the provider role, networks and material resources, the FHH's affect, and the self-care versus supervised care decision. Others emerged clearly from the data and were too salient to ignore. The emergent topics included the FHH's knowledge, her values, her children's needs and opinions, and both usual and anomalous life events.

The theme supported by integration of the specific categorical results is that affects, values and children's needs and opinions affect FHH's child care decisions only when her provider role and resources are not constraining or when life events prescribe. This general theme characterizes the child care decision making of all the women in the sample. This theme suggests the following organizational presentation of the categories; (a) the FHH's provider role, (b) her resources which include knowledge and networks as well as material resources, (c) her values, (d) her affect (e) her children's needs and opinions, (f) life events, and (g) the self-care versus supervised care decision. Findings on these topics are reported below.

The last category, self care versus supervised care, is unlike the other categories in that it is a decision category. This decision is highlighted because of continued focus on it in both popular and research literature and the depth of concern about it expressed by FHH's. Highlighting it offers an opportunity to present additional findings that are both congruent with the overall theme and have the power to inform policy recommendations.

Provider Role

The child care histories of the women in this study revealed that they acted to keep their caretaking role compatible with their provider role rather than the opposite. Although they might make changes in the provider role, it was always in the direction of enhancing the security and bounty of the role rather than diminishing it. Since child care decisions are one of the main components of the care taking role, the provider role set the boundaries within which the care decisions were made.

If a woman did not address how her provider and her caretaker role affected one another, she was questioned about it. The centrality of this topic to the informants' child care decisions was soon apparent to the investigator. One woman described this position succinctly, "A lot of the conflict is between wanting to provide better and not being able to [and] still wanting to be a good parent and be there for her and not farm her out all over the place".

The women recognized the inherent duality of their role: one commented "When you're one parent you have to be both parents", and another said, "There are certain things you have no choice about. You have to work, so your child has to be someplace while you work."

Some of the women specifically addressed a desire to let their caretaking role take precedence over their provider role. However, when they acted on this desire their provider role ultimately functioned as a constraint. Two financially secure women were able to put off working for a period while they used savings or a divorce settlement; they then had to find jobs. One woman took a part time job rather than a full time one in order to accommodate to her daughter's needs. However, since she had been a student until that point, the job still provided more income than she had ever made. Other women who strongly valued the caretaking role turned to welfare to support it only after they had lost jobs and confidence in the job market. The caretaker role became, in this setting, the provider role. These women found ways to emphasize caretaking that were congruent with their provider role. They were not able to act outside of the limits of their resources.

For some of the women interference of the caretaking role with the provider role had immediate economic effects. In addition to losing jobs they lost income due to a policy of no paid sick leave. Even financially secure women

experienced the same income-related result; for instance, a woman who owned her own business had to close it when her child was ill and she could find no care.

Many of the women felt compelled to enhance their role as a provider at some point in their children's school age years even though it infringed on the caretaker role. They pursued higher education, moved from welfare to a job, took a part time job or changed jobs. These efforts usually stretched the caretaking role further by limiting the time the female head of household had with her children and by precipitating a new child care decision in which the provider role necessarily took precedence over the caretaking role. Gerri, a mother of two, talked about pursuing a job opening in her company that entailed changing her work hours and child care arrangements, "...the job itself paid a lot better than the clerical job I had and I applied for it and I just made third shift work out. I just made it work out because I wanted the job." It should be noted that two FI women found means to enhance their income that were compatible with their caretaking role but that were illegal; no FS women mentioned illegal means.

The histories the women related concerning their dual role during their child's school age years indicated that elements of the work place could either hinder or facilitate the caretaker position. The most salient of the elements they perceived as facilitative in the work setting

was a supervisor who understood their position as a single parent and responded to their parenting needs. Also of importance were policies that allowed for flexible work hours, that provided paid sick leave, and that gave them adequate sick days that they could use for either themselves or their children. Co-workers who were responsive to their position (i.e., helped them telephone home every 15 minutes to check on an unsupervised child or were tolerant when they had to bring a child to a night meeting) were also a help.

The elements of the workplace that functioned to hinder the caretaking role were the converse of those that facilitated it. Lorraine's story points out how ambiguous policy and an unresponsive supervisor acted to burden her caretaking role. The school called Lorraine to say that her five year old daughter was ill:

I had just gotten this job, I had been there six months, and I told them that I wanted to go, and my boss said "She's sick?" I said "Yes, I have to go." "Well, can't you wait until 12 o'clock?" I felt upset and I felt frightened by my job. I was trying to interpret what he meant. And, I stayed there because I was upset and I wanted to be with [my daughter] but I knew that I needed a job. But afterwards I thought about it and said "Never again will I do that."

