INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.



- ·			

Order Number 9303937

Social isolation and telephone contact of self-care children: An exploratory study

Hobbs, Barbara Virgo, Ph.D.

The University of North Carolina at Greensboro, 1992

Copyright ©1992 by Hobbs, Barbara Virgo. All rights reserved.



·				
		-		
	-			

SOCIAL ISOLATION AND TELEPHONE CONTACT OF SELF-CARE CHILDREN: AN EXPLORATORY STUDY

бу

Barbara Virgo Hobbs

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro 1992

Approved by

Dissertation Advisor



DEDICATION

This dissertation is dedicated to:

My father, who gave up his own doctorate after completing all his course work, so that he could parent my brothers and me under stressful family circumstances. Thank you Daddy for your commitment to parenting.

My son Darryl, whom we adopted at age 6, in the middle of my doctoral course work. He would have far preferred an at-home Mom, like his Granny, but is maturing into a wonderful young man, who understands that mothers as well as fathers and children have their own work in addition to family work that is important to them. Probably Darryl's "You can do it Mom. You know more than anybody about latchkey kids" said at the right moment--even more than Jim's or Hy's encouragement--kept me going when my resolve was flagging.

My husband Jim, whose love and commitment to Darryl and to me as individuals and to us as a family, with separate as well as mutual goals, has allowed me the luxury of being a supported student, both financially and emotionally, for these many years. Thank you especially for these last three months when almost all of our family time has been dedicated to helping me achieve my goals.

My large, extended family (three brothers and their families, especially, but also importantly step-family, in-laws, and cousins) whose long distance encouragement and support are very much a part of my life.

Claudia, Ralph, Adrian, and Nicholas, whose support and encouragement has included putting our friendship on hold for these last three months when I have had time only for work and family and hardly any for friends.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at The University of North Carolina at Greensboro.

Dissertation Advisor

Committee Members

Date of Acceptance by Committee

April 1, 1992

Date of Final Oral Examination

ACKNOWLEDGMENTS

This dissertation is based on a questionnaire designed by Dr. Hyman Rodman and Dr. David Pratto. First, I would like to thank them formally for providing me with the data for this study. Their questionnaire has provided a depth of information about self-care that has become the basis for my life work. I would also like to thank the 83 mothers who not only checked the appropriate boxes but responded to the open-ended questions with an openness that has made this study personally as well as professionally fulfilling.

Second, less formally, I would like to thank my advisor, Hy Rodman, for introducing me to the topic of self-care children. All of the ideas in this study start with my conversations with him. After our first interview, he loaned me books, articles, questionnaires, and research proposals on the topic--one of which was the *Working Mother* questionnaire and another of which was a proposal to teach factory managers the importance of making telephones available to working mothers. Further, it was he who suggested I write a paper applying attachment theory to self-care children. I did so reluctantly, assuming that attachment theory was about infants, not about school-age children. As it turned out, that paper was the foundation for this dissertation. Out of my highest regard for Hy, I not only asked him to be my advisor, but also took every class he taught and every independent study hour with him that was allowed by the Department. I also worked as his research assistant for three years. More than anyone he has influenced my work.

Also of great importance to me as a student has been Dave Herr whose patience and good humor in teaching statistics to nonmath majors has made this dissertation possible.

Dave has a unique ability to make the concepts, logic, and importance of statistics accessible to those of us who always struggled with mathematics. In class, he presented statistics not as an abstract concept, nor as long string of formulas, but rather as a tool to be used in solving problems. I took full advantage of his availability to me through the statistical consulting center and as a member of my dissertation committee, and am enormously grateful for the help he gave me in thinking about the problems to be solved as well as thinking about which tools to use in solving them.

Although, I have spent much less time with them, I no less appreciate my two additional committee members, David Pratto and Rebecca Smith. Their commitment to ideas and their integrity in approaching the research process has had a direct and positive effect on my development as a family researcher. I would also like to thank Elliot Robins, who was on my committee before he left UNC-G. I appreciate not only the concepts he taught in class but also the out-of-class time he spent with me talking about the research process.

TABLE OF CONTENTS

	Page
APPROVAL PAGE	ii
ACKNOWLEDGMENTS	iii
CHAPTER	
I. INTRODUCTION	1
II. REVIEW OF THE LITERATURE	7
Definition of Self-Care	7
Types of Self-Care Research	7
Age and Time in Self-Care	12
Age and Time as Criteria for Using Self-Care	14
Normative Attitudes Concerning Competence for Self-Care	15
Age, Time, and Satisfaction with Self-Care	16
Effects of Age and Time on Self-Care Outcomes	17
Choice	20
Maternal Employment, Gender Roles, and Stress	21
Self-Care and the Parent-Child Relationship	25
Nonfamily Support and Outside Activities	28
Siblings	30
Environment	33
III. METHODOLOGY	36
Sample	36
Time in Self-Care	37
Age of Child and Siblings	40

TABLE OF CONTENTS

(Continued)

		Page
III.	METHODOLOGY (Continued)	
	Sample (Continued)	
	Summary of Sample Selection	41
	Sample Selection: Advantages and Disadvantages	41
	Instruments	44
	Social Contact During Self-Care	46
	Independent Variables	50
IV.	RESULTS	67
	Descriptive Results	67
	Independent Variables	67
	Family Background Characteristics	67
	Mothers' Work	69
	Mothers' Attitudes toward Social Issues	71
	Environmental Characteristics	71
	Child and Sibling Characteristics	74
	Self-Care Characteristics	82
	Social Contact During Self-Care	86
	Mother by Telephone and Neighbors	86
	Siblings and Friends	86
	Total Social Contact	88

TABLE OF CONTENTS

(Continued)

	Page
IV. RESULTS (Continued)	
Frequency of Telephone Contact Between Mother and Child	91
One-Way Analyses of Variance	91
Two-Way Analyses of Variance, with "Ease of Telephoning" as the First Variable	93
The 75 Mothers Who Said Telephoning Was Easy	97
The Comments of 14 Mothers	100
Telephoning from Work Was Difficult	100
Infrequent Telephone Contact Even Though Telephoning Was Easy	132
Seven Variables Related to Frequency of Telephone Contact Between Mothers and Children During Self-Care	155
Mother's Work Status	155
Mother's Education	161
Child's Age and Years in Self-Care	168
Sex of Child and Sex of Sibling	185
Sibling Fights	186
Child Usually Plays Alone	187
V. SUMMARY AND CONCLUSIONS	191
BIBLIOGRAPHY	199
APPENDIX A. 1980 QUESTIONNAIRE	205
APPENDIX B. 1982 QUESTIONNAIRE	209

HOBBS, BARBARA VIRGO Ph.D. Social Isolation and Telephone Contact of Self-Care Children: An Exploratory Study. (1992). Directed by: Dr. Hyman Rodman. Pp. 213.

The study addressed two questions about school-age children who care for themselves during the time that school is out and their parents are at work. The first was, "To what extent are self-care children socially isolated?" and the second was, "What child, family, and environmental characteristics are related to more or less frequent telephone contact between mothers and their self-care children?" An attachment framework was used to investigate the variables related to mother-child telephone contact.

The sample consisted of 83 mothers whose children had been in self-care for at least 7 hours a week for at least 2 years. The sample is from a larger national sample of mothers who responded both to a magazine-distributed questionnaire and to a 2-year follow-up questionnaire about self-care. Both closed and open-ended questions were asked. Among the questions were several concerning the extent to which the children (1) talked to their mothers by telephone, (2) had a neighbor available, (3) were allowed to play with friends, and (4) had a sibling in self-care with them.

Based on an analysis of these questions, it was determined that very few of the children in this sample were socially isolated during self-care. A series of one-way analyses of variance indicated that of 41 individual child, family, and environmental variables, 11 were significantly related to frequency of telephone contact between mothers and children during self-care. Of these 11, the most important was whether it was easy or difficult for the mother to use a telephone at work to call home. After "ease of telephoning" was taken into account, eight variables were significantly related

to telephone contact. These included variables related to mother's work, child's competence, child's activities during self-care, and environment. These findings, in conjunction with an analysis of the mothers' responses to the open-ended questions, suggested that an attachment framework could be used to explain frequency of telephone contact during self-care.

CHAPTER I

INTRODUCTION

As working women have become the norm in our society, individual families have struggled to find a solution to their resulting child care needs. Child advocates worry that these solutions may be less than adequate and that a generation of children may be harmed by a lack of appropriate care. One concern, often expressed by the media and public policy makers, is that a large number of parents are leaving their young school-age children unsupervised during the time that school is not in session and the parents are at work. These children are often called latchkey children because they carry keys to let themselves into their houses when they come home from school.

It is commonly assumed that children who care for themselves face emotional, if not physical, harm. For example, in a *U.S. News & World Report* article entitled "When School Kids Come Home to an Empty House," Wellborn (1981) briefly described the experiences of 8-year-old Danny and then said:

Everyday, he and 4 million other children--some as young as 3--live solitary, sometimes fearful, and often indolent lives at home until their working parents return.