Lorraine was later fired from this job for taking too much sick leave; she went on welfare.

It is interesting to note that most of the women (all financially insecure) who were partially welfare dependent had gone on welfare when they were fired from jobs where their caretaking role was in conflict with their work. One of them said, "[businesses] just aren't set up to handle working mothers, or, none of them that I've come in contact with."

Resources

Knowledge. Knowledge was one of three resources salient in the female head of household's school age child care decision - knowledge concerning the limitations and potential of both caregivers and care settings. The constraint that the knowledge of care options made on the FHH's child care decisions was implicit in the informant data; i.e., no woman articulated an awareness of her knowledge base. However, it is obvious that the options that they were aware of were the only options from which they were able to choose. Their knowledge, as a resource, formed an unstated boundary of choice.

The informants alluded to numerous bits of information they used to help them screen care possibilities for care arrangements. Every informant had some kind of information on the cost of care, the convenience of care and whether or not they could obtain it. Knowledge of affordability,

accessibility and availability appeared to be basic if not intrinsic to the day care decision. The women described matching their needs related to care with information they had about it: "I have needed girls that drove." "If it's a whole lot of snow or raining or something I ask her." "He takes Friday off." "It's hard to get hold of seventeen year olds."

The sources of this knowledge that informants referred to were word of mouth, personal experience, direct observation and, to a lesser extent, research. Wanda told how she knew about a day care nursery her child attended, "my baby's father's friend's mom owned it," and "my niece went there years ago."

Sources of knowledge appeared to be limited when women moved into new neighborhoods where they had no acquaintances or didn't feel like they fit in, when they were isolated or, when they were deterred by their first endeavor to find care. Knowledge was often limited too by the depth of knowledge available within the network.

Networks. Network support was the second of three resources that were important to the women in making their decisions about child care for their school children. Informants were encouraged to relate all incidents of care and were probed about all possible sources of care. All of the women reported using network support for child care to some degree.

Although both groups relied equally on the support of their networks, the black and white womens' child care support networks differed in composition. The white women cited making more care arrangements with their friends than did black women. However, the black women, as opposed to the white, used their families equally or more often than their friends to meet their caretaking needs.

The perception of child care as a central concern or a problem in their lives was at its sharpest contrast between the FS women with other caretakers in the home and the FI women with no caretakers. The FS women with caretakers saw themselves as atypical and as having no real problems: they felt fortunate. On the other hand, the FI women with no live-in help, perceived child care as a central issue to single parenting: finding care was a difficult and often a daily concern.

The rationales for sharing living quarters with other adults were largely financial; however, it is clear that the decision often benefitted the caretaking situation. Adult network members sharing the household could be depended on for the steady child care necessary to enable a woman to work if adults were financially dependent on the female householder. These network members included siblings, mothers, live in babysitters and boyfriends. However, other adults that did not depend on the female householder's income and instead shared expenses with her did

not provide steady care. They did provide short term convenience care (for the mother to go to the store), emergency back up for otherwise unsupervised children, or occasional offers to take the children so the mother could have some time to herself.

The investigator specifically probed the informants about network child care relationships. From these probes the dynamics of the connection emerged. Many of the women discussed the benefits of having other single parents available to care for their child and also addressed the necessity for tangible compensation in these relationships. The standard method of compensation was reciprocal child care. One mother alluded to the nature of her arrangements with friends, "They don't ever turn me down and I don't ever turn them down because they know if they turn me down I can turn them down." Others, however, talked about the necessity for feeling free to refuse care requests when they wanted to. When the women did not want to reciprocate because they did not enjoy caring for other children or had little time to do so they insisted on paying the other mother or gave them occasional gifts to discharge the obligation. Another tactic was to be very careful to invoke few reciprocal obligations.

Tangible compensation was also evident in relationships where there was resource inequity. Nieces and nephews in their teens were always compensated for child care.