A few paragraphs later, he continued:

Like the displaced children of workers in Charles Dickens' novel *Hard Times*, latchkey kids--often recognized by the keys around their necks--are the new orphans of today's harsh economic world.

A similarly pessimistic view of this trend is portrayed in child-care testimony before Congress (School Facilities Child Care Act, 1984). For example, Hugh S. Glickstein, testifying on behalf of the American Bar Association, said the following:

We can only postulate how many injuries, abductions, sexual assaults, and even deaths from fires, drownings, etc. result from young children having to fend for themselves during these hours. Furthermore, what does it do to the children themselves, even if they escape physical harm, to be left alone and face the fear of entering an empty house, or wander in the streets, or fill the void by watching endless hours of television?

Much of the public alarm about children who care for themselves has stemmed from the work of Lynette and Thomas Long, whose *Handbook for Latchkey Children and Their Parents* has generated a great deal of publicity. Lynnette Long was the principal of an inner-city elementary Catholic school in Washington, D.C., who became interested in the problems of the latchkey children at her school. To find out more about these problems, the Longs interviewed all of the latchkey children and some of the adult-care children at the school. Later, they interviewed children in other Washington, D.C., neighborhoods as well as adults who had been in self-care as children. Their findings show up in virtually all discussions of self-care children, whether in the popular or research forum. As research, their work has serious methodological flaws. They do, however, provide anecdotal evidence about the daily lives of inner-city children who care for themselves. Although they acknowledge that some children handle self-care well, their primary emphasis is on the fear, anxiety, boredom, loneliness, or difficulties with siblings that the children experience.

In another handbook for working parents, Grollman and Sweder also found that being home alone was difficult for many children. Their study was based on a sample of 641 students in Grades 4, 6, 10, and 12 in 20 public and private school systems in 11 states. As part of their study, they asked the youth, all of whom had two working parents, to respond to a projective story about being left at home alone. They summarized their findings as follows:

The most pervasive feelings presented by the children was that of loneliness, a sense of isolation, of being apart from their parents.

Many were scared and afraid of noises and possible intruders. There were fantasies that something dreadful would occur to their parents while at work. Some believed that their mothers and fathers had left them home as a rejection of them.

On the other hand, some children wrote about a wonderful sense of freedom in being home by themselves. They enjoyed the quiet and solitude. They liked the feeling of independence. Yet they couldn't help wondering, 'how would life be if my parents weren't away, working?'

The research literature on loneliness distinguishes between the subjective feeling of loneliness and the objective state of social isolation (e.g., Weiss, 1973). It is commonly assumed in the popular literature that self-care children are socially isolated and that this isolation leads to loneliness. While Long and Long, and Grollman and Sweder provide some evidence that self-care children may be more lonely than adult-care children, no research evidence exists on the extent to which self-care children are socially isolated.

The current study was designed to explore this issue. Two major tasks were undertaken. The first was to describe the extent to which children in relatively extensive self-care were socially isolated during self-care. The second was to determine which child, family, and environmental variables were related to being more (or less) isolated. The sample consisted of 83 mothers from a larger national sample of mothers who responded to a magazine-distributed questionnaire. The respondents answered both closed and open-ended questions about their children's self-care experiences.

Because social isolation is an issue only when children spend relatively long periods of time alone, the sample was limited to mothers whose children were in self-care for a minimum of 7 hours a week for at least a 2-year period. While it is hard to conceive of spending an hour a day alone as social isolation, even a short time alone may seem like an eternity to a child cut off from all social relationships. For the purposes of the study, social isolation was defined as no access during self-care to (1) mother by telephone, (2) a neighbor, (3) siblings, or (4) friends.

Since each of these four types of contact provides a different social function, the plan was to examine each variable separately as well as in combination. A principal components analysis would be used to determine how the four variables combined to maximize variation within the sample. Both the individual variables and the one or two best combined components that emerged in the principle components analysis would be used as the dependent variables in the analyses to determine which independent (child, family, and environment) variables were related to more (or less) social isolation during self-care. Because no other research has examined the issue of social isolation for self-care children, the study was exploratory—the purpose being to learn as much as possible about the social lives of self-care children and to give direction to future research efforts.

As is often the case in exploratory studies, the process of discovery resulted in a number of changes to the original plan. The first discovery was that very few children were socially isolated. The most isolated child in 1980¹ had no neighbor available, no siblings at home, and was not allowed to play with friends but did have daily telephone contact with his mother. All of the children except this one had at least two types of social contact during self-care, and by far the majority (82%) had at least three types.

The second discovery was that the only significant relationship among the four individual social contact variables was one between "frequency of telephone contact with mother" and "allowed to play with friends." Since there was only one relationship between the four dependent variables, a principle components analysis was unnecessary. Third, there was little relationship between the independent (child, family, and environment) variables and the availability of neighbors or siblings during self-care. A

¹ While this child was the most isolated in the sample in 1980, by 1982 his family circumstances had changed and he was allowed to play in the neighborhood with friends during self-care.

 $^{^{2}}$ Kendall's Tau R = -.20, p = .03.

reading of the mothers' comments showed that while the mothers appreciated positive interactions with neighbors when they occurred, they did not lament the absence of such interactions when they were missing.³ Fourth, while the availability of siblings was not significantly related to the other three dependent variables, sibling characteristics (age, sex, and sibling fights) were related both to frequency of telephone contact and to being allowed to play with friends. Thus, it was more informative to use the three sibling characteristics as independent variables than to use sibling availability as a dependent variable.

Finally, many more independent variables were related, and more strongly related, to frequency of telephone contact between mother and child than to the child's being allowed to play with friends during self-care. In addition, partially because of the design of the questionnaires and partially because the mothers were the respondents, the mothers provided more richly detailed information about their own telephone contact with their children during self-care than about the child's contact with friends. While mothers made many comments about friends, their more compelling comments were about their own relationships with their self-care children.

Thus, the answer to the question, "To what extent are self-care children socially isolated during self-care?" was "hardly at all." This answer is considerably qualified by the fact that the respondents voluntarily answered a magazine-distributed questionnaire, and thus may be a special group of self-care mothers. However, they do represent a wide variety of family circumstances.

³Fourteen mothers checked that their children did not have a neighbor available during self-care. Only two of these mentioned neighbors in their responses to the open-ended questions, one saying that she had new neighbors and the other that neighbors were also working.

Since social isolation was not a problem for this sample of children, there was no reason to examine the variables related to it. Thus, the question, "What child, family, and environmental variables are related to social isolation?" was dropped. Instead, the question became, "What child, family, and environmental variables are related to frequency of telephone contact between mothers and children?" The search for the answer to this revised question proved to be a fascinating journey, providing valuable insights for directing future research on self-care children. The question has theoretical importance as it relates to issues of parental assessment of child competence, parental supervision, and the parent-child relationship. It may prove to be an important indicator of self-care outcomes.

CHAPTER II

REVIEW OF THE LITERATURE

Definition of Self-Care

Self-care children are usually defined as children ages 6 to 13 who on a regular basis spend some portion of the day without adult supervision (Cole & Rodman, 1987). They may either be alone or with siblings in the same age range. It is within this age range that there are questions about how much supervision children need. There is consensus that children younger than 6 are too young (e.g., Otten, 1985) and children older than 13 are old enough (e.g., Applied Management Sciences, 1982; Kelly et al., 1986; McAninch, Rodman, & Pratto, 1987; Rowland, Robinson, & Coleman, 1986) to be left alone. Rodman (1990) suggests that for children older than 13 the issue is not a self-care issue but rather an issue of supervision for risk-prone adolescents. For younger children, the issue is one of neglect (e.g., Otten, 1985).

Types of Self-Care Research

Existing self-care studies either compare children in self-care with those in adult care on a variety of outcome measures such as academic achievement, social relationships, and emotional well being (see Table 1) or describe child and parent characteristics related to the use of self-care. Like the maternal employment outcome studies that went before them, the self-care outcome studies have found no clear pattern of results. Some (Galambos & Gabarino, 1985; Gold & Andres, 1978; Lovko & Ullman, 1989; Messer, Wuensch, & Diamond, 1989; Rodman, Pratto, & Nelson, 1985; Rodman & Payne, 1990; Vandell & Corasaniti, 1988) have found that self-care children compare favorably to adult-care

Table 1
Findings of Self-Care Outcome Studie

Findings of Self-Care Outcome Studies						
Outcome	Finding	Study				
ACADEMIC STANDARDIZED TESTS California Short Form Test of Mental Maturity Iowa Test of Basic Skills	*Unsupervised girls scored lower than supervised girls on several subscales	Woods, 1972				
California Test of Basic Skills Cognitive Abilities Test Iowa Test of Basic Skills Texas Assessment of Basic Skills	No difference between latchkey and mother-care children. Day-care children had lower scores than mother-care children	Vandell & Corasaniti, 1988				
Canadian Test of Basic Skills	No difference between unsupervised and supervised boys	Gold & Andres, 1978				
College Board Scholastic Achievement Test	No difference between latchkey and nonlatchkey youth	Messer, Wuensh, & Diamond, 1989				
NCE Reading and Math	No difference between self-care and audit-care children	Stewart, 1986				
Stanford Achievement Test	No difference between unsupervised and supervised children	Galambos & Garbarino, 1985				
SCHOOL PERFORMANCE Report-card grade point average and study skills	No difference between latchkey and nonlatchkey children. Day-care children had poorer GPAs	Vandell & Corasaniti, 1988				
Teacher ratings of math and reading performance	No differences between self-care, mother-care, and center-care children	Rodman & Payne, 1990				
Self-report grades	No difference between unsupervised and supervised boys	Gold & Andres, 1978				
Absences and lateness to school	*Self-care children were absent from school more days than adult-care children	Stewart, 1986				
	No differences reported	Woods, 1972				
BEHAVIOR						
TEACHER RATED AML Behavior Rating Scale (achool maladjustment)	*Self-care children had higher maladjustment scores than adult-care children	Stewart, 1986				
	No difference between self-care and adult-care children	Galambos & Garbarino, 1985				
	No difference between self-care and mother-care children. Center-care children higher maladjustment scores than self-care children	Rodman & Payne, 1990				

^{*}Significant negative findings reported for self-care children.

(continued on next page)

Table 1 (continued)

(continued)						
Outcome	Finding	Study				
BEHAVIOR TEACHER RATED (continued) Coopersmith Teacher Behavior Form	No difference between self-care and adult-care children	Rodman, Pratto, & Nelson, 1985				
Gough Adjective Checklist	No difference between unsupervised and supervised children	Woods, 1972				
Conduct grades from report card	No difference between latchkey and mother-care children. Day-care children had lower scores than self- care or mother-care children	Vandell & Corazaniti, 1988				
	No difference between unsupervised and supervised children	Woods, 1972				
PARENT RATED						
Revised Child Behavior Inventory	No difference between unsupervised and supervised boys	Gold & Andres, 1978				
Peterson-Quay Revised Behavior Problem Checklist	No difference between latchkey and nonlatchkey children. More problems associated with lower income, more stress, having a single parent, and interacting with peers while in self-care	Lovko & Uliman, 1989				
SOCIAL RELATIONSHIPS						
Susceptibility to peer pressure	*No difference between adolescents at home alone after school and those in the presence of an adult or older sibling. More susceptibility to peer pressure was found when the self-care group included those adolescents who did not go home after school	Steinberg, 1986				
Wheeler and Ladd's Self-Efficacy for Peer Interactions Scale	No significant differences between latchkey and nonlatchkey children. Boys perceived themselves as having more social ability than did girls	Lovko & Uliman, 1989				
Classroom sociometric rating by peers Interpersonal skills from report card Teacher and parent ratings of peer and adult-child relationships (constructed items)	No overall differences between groups, but some univariate differences for day-care children, suggesting that day-care children had more difficulties with peers	Vandell & Corasaniti, 1988				

^{*}Significant negative findings reported for self-care children.

(continued on next page)

Table 1 (continued)

(continued)						
Outcome	Finding	Study				
EMOTIONAL/PERSONAL ANXIETY						
Reynolds & Richmond's Children's Revised Manifest Anxiety Scale	No difference between self-care and adult-care children	Stewart, 1986				
Sarason, Davidson, Lighthall, Waite, & Ruebush's General Anxiety Scale	No difference between latchkey and nonlatchkey children. Higher scores related to more stress, being a girl, and staying with other children during self-care	Lovko & Uliman, 1989				
DEPRESSION						
Kovac's Children's Depression Inventory	No difference between self-care and adult-care children	Stewart, 1986				
FEAR						
	*Latchkey children more afraid than adult-care children	Long & Long, 1983				
	No difference between self-care and adult-care children	Stewart, 1986				
Of going outside	No difference between unsupervised and supervised children	Galambos & Garbarino, 1985				
STRESS						
Abdin's Life Stress Inventory	Stress not related to hours in self- care. More stress associated with family having a low income; having a parent who was single, separated, or divorced; living in a larger community	Lovko & Uliman, 1986				
Chandler's Stress Response Scale (revised version)	No differences between self-care, mother-care, and center-care children	Rodman & Payne, 1990				
HEALTH/ACCIDENTS						
Drug use	*Self-care children much more likely than adult-care children to use alcohol, tobacco, and marijuana	Richardson et al., 1989				
Local hospital records Mothers' reports of accidents	No differences between unsupervised and supervised children	Woods, 1972				

^{*}Significant negative findings reported for self-care children.

(continued on next page)

Table 1 (continued)

	(commuca)	
Outcome	Finding	Study
PERSONALITY California Test of Personality	No difference between unsupervised and supervised boys	Gold & Andres, 1978
Eysenck Personality Questionnaire	No difference between latchkey and nonlatchkey children	Messer, Wuensch, Diamond, 1989
LOCUS OF CONTROL Harter's Scale of Intrinsic vs. Extrinsic Orientation in the Classroom	No differences between unsupervised and supervised children	Galambos & Garbarino, 1985
Norwicki & Strickland's Personal Reaction Survey	No difference between self-care and adult-care children	Rodman, Pratto, & Nelson 1985
SELF-ESTEEM, SELF-CONCEPT Coopersmith Self-Esteem Inventory	*Children in self-care 2 hours or more a day had lower general, academic, and home self-esteem than children in self-care for less than 2 hours a day	Grollman & Sweder, 1986
	No difference between self-care and adult-care children	Rodman, Pratto, & Nelson, 1985
Harter's Perceived Competence Scale	No differences between latchkey, mother-care, or day-care children	Vandell & Corasaniti, 1988
MISCELLANEOUS WELL BEING Checklist of children's problems	No differences between unsupervised and supervised boys	Gold & Andres, 1978
Emotional well being (constructed)	No differences between groups in parent ratings. Teachers rated mother-care children higher than day-care children	Vandell & Corasaniti, 1988
Number of school psychological evaluations and referrals	No differences between unsupervised and supervised children	Woods, 1972

^{*}Significant negative findings reported for self-care children.

children. Others (Grollman & Sweder, 1986; Long & Long, 1983; Richardson et al., 1989; Steinberg, 1986; Stewart, 1986; Woods, 1972) have found some negative results for self-care children. These include academic and behavior problems, susceptibility to peer pressure, and increased likelihood of substance use (see Table 1).

Each of these outcome studies has problems that limit generalizability (see Table 2). Most were conducted in a single location. Most had nonprobability samples. Many have the problem that self-care children are a selected group that probably differ in some predictable and unpredictable ways from adult-care children. Some have more serious selection problems wherein no attempt was made to match the self-care and adult-care groups. Two of the studies that have large representative samples (Richardson et al., 1989; Steinberg, 1986) deal with an older group of children whose problems are different than the normal self-care problems. Overall, what these studies have suggested is that self-care is not inherently damaging to children but that some features of self-care may increase the risks involved.

Age and Time in Self-Care

Two variables commonly investigated in self-care studies are the age of the child and the time the child spends in self-care. Both actual practices and normative attitudes have been examined. In addition, several studies have investigated the effects of age of child and time in self-care on satisfaction with self-care. Although only a few studies have directly investigated the effects of these variables on self-care outcomes, some inferences can be made by examining the relationship between the criteria used in selecting a sample and variations in outcomes.

Table 2
Sample Characteristics of Self-Care Outcome Studies

		Age or				Mother's	
Study	N	grade	Race	SES	Family status	work status	Community
Galambos & Garbarino, 1985	77	Grades 5, 7	White	Lower to middle	91 % 2-parent	65% employed 7-8 years	Rural, NY
Gold & Andres, 1978	50	10 yrs.	White	Working/ middle	Intact 2-parent	Employed at least 5 years	Montreal, Canada
Grollman & Sweder, 1986	641	Grades 4, 6, 10, 12	Varied	Varied	Not provided	Employed	11 states ²
Long & Long, 1983	33% ^b	Grades 1- 6	Black	Not provided	Not provided	Not provided	Washington, D. C.
Lovko & Uliman, 1989	97 ^c	8 - 12 yrs.	92% white 8% black	Varied	70% 2-parent 28% 1-parent	Not provided	Mi dwest ^d
Messer, Wuensh, & Diamond, 1989	188	College students (retrospect- tive)	85% white 15% other	Not provided	75% 2-parent	Not provided	Varied
Richardson et al., 1989	4,932	Grade 8	32% white 14% black 35% Hisp. 19% other	Varied	70% 2-parent 21% mother 10% other	Not provided	Los Angeles and San Diego Counties, CA
Rodman & Payne, 1990	358 ^e	Grades K - 6	Not provided	Varied	85% 2-parent	77% employed	12 NC counties
Rodman, Pratto, & Nelson, 1985	96	Grades 4, 7	63% white 37% black	Working to middle	63% 2-parent 38% 1-parent	76% employed	Piedmont area NC
Steinberg, 1986	865	Grades 5, 6, 9 (10-16 yrs.)	86% white	Varied	67% 2-parent 20% mother 10% mother and stepfather	59% full 25% part 15% not employed	Madison, WI
Stewart, 1986	144	7-12 yrs.	62% white, 38% black	Varied	60% 2-parent, 40% 1-parent		Charleston, SC
Vandell & Corasaniti, 1988	150	Grade 3	White	Varied	60% 2-parent, 40% 1-parent	Not provided	Dallas, TX, suburbs
Woods, 1972	108	Grade 5	95% black	Upper lower	Not provided	Employed	Philadelphia, PA, inner city

² CA, CO, FL, MD, MA, MN, NE, NJ, NY, TX, VA

^bOf one elementary school.