However, adult family members who were not in the same position as the householder herself were a source of both steady and occasional care without any evidence of tangible compensation. When probed about why this was true women said of their own parents, "They enjoy having her", and "My father said he would do whatever he could to help us because he's the grandfather", and "It was just something she liked doing." However, there was some evidence of intangible compensation and psychological cost for such care. One mother said, "I'd do anything for them anyway". Another said "Well, nothing's done with no strings attached...I don't want my sister here everyday saying, 'Why are you here at six instead of 5:45?'" And still another said, "It's a trade off, there's a price and most of the time the cost is too high."

Ex-husbands and boyfriends were sometimes a part of the child caring network. Availability, reliability and amenity to providing the care were all criteria mentioned as used in determining whether to request care from the husbands. Boyfriends provided steady care if the women provided for them, otherwise they were asked infrequently or never.

Unique to network care (as opposed to more formalized paid care) was the informant's preception that it could be abused. Women were careful in both steady and occasional

care situations not to abuse the offer or willingness to care if their resources for care were limited. Vera, relied on her boarder for occasional care, she said, "I didn't do that too many times. I didn't want him to think I was taking advantage of him."

One way they avoided abusing care was to rotate the sources of care. A more formalized adaptation of this was used by both of the women in the sample who worked shifts. Naomi commented on her care arrangements "I don't want to worry the same people all the time, so I just ship him around."

If women perceived the child care pool as the only child care available to them and had correspondingly high care needs, they were careful not to use it for leisure. For most women there was a distinction between child care for leisure pursuits and the child care for work. The majority of the informants drew from different pools for care for work and leisure. If, in fact, they drew from only one pool, then they seldom used care in one out of the two situations. Gerri who had two children and worked a night shift talked about her rotation arrangements:

Out of those four people [sister, neighbor, babysitter and boyfriend] since I have to rely on them to work, rely on them babysitting to work, I don't call on them for babysitting for just going out.

Like Gerri, others' alternatives for time to themselves was to wait until another adult spontaneously offered care. Adults who offered occasional care usually took the children for their own edification and did not expect remuneration. References to such adults was not uncommon in the sample, however, any individual female householder was offered this type of care infrequently. The result, of course, was that the female-heads whose care needs were high and who had single pools of care had little time to themselves away from their children.

Material Resources. Material resources (income, presence of care in the community and transportation) were also mentioned frequently as resources pertinent to the female head of household's school age child care decisions. It is clear from their testimony that deficits in these areas acted to constrain the FHH's child care decisions.

Women in the sample were questioned directly about affordability of child care. Many of them mentioned ways in which the cost of care was problematic; their stories indicated that cost clearly affected their decisions. One mentioned she only used expensive commercial care when she "couldn't find an alternative that was any better or any less expensive." Another told the investigator that at one day care center payment was only 50 cents a week and said, "That's why I really want Sam to get into that program."

For some, the choices were basic survival versus child care choices. Naomi explained, "If I don't have to pay the baby sitter I can survive." She changed her child's school and did a great deal of driving to keep him in unpaid rotating network care. The result of the lack of affordable care for some was unsupervised care. Angela explained, "I couldn't have afforded a babysitter. So we had, out of necessity, we had to work it out to where I knew the kids would be safe.... It was more like, you know, you had to work it out somehow."

Some of the women believed that if they had the money that the care would be no issue. "That's the bottom line for me," said one, "when the money is there the day care is there." Others felt that a greater income would mean more day care options and more control for them over the choices. For Joan, a FI mother of two, control was clearly a financial issue:

I think you sort of have to take what's there. I think that's sort of frustrating in terms of that, well, you sort of have to take what you can afford. And I think that [pause] maybe if you had more money, you could have more control over what kind of arrangements you can make.

However, the availability of care in the community was also mentioned by several of the sample as a limitation to their acquiring the type of care they desired regardless of cost.

Transportation was the only other material resource that the informants referred to as making a difference in their caretaker decisions. A car made it possible to rely on networks for unpaid care to transport the child to stop-gap care when one setting failed. The lack of a car limited one woman's choices to what was available in her neighborhood and made it a necessity for several of the sample to consider only care settings that could provide transportation for their children.

Affect

The women in the sample had strong feelings about the care they chose for their children but they were often unable to respond to them in their decisions because of the pressures of the provider role and the limits of their resources. The importance of the quality of caregiver and setting to their feelings was highlighted by a number of the women who reported that they didn't leave their child "if I feel like I have to worry." Their comfort and lack of worry in any setting appeared to rely on how much trust they had in the setting or caregiver. One explained "If I trust the person I'm comfortable having them in charge."