^CThere were also 19 control children, who spent no time in self-care. Demographics for the control group and the latchkey group were significantly different on only two variables: children in the control group were more likely to be from two-parent families and to have mothers who did not work outside the home.

dTwo rural towns, one small city, one large city.

⁶Of a total of 812 families, 358 could be classified in one of the following three after-school child-care conditions: mother care only, day care only, self-care at least 3 hours per week. These 358 were compared in the outcome analyses.

Age and Time as Criteria for Using Self-Care

Several studies indicate that older children are considerably more likely than younger children to be in self-care (Applied Management Sciences, 1982; Cain & Hofferth, 1989; Robinson, Rowland, & Coleman, 1986; Rodman & Payne, 1990; Rodman & Pratto, 1987; U. S. Bureau of the Census, 1987). For example, U.S. Bureau of the Census data indicate that 2% of 5 year olds but almost 16% of 13 year olds regularly take care of themselves when school is not in session (Cain & Hofferth, 1989). Cain and Hofferth (1989) also found that parents are more likely to use self-care when the time involved is shorter rather than longer. When families need more than 2 hours of nonparental child care, they are likely to use an arrangement other than self-care. Rodman and Pratto's (1987) data indicate a relationship between age and time in self-care, with older children more likely than younger children to be in self-care regularly, more than 10 times per month, and 7 or more hours per week.

Even though self-care is more likely to be used for relatively short periods of time and for children who are older rather than younger, several studies indicate that a portion of self-care children are young and that some of these young children care for themselves for extended periods of time. For example, in a study of 1,806 randomly selected families in Charlotte, North Carolina, Robinson et al. (1986) found that 13% of the children in grades K to 3 were in self-care; in a study of a national nonrepresentative sample of 1,194 mothers whose children were in self-care, Rodman and Pratto (1987) found that 11% of the children under age 7 took care of themselves 7 or more hours per week; and in an analysis of U.S. Bureau of the Census data, Cain and Hofferth (1989) reported that 231,222 children ages 5 to 7 were in self-care 3 hours or more per day.

Normative Attitudes Concerning Competence for Self-Care

While these studies show that considerable numbers of children younger than 9 years old are in self-care, studies investigating attitudes toward self-care indicate that the average parent and professional believe that children younger than 9 are not old enough to take care of themselves for any extended period of time. Otten (1985) found that social workers in North Carolina used both age of child and time alone as criteria to decide whether to investigate self-care as neglect. Leaving children ages 5 to 7 alone for an hour or more was regarded as relatively serious. However, by age 9, children could be left alone for 3 hours without prompting formal intervention. Kelly et al. (1986) found the mean age at which their military sample thought children could be left alone for an hour or more was 12, with a range from 6 to 18. They found surprising consistency among parents, pediatricians, and military police and among parents with different characteristics (i.e., one or both parents worked, the parents were younger or older, the oldest child was younger or older, and the parents' military rank was high or low).

Rowland et al.'s (1986) and Applied Management Sciences' (1982) findings were similar to those of Kelly et al. Even though in both studies considerable numbers of children younger than 9 were in self-care, there was consensus among the parents that children could best handle self-care between the ages of 11 and 15. It was not until age 12 that 60% of the parents in the Applied Management Sciences study felt comfortable with self-care. In addition, in a sample that included only mothers whose children were currently in self-care (McAninch et al., 1987), mothers indicated that the average child, whether male or female, was mature enough to handle regular self-care at the mean age of 10, with a range from 6 to 13.

Age, Time, and Satisfaction with Self-Care

Consistent with the studies of normative attitudes, Brown, Pratto, and Rodman (1989) found that mothers were more satisfied with self-care when their children were 9 years old or older rather than younger than 9. Similarly, Rowland et al. (1986) found that only 15% of parents were satisfied with self-care when their children were in Grades K to 3, whereas the figure increased to 46% and 39%, respectively, for children in Grades 4 to 6 and 7 to 9. The parents in the Rowland et al. study also reported that the children, themselves, were more likely to be satisfied with self-care and less anxious about it when they were older rather than younger.

On the other hand, Rodman and Payne (1990) found that child's age was not related to satisfaction with self-care, either for parents or for children. They also found, contrary to expectations, that parents were more satisfied with self-care when their children spent more, rather than less, time in self-care. However, spending more time in self-care slightly (-.03) decreased children's satisfaction with the arrangement. Mize, Duncan, and Newell (1991) found that parents thought children's satisfaction with self-care was related to their own warmth and to neighborhood safety (and not to either time or age), but that for children, age and time were the important variables, with older children and children who spent less time in self-care being more satisfied.

Rodman and Payne (1990) suggested that the lack of relationship they found between child's age and satisfaction with self-care may indicate that parents are taking age into account when they decide to use self-care, and thus are "partialling out" age effects. One possible explanation for the mixed findings reported here is that the availability of child-care options has varied over time (with more options becoming available in more recent times) and by location, and thus in some instances parents have used self-care by choice for children they deem capable of handling the responsibility, but in other instances, they have

used self-care, regardless of their comfort level, because no other options have been available.

Effects of Age and Time on Self-Care Outcomes

As shown in Table 3, the self-care outcome studies have taken a wide variety of approaches to defining time in self-care and have included children in a wide variety of age groups. The studies have also taken a variety of approaches to defining outcomes (see Table 1). While most of the studies have found that self-care children compare favorably to adult-care children, the following studies have found negative results.

- 1. Woods (1972) found that unsupervised girls scored lower than supervised girls on the School Relations Scale of the California Test of Personality and on several subscales of the California Test of Mental Maturity and the Iowa Test of Basic Skills. Although a few significant differences existed for boys as well, these were likely to have occurred by chance. The sample was comprised of 108 primarily (95%) black fifth graders in inner-city Philadelphia, Pennsylvania. Time in self-care was defined as being unsupervised all day during the summer and at least one period during the school year.
- 2. Stewart (1986) found that self-care children had higher school maladaptation scores on the AML Behavior Rating Scale and were more likely to be absent from school than adult-care children. The sample was comprised of 144 white (62%) and black (38%) children ages 7 to 12 in urban, rural, and suburban neighborhoods in Charleston, South Carolina. Time in self-care was defined as at least 5 hours per week for at least 6 months.
- 3. Steinberg (1986) found that self-care children who "hung out" after school compared to those who went directly home were more susceptible to negative peer pressure as measured by their responses to written vignettes. The sample was comprised of 865 primarily white (86%) fifth to ninth graders in suburban Madison, Wisconsin. Time in self-care was not specified.

Table 3
Definitions of Self-Care and Comparison Groups Used in Self-Care Outcome Studies

Study	Age or grade	Self-care	Comparison
Galambos & Garbarino, 1985	Grades 5, 7	Regularly unsupervised before or after school, mother employed	Continual adult supervision
Gold & Andres, 1978	10 years	Unsupervised for at least two periods during the day (periods not defined) or without a substitute supervisor while the mother was at work	Supervised, mother employed
Grollman & Sweder, 1986	Grades 4, 6, 10, 12	Home alone more than 2 hours a day, less than 2 hours a day, less than 1 hour a day	Groups compared
Long & Long, 1983	Grades 1 - 6	Most of the children spent at least 3 hours a day without adult supervision	Always had adult supervision
Lovko & Uliman, 1989	8 - 12 years	Regularly spent at least 30 minutes per week without direct supervision of someone in the 7th grade or older (Hrs./wk. M = 4.2, range = 1-15, Duration M = 1 yr., range = <6 mos 3.5 yrs.)	No time in self-care
Messer, Wuensh, & Diamond, 1989	College age (retrospec- tive)	As children younger than 16 not supervised by an adult 18 years or older for at least 2 hours each day after school for at least 1 year (Age began M = 9.32 yrs., Hrs./day M = 2.65)	Did not meet one or more of the latchkey criteria
Rodman & Payne, 1990	Grades K - 6	During the past 4 weeks had spent at least 3 hours a week in self-care after school	During the past 4 weeks in mother care only or in day care only after school
Rodman, Pratto, & Nelson, 1985	Grades 4, 7	Usually go home after school and no one or younger sibling is there	Usually go home after school and mother, father, or grandparent is there
Richardson et al., 1989	Grade 8	Four categories of time per week in self-care: (1) no time in self-care, (2) 1-4 hours, (3) 5-10 hours, (4) 11 or more hours	Four categories compared
Steinberg, 1986	Grades 5, 6, 9 (10 - 16 years)	Unsupervised after school	Supervised after school— that is, an adult available whether or not child had face to face contact
Stewart, 1986	7 - 12 years	Alone or with a sibling under 18 years for at least 5 hours a week for at least 6 months (Hrs./wk. M = , range = 5 - 45 hrs. Duration M = , range = 5 mos 56 mos.)	Cared for by an adult after school
Vandell & Corasaniti, 1988	Grade 3	Stays home alone or with a sibling after school	Stays with a sitter, goes to day care center, or stays at home with mother after school
Woods, 1972	Grade 5	Unsupervised during summer and from 1-3 daily periods (during breakfast, lunch hour, and after school until dinner) during the school year	Supervised during the summer and from 1-3 daily periods during the school year

- 4. Richardson et al. (1989) found that regardless of statistical controls on a large number of intervening variables (such as race, socioeconomic status, school performance, stress) self-care children were at much greater risk for substance use than were adult-care children. The more time the children spent in self-care, the greater the risk. The sample was comprised of 4,932 white (32%), black (14%), Hispanic (35%), and other (19%) eighth graders in Los Angeles and San Diego Counties, California. Time in self-care was categorized as (1) no time in self-care, (2) 1-4 hours a week, (3) 5-10 hours a week, and (4) 11 hours or more a week.
- 5. Long and Long (1983) found that self-care children were more afraid, lonely, and bored than adult-care children. The sample was comprised of all the latchkey children (about 33%) of one Catholic elementary school (Grades 1 6) in Washington, D.C., and an unspecified number of randomly sampled adult-care children from the same school. Most of the children were in self-care for 3 hours a day and some for as much as 5 to 6 hours a day. Their study is mainly anecdotal, however, with no empirical data presented to support their general statements.
- 6. Grollman and Sweder (1986) found that children in self-care for 2 hours or more a day scored lower on general, academic, and home self-esteem on Coopersmith's Self-Esteem Inventory than children in self-care for less than 2 hours a day. The sample was comprised of 841 children from a variety of socioeconomic and ethnic backgrounds in Grades 4, 6, 10, and 12 in 11 states.

Steinberg's study is the only one of the six studies finding negative results for self-care children that did not specify at least an hour a day in self-care as a criterion for choosing the self-care sample. Interestingly, in his study there were no negative results for self-care children in general, only for those who did not go home after school.

In contrast, only one of the seven studies finding that self-care children compare favorably to adult-care children used a time criterion of at least an hour a day in self-care.

In Messer et al.'s study, self-care was defined as caring for self at least 2 hours a day for at least 1 year. Although they used a stringent time definition, their definition of age was outside the normal range for self-care children. They included youth as old as 16 at home with a sibling as old as 18 (compared to the normal 6 to 13 age range).

In spite of this indirect evidence that more time in self-care may be related to negative self-care outcomes, two studies that have directly investigated the effects of time in self-care have not found such a relationship. Rodman and Payne (1990) found that time in self-care was not related to math or reading performance, or to school behavior for self-care children in Grades K to 6. Lovko and Ullman (1989) found that less, rather than more, time in self-care was related to more behavior problems. Thus, similar to the findings for satisfaction with self-care, the relationship between time in self-care and self-care outcomes may be mediated by the availability of child-care options; that is, parents who have more options available to them can make better child-care decisions.

Choice

Rodman and Payne (1990) found a remarkably high (-.81) negative relationship between choice and time in self-care Parents who used self-care by choice used it for shorter amounts of time than parents who used self-care because they felt they had no choice. Further, Lovko and Ullman (1989) found that children in single-parent families (.35) and those in families with low incomes (-.24) spent more time in self-care. Both of these conditions are likely to decrease the availability of child-care options.

Not only does choice increase the ability to make sound decisions, it also increases the likelihood of feeling good about the decision made. Feelings of choice and control are known to improve attitudes and outcomes for human beings from infants to the elderly (e.g., Gunnar-VonGnechten, 1981; Michelson, 1985; Ross, Mirowsky, & Goldsteen, 1990; Schultz, 1976). It seems reasonable to assume that mothers who use self-care

because they think it is the best available alternative will convey more positive feelings to their children than mothers who feel they have no choice. Mother's choice may also be related to child's choice. Widdows and Powell (1987) found that one reason parents used self-care was because their children preferred it. Children who choose self-care themselves are more likely to be satisfied with the arrangement than children whose parents choose it for them.

Maternal Employment, Gender Roles, and Stress

In general, concerns about self-care can be placed in the context of evolving work and family roles in our society. When we were a farm society, both parents worked at home and parenting was a part of everyday life, with children contributing to the economic well being of the family. When we became an industrial society, men became the primary economic providers and women the primary caretakers. Women and children were dependents--serving as an incentive for men to work. Today, women are entering the work force in ever increasing numbers and contributing to the economic well being of their families. In general this new work role has had positive effects on the mental well being of women (e.g., Hoffman, 1989; Menaghan & Parcel, 1990; Ross et al., 1990; Wethington & Kessler, 1989). In response to this change, fathers--sometimes reluctantly and sometimes enthusiastically--are becoming more involved in parenting (Hoffman, 1989).

While children often benefit from the improved mental health of their mothers, and the increased involvement of their fathers, there have been costs as well. Gender role attitudes have changed slowly, causing family conflict. Bird (1979) defined four types of husbandwife mismatches that increase the normal conflict of families living together. Writing in the late 1970s she categorized wives in terms of their compliance with their husband's wishes as follows: defiant homemakers—a small group of women who stayed at home even though their husbands wished they would work; submissive homemakers—women who

wanted to work but who stayed at home because their husbands wanted "at home" wives; submissive working wives--women who worked not because they wanted to but because their husbands wanted them to; and defiant working wives--those who worked even though their husbands wanted them to stay at home. While put more modernly, these same concepts have been expressed in the late 1980s. Fassinger (1989) has documented that not all employed women want to be employed, and Thompson and Walker (1989, p. 854) state that "...many men...oppose their wives' employment." Further, they cite Weiss's finding that in families in which the wife's income is not essential to the family's financial well being, "wives' work is typically viewed as something husbands do for their wives, not something wives do for their families." According to Ross et al. (1990) "in a large minority of families (39%)," there is no mismatch, but rather the wife is employed when neither the wife nor the husband want her to be employed.

Several studies have shown that when mothers work out of choice rather than necessity, they exhibit more positive attitudes toward their children. For example, Greenberger and Goldberg (1989) found that mothers who were more committed to work had more positive perceptions of their children and used more firm/responsive and less harsh control in disciplining their children. Similarly, Gottfried, Gottfried, and Bathurst (1988) found that mothers with positive attitudes toward combining work and mothering and those who did not feel under stress in carrying out their work and family roles (a) were more involved with their children, (b) were less oriented toward rules and control and had children who (c) did better in school, and had (d) fewer behavior problems. In addition, Alvarez (1985) found that mothers who were employed for personal reasons rather than for financial reasons made more positive statements about their children.

These findings can be explained by returning to the concept of choice. Michelson (1985) found that for women a general relationship between choice and tension was

particularly strong for employment (-.69) and various household tasks. He summarized these findings as follows:

In short, nothing in these data says that employment for women is inherently difficult, any more or less than for men. But when employment is undertaken for extrinsic reasons, takes time and effort, and is not accompanied by people or mechanisms to lessen preexisting responsibilities, then logistical difficulties with personal outcomes may arise. It is noteworthy that, while general personal outlook does not vary significantly by employment status per se, it is related very significantly to the degree of choice involved with their work among those with jobs (p. 87).

When the husband, the wife, or both have traditional gender role attitudes (a belief that the wife should be responsible for domestic tasks and the husband for the financial well being of the family), the very fact of maternal employment can result in considerable family stress. Even when neither parent objects to the concept of maternal employment, traditional attitudes that family work is women's work can cause stress for working mothers. Husbands who have equalitarian attitudes toward their wives' employment do not necessarily have equalitarian attitudes toward their own participation in domestic tasks. Studies consistently show that women, whether they are employed full time or not, still have the major responsibility for taking care of children and doing household tasks (Coltrane & Ishii-Kuntz, 1992; Demo, 1992; Thompson & Walker, 1989).

Employed mothers have less time to carry out traditional roles, and this lack of time can increase both family conflict and internal stress (e.g., Thompson & Walker, 1989). Michelson (1985) found that more than half of the women in his study worried a lot or a great deal about being too busy to perform their traditional roles of keeping the house, and over one-third worried about spending enough time with their children and husbands. This high level of worry was more likely for employed than for nonemployed women.