Although the FHH's preferred caregivers and settings they could trust, they reported leaving their children in circumstances they weren't comfortable with when their provider role pressed or resources were limited. The resulting discomfort ranged from being "uncomfortable" at

leaving a college student overnight for one night with two children to being "worried to death" at letting a five year old come home daily from school to an empty house. Libby explained this, "when I felt more desperate and had less resources financially, I had less of a support group around me so I felt that I had less choice and I was more forced into, well, I've got to leave her with so and so and there's nobody else."

Some women reported tolerating a high level of personal discomfort and anxiety related to child care arrangements in order to either maintain their provider's role or to maintain their care setting. The feelings they reported were fear, frustration, depression, anger and guilt. Their sources of anxiety were many: some women were frightened when their children stayed alone, several feared child care would stop working or that they would somehow jeopardize the source of the care. Still others felt that if they asserted their caretaking role at work that it would jeopardize their job. Any anger they mentioned was aimed at caregivers and care settings that had not worked out. They also mentioned disliking to ask others to help them with child care. They felt "ashamed" or like they were "imposing" or "begging". Such feelings surfaced around equity in relationships (i.e., when the female householder was in no position to reciprocate or had to ask help of traditional nuclear families or more affluent families). An example

was a financially insecure mother who had to call parents with whom she could not reciprocate and ask for transport for her daughter to school. She felt "resentful", "embarrassed", "ashamed", but did it anyway. She said, "I didn't want to feel that I was the token charity case at the school or I was the one who couldn't get it together."

Women reported attempting to mitigate discomfort related to child care by arranging backup for primary care arrangements. For example, Jane notified her ex-husband to be on alert when she went on vacation, in addition to having a sitter. In the case of unsupervised care the backup was often a material purchase (i.e., rope ladders and dogs).

The fact that more than half the women talked about fortune or luck in regard to child care suggest the powerlessness of their position in regards to control over the sources, resources and vagaries of care. They felt lucky that they'd found a job close to their home where their children were unsupervised, that their children were not often sick, that they'd found someone in the apartment complex to care for their child at home at night, or that they had family resources to fall back on. Many also told stories about and expressed sympathy for other women whose child care situation they perceived as worse than their own.

In contrast, a number of the women alluded to insights they had gained into their abilities to manage, to accept,

to grow strong. They saw this as a positive result of coping with their dual role and its attendant hardships. As Lorraine put it, "A lot of times I sit here and tell myself that I can't do it or that I don't want to do it. And I end up doing it anyway."

When queried about social attitudes they had experienced, they mentioned three sources of negative attitudes about their dual role: their own parents (their mother's particularly), co-workers, and institutional contacts (teachers and child support officers). Although only one woman cited being admired in her dual role, others said they had not experienced negative attitudes because their role was such a common one or that they made a conscious effort to seek settings where it was accepted.

Values

The women mentioned no instances (excepting crisis) in which they were able to invoke values when such values were not compatible with their resources and their provider role. Some of the women were adamant about putting quality before cost. However, a mother who valued caretaker involvement had to give it up when her knowledge of a new community was too narrow to provide access to such care. It also appeared that values were reinforced by the constraints of choice. Naomi mentioned again and again that what she valued in caregivers was a network member she knew well. However, because her network care was extremely

inconvenient, she checked out paid sitters. When she found their prices were beyond her budget, her valuing of network care was reinforced.

The women's feelings flagged their values; the majority of them valued stability in care and trustworthy and responsible caregivers and settings. Other values mentioned specifically were leaving the child with older people, safety, and child discipline. The informants spontaneously named caretaker traits and behaviors that they'd experienced in the past that were objectionable to them: drunkenness, not understanding the child's needs and eating the child's food were among them. It appears that previous experience colored specific values the women utilized in decision making about school age care. A woman whose previous day care center had sustained a robbery chose her next center (all things being equal) because the front door stayed locked. Also, some women who had negative experiences with family day care switched to center-based care and a woman whose first sitter had turned out to have remarkable rapport with her children subsequently looked for caregiver involvement.

The Child

Beyond the basic consideration that children must attend school, the child's developmental needs and the child's opinion played a role in these FHH's decisions about school age child care only when compatible with

resources and provider role or when associated values and affect reached a crisis level. A child who ran away from her day care center had her opinion heard (her teacher was "mean") because her actions forced the acknowledgement of affect and values. The opinion of another child who wanted to leave day care early on occasion could be responded to because his mother owned her own business. The informants mentioned child care situations in which their child's opinion had played a part and made reference in passing to some developmental need of their child's that they were attempting to meet or had to consider in making child care decisions. Within the parameters set by resources and the provider's role, children's opinions and developmental needs were often considered by their mothers.

Events

Incidents in the decision histories of the sample highlight the importance of normal life events and anomalous events in the FHH's child care decision process. Not only do life events precipitate child care decisions and vice versa but anomalous events can create a situation in which the FHH's feelings and values override the usual constraints of her resources and provider role.

The female heads of households perceived child care decisions as being affected by important events in their lives. The death of a grandparent who cared for the child, being fired from a job, moving into a new town or neighbor-

hood, deciding to share housing with other adults and the child's graduation from preschool to elementary or from elementary to middle school all precipitated decisions. In addition, life events both expanded the potential for new child care possibilities and closed them off.

Moving was the event the women pinpointed most often as affecting child care. Neighborhoods were viewed as offering childcare possibilities if they were safe, if the neighbors were in circumstances similar to the informant or held the same values she did, if she knew people before she moved in and if her job and the child's school were close by. Conversely, the absence of anyone of these properties in a neighborhood could be a limiting factor in the informant's day care decision. Joan had used family day care homes exclusively until she moved to a different town. "When I moved down there, I didn't know too many people, as far as finding an individual to take care of them." She had to find spaces for her children in a commercial center. When she moved again into a neighborhood where she knew people beforehand, she returned to family care.

Not only do life events affect child care but it was also the perception of some women in the study that their child care needs and decisions affected other events in their lives. One woman moved from the West to the East coast to tap into her family for care, another left a part time job when she decided that her child care arrangements

were inadequate and one took a part time rather than full time job to accommodate her child care needs. Other women talked about plans to leave their jobs for ones more compatible to good child care arrangements but mentioned resource constraints.

Three of the women had actually gone through the bureacratic process necessary to change the schools which their children were supposed to attend in order to accommodate the child care arrangements most acceptable to them. Others noted that their choices of leisure activities were affected by whether care was available or whether the setting was compatible with bringing a child.

In addition to normal life events, anomalous child care events creating intensification of values and affect brought about the need for new child care decisions. Intensity was raised to such a level by these events that the usual restrictions presented by resources and provider role were forgotten. Several informants reported deciding immediately when faced with such a situation to cut off care arrangements even when they had no idea of how they would provide care the next day. Such incidents included the following: when a six year old was molested while waiting, as he did daily without supervision, for the school bus; when a seven year old ran away from her child care center; when an eight year old was taken without the mother's

knowledge to a store by his sitter and was then accused of breaking something.

Self-Care Versus Supervised Care

If the women did not spontaneously offer to tell about their decisions on self care versus supervised care they were asked if they had ever considered leaving their child alone. Most of the informants had left their children alone at some time under some circumstances. Although not queried about it, all of them offered specific decision rationale. The rationale usually included statements regarding the maturity of the child; for instance "she's grownup enough" or "I could see if he was an irresponsible child but he's responsible." The rationale also made it clear that their main concerns were about children's safety and involvement in some activity while they were absent. Rules they'd set, possessions they had acquired, the back up plans they had made, and the convenience of their work to home were mentioned as assurances of safety. Neighborhood safety was also an issue to women who left their children alone. One of the women said, "I've been here three years and don't know of any break in at all. And because of that you feel safe if you've got to leave your children." T.V. was mentioned by most women as the activity that engaged their children while they were absent; chores and homework were also mentioned.

The decision on self-care versus supervised care was tied to one or both of two factors. The first concern was the child's age and development. This was exemplified by the mother of a ten year old only child who said "[I] felt I was going to have to do it sooner or later." All of the mothers of children nine years or older had given some thought to how and when to leave their child in self-care or were in fact already doing so. However, most of the children who were five or six years old had never been left alone, and their mothers were adamant about not doing so.

The self-care versus supervised care decision was also tied to the female head of household's financial position, number of children and age of her children. When the female head had a low income, had more than one child, one of whom was a preschooler in full time day care, the likelihood of her leaving her school age child to care for her or himself was very high. A number of the women in the sample with two children had started using unsupervised care for their oldest child in a financially insecure period in their lives. These children also went into self care earlier than other children in the sample. Gerri talked about the time when she was financially insecure:

At that time my little one was not old enough to go to school...I really couldn't afford to send the little one to a full time day care center and send the oldest

one to a babysitter...so what I did was started teaching him how to be here short whiles by himself.