Both Michelson (1985) and Grollman and Sweder (1986) reported that the transition periods between work and family time were particularly difficult for families with

employed mothers. In Michelson's study, two-thirds of the mothers reported that their children's behavior changed for the worst during stressful time periods--the most prevalent being morning and evening "rush hour." In Grollman and Sweder's study, almost 90% of the children said that their parents sometimes came home from work exhausted, and 37% described their parents as grumpy at the end of the day. Grollman and Sweder reported that the following comment by an 11-year-old girl was typical of the comments made by children with employed mothers:

My house is a zoo in the morning. Everyone is rushing around. My parents are always screaming that they're going to be late for work. They bark out orders to us. Make your bed! Hurry up and eat breakfast! It's a lousy way to start the day (pp. 78-79).

All of the mothers in Michelson's study said they were sometimes impatient with their children, and 80% reported that they were more impatient than usual when they were busy. The mothers also reported that when they were busy, they were less affectionate (60%), less helpful (48%), more (42%) or less (25%) strict, and less consistent (40%). Of all the mothers categorized by marital and employment status, single mothers working full time were the most likely to say that they were more strict and less comforting when they were busy.

These studies have begun to examine the mechanisms through which maternal employment affects child outcomes. Mothers under stress exhibit less positive parenting behaviors than those not under stress. Mothers who work out of choice and who have the support they need in carrying out their traditional roles are under less stress than other mothers. In their article entitled "Impact on Family Health," Ross at al. (1990) summarized the effects of maternal employment on women's sense of well being as follows:

Two conditions are associated with the lowest levels of depression among women: employment and no children, or employment coupled with either easy and available child care for children while the parents are at work or with the husband's shared participation in child care.

Staying at home with children is associated with higher levels of depression than these alternatives. The most stressful situation occurs if a wife is employed, has young children, has difficulty arranging child care, and gets no help from her husband with child care. These mothers are twice as depressed as employed mothers who have no difficulty arranging child care and whose husbands share the child care responsibilities with them. Thus, children seem to have very different effects on employed mothers, depending on the availability and affordability of child care and the husbands' participation in child care (p. 1067-1068).

For school-age children, self-care is a readily available, affordable child-care alternative. Whether or not it is a satisfactory alternative will depend not only on the child's competence to handle the arrangement but also on the child's and the parents' attitudes toward the arrangement.

Self-Care and the Parent-Child Relationship

Trimberger and MacLean (1982) investigated children's attitudes toward their mothers' employment. Their sample consisted of 51 Canadian children ages 9 to 12. Although children in self-care were not more likely than other children to feel that they were negatively affected by their mother's employment, they were more likely to have negative attitudes toward her employment. Overall, children who thought their mothers were more interested in them had more negative attitudes toward their mother's employment, and self-care children were more likely than adult-care children to think their mothers were interested in them. Trimberger and MacLean suggested that children who thought their mothers were more interested in them had more to lose by her employment than other children. They also suggested that mothers of self-care children might be more likely than mothers of adult-care children to discuss their children's activities and whereabouts when they arrived home from work, and that the child might interpret these inquires as signs of interest.

A majority of the children (69%) in Trimberger and MacLean's study said that the event they most looked forward to after school was their mother's coming home from work. Consistent with this finding, Medrich, Roizen, Rubin, and Buckley (1982) found that 81% of the 764 sixth-grade children in their sample said they would like to spend more time doing things with their parents. Further, Grollman and Sweder (1986) stated that "children emphatically want daily telephone contact with their parents during working hours" (p. 42). Many studies have found that positive parental involvement is related to self-esteem and positive self-concept for children and adolescents (e.g., Amato, 1989; Armsden & Greenberg, 1987; Cassidy, 1988; Gecas & Schwalbe, 1986; Greenberg, Siegel, & Leitch, 1982), and Grollman and Sweder (1986) found that children whose parents' spent more time with them had higher levels of self-esteem. Conversely, they found that being home alone for 2 hours or more a day was associated with lower selfesteem and with receiving less affection, being listened to less, and receiving fewer telephone calls from both mothers and fathers. Although not directed to relationships with parents, Larson and Csikszentmihalyi (1978) found that being alone was more a negative than a positive experience for adolescents, and that when they were alone, talking on the telephone was strongly related to positive moods.

Believing that not only children, but also mothers would want telephone contact during self-care, Brown et al. (1989) hypothesized that mothers of self-care children would be more satisfied with self-care if they had daily telephone contact with their children.

However, their hypothesis was not confirmed by the data. Mothers who had daily telephone contact with their children were less satisfied with self-care than mothers who

¹This large percentage indicates that the feeling was not held exclusively by children whose mothers were employed full time (in 53% of the families, either a single parent or both parents worked full time) or by those who spent their afternoons alone (27% of the children were in self-care).

had less contact. Brown et al. suggested two possible explanations for their finding: (1) mothers who are more anxious about self-care for their individual children are more likely to require daily telephone contact, and (2) children who are less competent need more supervision by telephone than children who are more competent. Applied Management Sciences (1982) found that some parents anxiously awaited telephone calls from their children after school to ascertain that they had arrived home safely, whereas others complained that they received too many calls from children requesting arbitration in fights with siblings, and other decisions. Each of these conditions--mothers' anxiety, children's lack of competence, and sibling fights--can be expected to increase the stress involved in using self-care.

Attachment theory suggests that children need more contact with their parents when they are under stress. Specifically, Bowlby (1988) said the following:

A child's attachment behaviour is activated especially by pain, fatigue, and anything frightening, and also by the mother being or appearing to be inaccessible. The conditions that terminate the behavior vary according to the intensity of its arousal. At low intensity they may be simply sight or sound of the mother, especially effective being a signal from her acknowledging his presence. At higher intensity, termination may require his touching or clinging to her. At highest intensity, when he is distressed and anxious, nothing but a prolonged cuddle will do. The biological function of this behavior is postulated to be protection, especially protection from predators (p. 3).

... attachment behavior is no way confined to children. Although usually less readily aroused, we see it also in adolescents and adults of both sexes whenever they are anxious or under stress (p. 3).

Thus more telephone contact may be related to more stress during self-care. If the stress is mild, then such contact should provide the necessary reassurance. If stress is more severe, however, telephone contact may not suffice to terminate attachment behavior and may leave mothers feeling guilty that they are not more available to their children when they are needed.

Bowlby conceives of parents as a secure base from which their children venture forth into the world. If parents are available, sensitive, and responsive to their children's needs, then children dare to explore the world, knowing that they can return to their parents for nourishment, reassurance, and comfort when needed. Children who are secure in their relationship with their parents feel self-confident and capable and should be able to enjoy spending a certain amount of time in self-care.

However, if either the parent or the child is currently under stress, even the secure child will need more than the usual amount of time and attention from parents. From the family perspective, if money is tight, jobs are stressful, environments are dangerous, child-care support is not available, or the parent does not have the support of his or her own attachment figure (or some combination of these or other stressful life situations) then the parent is likely to be less responsive to the child, and the child is likely to feel more insecure even if early attachment has been secure. Even for securely attached children, the self-care arrangement is likely to be stressful if it is associated with stressful life events either for the family as a whole or for the child as an individual.

Nonfamily Support and Outside Activities

Although parents continue to be children's primary attachment figures throughout childhood, the process of growing up requires forming one's own identity, separate from though connected to, one's parents (e.g., Cooper & Ayers-Lopez, 1985). Healthy development requires that parents be neither undercommitted to their children nor overprotective of them (Bowlby 1988; Hock & Schirtzinger, 1992). Relationships outside of the family, with both other children and nonparental adults, serve as "opportunities to explore life-choice possibilities" and enhance self-identity (Feiring & Coates, 1987), provide supplementary sources of security and support (Ainsworth, 1989; Berscheid, 1986; Riley & Cochran, 1987; Sroufe & Fleeson, 1986), and provide experiences of

mutuality and cooperation not possible within the parent-child relationship (Hartup, 1989; Youniss, 1980).

In popular articles about the problems of self-care, it is often stated that self-care children are deprived not only of time with parents but also of time with friends. It is assumed that they are locked in their houses during the time that children normally play with friends and participate in such after-school activities as team sports. The importance of such opportunities to children was documented by Medrich et al. (1982) in their study of children's activities. They reported that 41% of the children in their sample (which included both self-care and adult-care children) said that they were often bored and didn't know what to do after school and on weekends. Boredom was not related to wanting more parental attention but rather to wanting more contact with friends and having less time to do the things they wanted to do. Two activities—playing team sports and reading for funwere related to lowered levels of boredom. In summarizing these findings, Medrich et al. said the following:

These examples, while by no means conclusive, suggest that for children opportunities to do particular activities, to be with friends, and to be relatively free of obligations have a significant impact not only on their behavior but on the way they experience and feel about their time as well (p. 89).

Several research studies have directly addressed the issue of friends for self-care children. Applied Management Sciences (1982) found that about one-quarter of families in their study would not let their children have anyone in during self-care, and that some of the children cited this restriction as a drawback to self-care. The percentage was much higher in Mize et al.'s (1991) study of 40 rural Alabama families. They found that about two-thirds of the children were required to stay inside during self-care and that 90% were not allowed to have friends in. In contrast, Michelson (1985) found that self-care did not affect the amount of time girls spent with friends (approximately 75 minutes a day for both

self-care and adult-care girls) and that it greatly increased the time boys spent with friends (144 minutes per day for self-care boys compared to 87 minutes per day for adult-care boys).

While friends are important to children's development, two studies indicate that the opportunity to play with friends during self-care may be problematic for self-care children. Although Lovko and Ullman (1989) found that overall there were no differences in outcomes between self-care and adult-care children, playing with friends during self-care was associated with increased behavioral problems for self-care children. In addition, Steinberg (1986) found that "hanging out with peers" after school rather than being at home alone was related to increased susceptibility to peer pressure for children ages 10 to 16. On the other hand, Richardson et al. (1989) found that although self-care was highly related to substance use, spending time with friends was no more likely to increase substance use for self-care children than it was for adult-care children.

Siblings

Many studies define self-care as spending time either alone or with siblings under the age of 14. Siblings have the potential for providing positive companionship during self-care, and this function may be especially important to children not allowed to play with friends or to go outside during self-care. Like friends, however, siblings may be problematic for self-care children. Long and Long (1983) found that loneliness was less of a problem for children who were in self-care with siblings but that for some children sibling fights were a serious problem. Lovko and Ullman (1989) found that the presence of siblings increased anxiety during self-care. In addition, Applied Management Sciences (1982) reported that some older children did not like having responsibility for younger siblings.

The sibling literature has found variations in the quality of sibling relationships depending upon the sex of siblings and the age difference between them (e.g., Minnett, Vandell, & Santrock, 1983). The findings have not been entirely consistent, however. For example, some studies have found more positive sibling relationships between same-sex children and others between opposite-sex children. Still others have found no differences by sex. Sutton-Smith and Rosenberg (1970) suggested that these inconsistencies might be explained by the many possible combinations of male/female, older/younger, close-age/wide-age spacing, and number of siblings. In an observational study, MacKinnon (1989) has recently found evidence that sibling relationships are affected by the marital status of their parents, with older brothers in divorced families being the most negative of all children, especially toward younger sisters. Even more important than these structural variables was the quality of other family relationships. Sibling relationships were related to husband-wife, parent-exspouse, mother-child, and father-child relationships, and to mother's satisfaction with family and quality of life. She summarized her findings as follows:

Families that are cohesive, adaptable, low in conflict, and satisfied with the quality of life have siblings who are less negative and more positive in their interactions (p. 43).

While observational studies show that some children are consistently positive toward their siblings (e.g., Dunn & Kendrick, 1982; Stewart, 1983), several researchers have suggested that sibling relationships are more likely than other relationships to include conflict. Baskett and Johnson (1982) observed children interacting with both parents and siblings. The children's interactions with their parents were primarily positive and socially appropriate, whereas their "interactions with siblings seemed to be characterized more by the use of negative reinforcement and punishment as ways to control the behavior of

others" (p. 647). In agreement with this finding, Felson (1983) introduced his study of sibling relationships as follows:

Perhaps the most frequent type of aggression that occurs in American society is between youthful siblings. For example, Straus et al. (1980) report that 40% of the children whose parents they interviewed had hit a brother or sister with an object during the preceding year, and 82% had engaged in some form of violence against a sibling. Other types of family violence in comparison, were much less frequent (p. 271).

Based on retrospective data gathered from 309 college students, he concluded that "in general, children fight more with a single sibling than they do with all other children combined." Although boys were much more likely than girls to fight with friends, there were no sex effects for sibling fights, that is, girls were as likely as boys to fight with siblings. Brody, Stoneman, and MacKinnon (1982) also found different relationships between siblings and friends, with older siblings more apt to play a dominant role with younger siblings and an equalitarian role with friends. Although girls were more likely than boys to be equalitarian with friends, they were not more likely than boys to be equalitarian with siblings. Perhaps for these reasons, Pulakos (1989) found that college students described their relationship with friends as closer and more important than their relationship with siblings.

In sum, being in self-care with siblings may be either a positive or a negative experience depending upon sibling relationships. The research cited indicates that the quality of sibling relationships will vary depending upon the age and sex composition of the children, the marital status of parents, and the quality of life experienced by all family members. It also indicates that while positive sibling relationships can improve the experience of self-care, even positive sibling relationships are not an adequate substitute for relationships with friends.

Environment

Berg and Medrich (1980) give a vivid portrayal of how the physical environment plays a central role in the social lives of children. They begin their article, which describes the interactions of children in four different neighborhoods, as follows:

For children, the neighborhood is more than a physical setting. It defines a social universe. Children, like the elderly, have a particularly heavy investment in the neighborhood environment. Because they are minimally mobile and spend relatively little time away from the area in which they live, neighborhoods play a special role in children's daily lives [p. 320].

Their description of Monterey shows how a neighborhood ideal for adults can drastically limit the social lives of children. Monterey is a physically attractive neighborhood, consisting of "spacious carefully designed houses with generous lots of wooded open space" and no sidewalks. In this neighborhood, children were consigned to play in their own back yards, alone or with a few friends who had been invited over, "painfully isolated from the spontaneous and unplanned life cherished by the children in the other neighborhoods studied."

In contrast, the children of Yuba, an inner-city neighborhood with a high level of crime, had free range of the neighborhood, traveling in groups, and participating fully in neighborhood life--visiting the recreation center, homes of friends, school yards, the park, and neighborhood stores, interacting with the storekeepers and other adults as well as with the many children who lived in the neighborhood.

The other two neighborhoods described by Berg and Medrich allowed more interaction than Monterey, less then Yuba. Summarizing their findings, Berg and Medrich said the following:

The children in our study were in agreement on at least one issue—wherever they lived they viewed the problem of mobility as a central factor constraining their efforts to gain a degree of control over their own lives. In the most suburban of our four neighborhoods, the

children uniformly disliked being so dependent on adults to take them places by car. They craved the opportunity to get around on their own, although the lay of the land, the distance between residential and commercial areas, or public transportation often made that impossible.

Varying neighborhood conditions are expected to have an even greater effect on selfcare children who do not have parents at home to transport them to friends' houses or to activities. On the other hand, if self-care children are locked in their houses during selfcare, as is commonly believed, these types of neighborhood conditions would have little effect on their lives, and the only important neighborhood issue would be one of safety.

While no research has examined the effects of neighborhoods on the lives of self-care children, research indicates that neighborhood variables are related to whether or not parents use self-care. For example, Cain and Hofferth (1989) found that self-care was less likely in central city areas than in other environments, and Applied Management Sciences (1982) found that in both Virginia and Minnesota, self-care was more likely in suburban than in urban or rural environments. In addition, U.S. Bureau of the Census data show that families with higher incomes are more likely than those with lower incomes to use self-care, which may indicate that families who can afford to live in safe neighborhoods are more likely to use self-care (Cain & Hofferth, 1989). More recently, Rodman and Payne (1990) found that in 12 North Carolina counties, living in a less densely populated area was related to greater use of self-care. This finding suggests that the decision to use self-care may be related to the availability of alternative care as well as to issues of neighborhood safety.

Several researchers (e.g., Galambos & Garbarino, 1985; Robinson et al., 1986) have suggested that self-care outcomes may be related to neighborhood variables. For example, two of the studies finding negative results for self-care children were conducted in innercity environments in large metropolitan areas (Long & Long, 1983; Woods, 1972). It may be that large cities are particularly impersonal environments that increase the risks of self-

care. In such environments, mothers may worry more about their self-care children and thus require more frequent telephone contact during self-care.

Overall, the literature cited suggests that social isolation will vary depending upon child, family, and environmental characteristics. While this study was exploratory, it was guided by the findings reported in the literature review, and thus it was expected that telephone contact between mothers and children during self-care would be less frequent under less stressful conditions. Specifically, it was expected that mothers and children would talk to each other less often when:

- 1. Children were more competent to handle self-care (indicated by the child being 9 years old or older, being in self-care for shorter amounts of time, and having more positive relationships with mother, friends, and siblings).
- 2. Mothers had modern gender role attitudes (indicated by their saying that they would continue working even if it were not financially necessary, being very positive toward the goals of the women's liberation movement, being in favor of allowing abortions or legalizing marijuana, and attending church less than once a week).
- 3. Life conditions were not stressful (indicated by mothers being married, having a high family income, liking their job very much, living in a very safe neighborhood, living in the same location for at least 3 years, using self-care by choice rather than by necessity, and being very satisfied with self-care).
- 4. Children had the positive support of neighbors, siblings, or friends during self-care or were engaged in activities that they enjoyed.

Telephone contact was also expected to be less frequent when mothers had difficulty gaining access to a telephone at work.

CHAPTER III

METHODOLOGY

SAMPLE

The sample is a nonprobability subsample of 83 mothers from a larger sample of 329 mothers who responded to two questionnaires on self-care designed by Rodman and Pratto. The questionnaires were targeted to working mothers whose children regularly or occasionally took care of themselves while their parent(s) were working.