The self-care versus supervised care decision is clearly a very difficult one for the FHH. The length and detail of the unsolicited decision rationale offered by the informants would suggest the presence of conflict in the decision process according to research on the theory of cognitive dissonance (Festinger, 1964). This conflict and the presence of fear and worry that women mentioned as resulting when they did leave their children without supervision, coupled with the fact that the age of the child forces consideration of the decision, suggests that this decision is both common and complex.

Discussion

The results of this study provided the information necessary to forge an explanation of the hierarchy of the elements involved in FHH's child care decisions for their school age children. These results expand our knowledge of what elements are involved in the process and increase our understanding of the dynamics among these elements.

Female heads of households choose care for their school age children that is compatible with their provider role and their resources. Only if the role is sufficiently flexible and their resources are adequate are they then in a position to choose child care that is compatible with

their perception of their caretaking role, their values, their affect and the developmental needs and opinions of their children. Otherwise, they are making highly constrained choices. Hence, women who are in restrictive jobs, women who believe they have inadequate incomes or inadequate transportation or child care in their community, women who have limited access to knowledge about the child care potential of the community, or women who have limited network potential for child care are at risk for making decisions with which they are not comfortable. Often, they make decisions that no community would find acceptable; e.g., renting children's cable TV for a five year old and paying her five dollars a week to babysit herself. For about 28 dollars a month the woman who arranged this "child care" purchased care that was within her budget and cheaper than any other source of care she was aware of.

Female heads of households usually maintain the care that they arrange for their children until such time as another care decision is precipitated by life events, a change in their resources, or a change in the flexibility of their provider's role. However, it is possible that unmet values and affect can be highlighted by anomalous events to such a degree that they can no longer be ignored and will become the basis for the female head to change her care arrangements. In such cases, resources and provider role are ignored. Although values and affect become the

basis for the decision to change care in such circumstances, the investigator has no reason to believe that these decisions remain the basis for the next decision, the selection of care, unless, once again, provider role and resources allow. Some of these anomalous events could be prevented if the female heads of households were in a position to and were accustomed to responding directly to their values, feelings and to their children's needs regarding child care. However, without the benefits of a flexible provider role and adequate resources, these women are in no position to respond to their own or their children's values.

In an environment of constrained choice, women must necessarily protect their sources of care; the means they have to do so are often not very positive. They take illegal jobs, extend their provider role until it intrudes into their caretaker's role, act tentatively around others so as not to abuse care that others offer, fail to be assertive in the work place, give children major responsibility at very early ages, and deny their own feelings and those of their children in order to prevent value conflicts. Such actions cannot promote high self-esteem and good mental health. Probably some female-heads of households strengthen the self in their position. But also, it is probable that the women functioning in the environment of limited choice are the women that experience child care

as the greatest problem. They may make more decisions that they are uncomfortable with than do other women. If so, it follows that these women are at risk for stress and self esteem related problems.

The descriptive detail of the findings also provides the base necessary to tie social policy to the reality of the decisions that the FHH must make regarding the supervision of her children's lives. The recommendations which follow should be prefaced by a caveat. Because the sample size is small, generalizability of findings is limited. Although the investigator has some confidence in their generalizability because consistent patterns did occur and a wide range of FHH's were represented, additional research with a larger sample would provide increased confidence in the generalizability of the results.

Conclusions

Because the number of female-headed families is so great, because the potential for harm to both children and women in child care related decisions in these families is high, and because these women make care arrangements on their own but negative results may become public responsibility, social policy in this country should seek to address the needs of female-headed families in their school age child care decision making. The following are recommendations for social policy that are derived from the results of this study.

1. Social policy should function to help female heads of households strengthen their provider roles and their resources so that values, affect and children's needs can play a more crucial role in the school age child care decision.

2. Social policy should strive to obviate forced choice in child care along with attendant anxiety by (a) making knowledge available at all social levels concerning the availability of child care, (b) encouraging efforts at all levels that will extend the range of child care choices available, and (c) encouraging educational efforts aimed at enlightening female heads of households particularly in regards to the self care versus supervised care decision.

3. Social policy should encourage the identification of female householders and their families who are at risk for leaving young children in unsupervised situations and should also attempt to meet the immediate needs for care of such families.

4. Social policy should encourage education of both public and private sector employers about the role they play in hindering or facilitating the dual role of female heads of households. In addition, policy should make it to the benefit of such employers to recognize and to respond to the special needs that these parents have.

5. Social policy should strive to see that the developmental needs of children are met in every child care

setting so that parent resources and provider roles do not act as a constraint on the development of children in any setting.

The development and promotion of these policies would enhance the already healthy aspects, including both efforts to provide well and to be a good caretaker, of female-headed families that exist in environments of limited resources and restrictive provider roles. They also would function to diminish the negative power that such environments have on the school age child care decisions of female heads of households.

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Appendix A

Informant Sketches

Financially Insecure Informants

Angela is a white woman who attends a community college and lives on a combination of grants and welfare. Her income is \$4,800 a year. She has two children one of whom is a teen and is considered as an "other caretaker" for the purposes of the study. She is 32 years old and has been divorced for eight years.

Joan is a white woman who works forty hours a week in a service occupation and takes nine credits in college. She makes \$9,900 a year. She has two children; a seven year old and an eleven year old. She is 36 years old and has been divorced for eight years.

Libby is a white woman who has just completed a Master's degree and is working a part time job in her field. She currently has an income of \$12,000 a year; this includes \$5,000 from child support. Her only child is eleven. Libby is 37 and has been separated for ten years and divorced for five.

Lorraine is a black woman who is attending a community college and whose income of \$8,600 is comprised of a grant and welfare subsidy. She has two children whose ages are seven and four. Lorraine is 25 and has been divorced for four years.

Naomi is a black woman who has a two year degree. She has an income of \$12,000 a year from a job in her field and has a ten year old child. Naomi is 41 and has never been married.

Pam is a black woman who has a ninth grade education. Her part-time work in food service, along with a welfare subsidy, brings her income to \$5,400 a year. She has a child of five and is herself 22. She lives with her mother, sister and niece and has never been married.

Rose is a white woman with a two year degree from a community college. She works in her field and has an income of \$17,000. She has a five year old child and has been divorced for four years.

Vera is a black woman who attended one year of business college. She works in a factory and makes \$10,100 a year. She has a five year old child. Vera is 25 and has been divorced for two years.

Financially Secure Informants

Carol is white and has a Master's degree. She is working in her field and has an income of \$25,600. Her child is nine years old. Carol is 41 and has been divorced for nine years.

Clara is a black woman with a BA degree. She has an income of \$18,700 from her job in the field of finance. Her child is ten years old and she is 33. She has been divorced for six years.

Ellen who is white has a Master's degree and owns her own business. Her income is \$24,000 a year. Her child is six and she is 36. She has been divorced for four years.

Gerri is a black woman who has a high school education. She works in the computer field and has an income of \$18,000. Her two children are aged ten and five. She is 31 years old and has been divorced for three and a half years.

Jane is a white woman who has two years of college education and who works as a manager in the retail field. She has an income of \$22,500 yearly \$7,200 of which is child support. She has two children one of whom is a teen and was considered as an "other caretaker" in this study. Jane is 37 years old and has been separated for four years and divorced for one and a half.

Lynda is white and has a B.S. degree. She is currently volunteering part time in a job in her field, living off of a lump sum settlement, and beginning the search for a full time job. She is 37 and has been divorced for two and a half years. She has two children who are aged five and ten.

Nana is a black woman with a B.A. degree. She makes \$20,000 yearly by working in a job within her field. She has a nine year old child and currently lives with a relative. Nana is 34 years old and has been divorced for seven years.

Wanda is a black woman with a high school diploma. She makes \$19,000 a year working in a state job and has a seven year old child. She is 29 years old and has never been married.

Appendix B

Methods

Qualitative research methodology was used in this study. Qualitative methodologies have the advantage of producing descriptive data: "people's own written or spoken words and observable behavior" (Bodgan and Taylor, 1975). The resultant data provides the ground from which the theory in this study emerged and on which the social policy recommendations were made. The specific research procedure used was the depth interview.

Sample

A purposive, snowball sampling technique was employed to select the informants. Smith (1981) noted that the purposive sample (as opposed to the probability sample) is stronger in characterizing social forms. The subjects were contacted by engaging strategic informants and then pursuing a sample from contact to contact. Each subject was initially contacted by telephone and asked to participate. The telephone contact was explanatory and the investigation used it to begin building the trust that is essential at the interview stage. (See Appendix C.)

Data Collection

The next step was a depth interview. The depth interview is relatively unstructured (Smith, 1981) and its purpose is information gathering (Banaka, 1971). It is used when the subject's perspective is unknown to the

investigator. It helps the investigator "to understand the respondent's frame of reference, information levels and opinion structures" (Smith, 1981, p.175). Although the object of some qualitative research is verification, the object of this study was another legitimate emphasis of qualitative work--discovery.

The length of the depth interview was determined by the content. However, interviews ceased (to be completed at a later date) when it became evident that the subject was unable to continue with full attention. This happened in one instance in which the informant had failed to allow enough time for the interview and in another when the demanding presence of her children kept the informant from being able to attend to the interview without visible agitation.

In order to maintain control of the interview, the investigator followed Smith's (1981) guidelines and developed a written plan of action. The plan was reduced to a check list for the interview itself (See Appendix C) because of the potential for missing opportunities by rigidly adhering to a plan and for introducing reactive materials. The researcher continually made use of probes in order to clarify what the subject was saying, to avoid making assumptions and to get a clear picture in her own mind. This tactic is recommended by Bogdan and Taylor (1975). At the beginning of each session the interviewer

reiterated briefly and in broad terms the purpose of the interview. (See Interview Protocol in Appendix C.)

The interviews were audio taped. Bogdan and Taylor (1975) recommended the use of a tape recorder in depth interviews. They ascertained that the reactive effects are minimal since the subject and the interviewer are partners in the project and the subject is already aware that words are being weighed. The interview situation already has an artificial quality; it is outside the range of daily experience. In addition, the length of the interview allows time for both subject and interviewer to develop trust and become accustomed to being taped.

At the end of the interview the subject was asked to complete a short questionnaire. (See Appendix E.) Because it included income information which is often reactive, the questionnaire was administered at the end of the interview.

Finally, the investigator asked the subject for names of other female heads of households that she might know who would be willing to participate in an interview. The investigator asked permission to use the subject's name in making these contacts.

The investigator kept a journal. Entries were made on every contact with each subject to record impressions, non-verbal expressions, and any conversation that was not taped. Also, emerging themes, subjective feeling, and behaviors were the subject of journal entries. Bogdan and

Taylor (1975) emphasized the necessity of such records and suggest that the journal can be used to guide future interviews and provide a frame of reference for later interpretation.

References for Methods

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Appendix C

Depth Interview Check List

1. Permission to Tape, Confidentiality
2. Interview Protocol:

I'm doing a project on single parents . I want to hear about what it is like to be a single parent who faces decisions about child care for their school age children. To that end I would like to hear what your experience has been. I am interested in everything you can tell me about your child care experiences from the time when your child started attending school.
3. The Decision
4. Availability, Accessibility, Affordability
 - a. After School
 - b. Summer
 - c. Babysitting
5. Provider vs. Caretaker Role
6. Social Support Network
7. Other Adults in Household
 - a. Unrelated Adults
 - b. Teenagers
8. Affect: FHH's and Society's Attitude
9. Supervised vs. Self Care
10. Financial Security vs. Financial Insecurity
11. Income Questionnaire
12. Possible Contacts

Appendix D

Telephone Protocol

Hello, my name is [investigator]. [Contact] gave me your name and said you might be willing to help me.

I am a student and am doing a project on single parent women. I'm interested in the decisions they must make about child care and babysitting for their children.

Would you be willing to talk to me about that? I would like to do a tape recorded interview with you in your home. Everything we talk about will be confidential.

Appendix E

Interview Questionnaire

Respondent Number: _____

1. What is your race or ethnicity? _____
2. What is your age? _____
3. What is your current marital status? Single-never-married ____ Divorced ____ Separated ____ Widowed ____
4. How long have you held this status? _____
5. What is your level of education? _____
6. Are you employed? Yes ____ No ____
 If so, what is your job title? _____
 If so, what are the hours of your employment? _____
7. Are you enrolled in a training program or educational institution? Yes ____ No ____
 If so, please describe. _____
 If so, what are your hours? _____
8. Fill out the following for each of the children that live with you.

<u>Age</u>	<u>Sex</u>	<u>Grade Level</u>	<u>Hours of School Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. What is your total yearly income before taxes from all sources? _____

Breakdown of income: From employment _____
From child support _____
From government aid _____
From other sources _____

In addition to rent, utilities, and food do you have
other major expenditures (i.e., repayment of loans,
regular medical expenses, etc.)? Yes ____ No ____

If so, please describe. _____

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