The first questionnaire was published in the July 1980 issue of Working Mother magazine. A total of 1,194 mothers responded within a time frame imposed by the need to prepare a timely report for the readers of Working Mother. These 1,194 mothers—from all 50 states, and the District of Columbia—have been the sample for several studies by Rodman and Pratto (1987, 1988; Brown et al., 1989). An additional 159 mothers who responded after the deadline were also included in the current study to increase the final sample size.

Although they were not asked to do so, 598 of the mothers who responded to the 1980 questionnaire provided their names and addresses. In 1982, Rodman and Pratto decided to take advantage of this readily available sampling frame and mailed these mothers a follow-up questionnaire. Three hundred and twenty-nine mothers (55%) responded to this single request for more information.

The mothers' responses to eight quantitative questions and six open-ended questions on the 1980 and 1982 questionnaires were used to select the 83 mothers who comprised the sample for the current study. These questions addressed: (a) the amount of time the children spent in self-care, (b) the age of the focus child, and (c) the age of the oldest sibling at home with the child. Because the primary purpose of the study was to investigate

isolation, it was important that the children be in self-care for a relatively extended period of time. The ages of the children were restricted so that they would meet the usual definition of self-care children as described in Chapter II, Review of the Literature. These criteria are described in the following sections.

Time in Self-Care

Previous studies have varied considerably in how they define time in self-care (see Table 3 in Chapter II). Some included children who spent any amount of time in the self-care; others included a specific definition of time, which ranged from as little as 30 minutes a week to as much as 2 hours or more a day. Amount of time was the first criterion used in selecting the sample for the current study. The initial pool of subjects was selected using the mothers' responses to three questions regarding time in self-care--two from the 1980 and one from the 1982 questionnaire. Four additional questions on time--one from the 1980 and three from the 1982 questionnaire--were used to ensure that the time criteria were met.

First Step

The following two questions from the 1980 questionnaire were used to select the initial pool of subjects:

- a. In the last four weeks, how many times did you leave a child to care for himself or herself? (If you left more than one child to care for himself or herself, answer for the child who is nearest to 8 years of age.)
 - The response categories were: Never, 1 to 2 times, 3 to 5 times, 6 to 10 times, 11 times or more.
- b. How many hours per week does your child usually care for himself or herself?
 The response categories were: Less than 2 hours, 2 hours to less than 4 hours, 4 hours to less than 7 hours, 7 to 10 hours, more than 10 hours.

To be included in the initial pool, the mothers had to respond that they had left their child 11 times or more in the past 4 weeks and that the child usually cared for himself or herself 7 to 10 hours a week or more than 10 hours a week. Ninety of the 329 mothers met these two criteria.

Next, the mothers had to indicate on the following question from the 1982 questionnaire that their child had been in self-care for at least 2 years:

c. For how many years altogether did you use the self-care arrangement for this child? _____

Two of the 90 mothers said that they had used self-care for less than 2 years. One of these was eliminated from the study. The other was retained because her responses to the open-ended questions clearly indicated that her child had been in self-care for at least 2 years. Thus, based on the initial criteria, 89 subjects were selected for inclusion in the study.

Second Step

Four additional questions were used to check that the children of the 89 respondents had been in regular self-care over a period of at least 2 years. As will be illustrated in the following discussion, a few respondents that would have been eliminated from the study based on these questions alone were retained because their responses to the open-ended questions indicated that they met the criteria for inclusion.

The following question from the 1980 questionnaire was used to check whether or not the children were in regular self-care:

c. How often do you leave your child or children under 14 years old to care for themselves?

The response categories were: regularly, occasionally.

Of the 89 mothers who met the original criteria, 85 also checked that their children took care of themselves regularly as opposed to occasionally. Two of the four who checked "occasionally" were retained in the study, and two were eliminated—leaving a sample of 87. The two mothers who were retained indicated in their written comments that their children were in regular self-care. One typed on the 1980 questionnaire:

My 12-year-old son takes care of himself every day from 3:50 until 5:05 (after school) and about 1 evening every other weekend for 4-5 hours.

The second was a single mother who wrote in 1982:

In the last 2 years my daughter (then 8 now 11) was also home after school. While she was 8, I insisted her brother (3 years older) watch over her. Now I feel they can both do what they want.

One of the two mothers who was eliminated said that she used self-care only when her regular sitter was unavailable. While the sitter had been unavailable rather frequently in the past 4 weeks, the child's regular child-care arrangement was sitter care, not self-care. The second was eliminated due to missing data even though her written comments indicated that her child was in regular self-care.

A second check to ensure that the children were in regular self-care was made, using the following question from the 1982 questionnaire:

d. Two years ago, how often did you leave your child or children under 14 years old to care for themselves?

The response categories were: Five or more days per week, 3 or 4 days per week, 1 or 2 days per week, less than 1 day per week.

Six mothers answered that their children were in self-care 2 or fewer days a week. None of these mothers were eliminated from the study because their written comments indicated that their children were, in fact, in daily self-care. For example, one of the mothers wrote on the 1980 questionnaire:

My son and daughter are home from 7:30 to 8:30 AM and 3:50 to 5:15 PM Monday-Friday.

The mother whose comments provided the least evidence of regular self-care said the following:

I am a possessive mother. I didn't want my children raised by someone else. Not even my own mother who was a mile away during the first year they were alone.

However, this statement along with the fact that she was a single mother who worked 40 or more hours a week was used as enough evidence to keep her in the study.

To ensure that the children were in self-care for at least 2 years, the answers to the following two questions from the 1982 questionnaire were checked:

a.	How old is this child now?
b.	How old was this child when he or she first cared for self?

In every instance, subtracting the answer to (b) from the answer to (a) resulted in a 2-year or greater difference; thus no other mothers were eliminated from the study based on these questions.

Age of Child and Siblings

The Working Mother questionnaire was targeted to mothers whose children were younger than 14 years old. In addition, when they had more than one child in self-care, the mothers were asked to answer for their child who was closest in age to 8.

All of the focus children of the original 90 respondents were between the ages of 7 and 13 in 1980. However, some of these focus children were in self-care with siblings younger than 6 or older than 13--or both (see Tables 24 and 25 in Chapter IV). To be retained in the study, the oldest sibling had to be no older than 14 when the children began

self-care (as opposed to when the study began in 1980). Using these criteria, two respondents were eliminated, leaving a sample size of 85.

Two additional mothers were eliminated because of missing data. Thus the final sample size was 83.

Summary of Sample Selection

In sum, based on (1) length of time in self-care, (2) age of focus child in 1980 and (3) age of oldest sibling when the children began self-care, a subsample of 85 was selected from the larger sample of 329 mothers who responded to both the 1980 and the 1982 questionnaires. Two respondents were eliminated from the study due to missing data, leaving a final sample size of 83.

Length of time in self-care was defined as (1) at least 11 times in the past month, (2) usually 7 or more hours per week, and (3) for at least 2 years. Age of focus child was defined as between 6 and 13 years, with the sample falling between 7 and 13 years. Age of sibling was defined as 14 or younger in the year the children began self-care.

Eighty-nine (27%) of the 329 mothers met the original time criteria.

Six of the 89 respondents were eliminated from the final sample--two because further checks indicated that they did not in fact meet the time criteria, two because the oldest sibling in self-care was older than 14 when the children began self-care, and two because of missing data.

Sample Selection: Advantages and Disadvantages

Advantages

This existing data set was chosen rather than collecting new data or using a different existing data set for several reasons.

1. The questionnaire was the first to deal directly with the issues of self-care. Even though it is now 12 years since the questionnaire was designed, it still contains information

available from no other source. It is one of a very few self-care data sets that includes information on the internal workings of the self-care arrangement. It allows us to examine not only why children are in self-care but also what they do during self-care and what type of social contact is available to them. Analyzing this information will not only provide a beginning understanding of the variations that exist within the general condition of self-care but it will also provide information that can be used to improve the design of future self-care studies.

Pratto and Rodman (1987) discuss the merits of using a magazine-distributed questionnaire to generate ideas and hypotheses for further investigation. Such methodology provides quick access to a targeted population at an affordable cost. These advantages outweigh the disadvantages of a nonrepresentative sample when virtually nothing is known about a topic, and there is no readily available sampling frame. Much can be learned that will improve the design of the next stage of research—which entails obtaining a more costly, representative sample.

- 2. The focus children in this data set were ages 7 to 13 in 1980 and are now ages 19 to 25. They provide a unique opportunity to study the long-term effects of the self-care arrangement. By first understanding the variations in the self-care arrangements they experienced as school-age children, we can determine, in a future follow-up study, not only how they fared approximately 10 years later, but also how variations in the self-care arrangement affect long-term outcomes.
- 3. The data set has considerable variation on a variety of child, family, environment, and self-care characteristics that are theoretically related to self-care outcomes: child's age, child's social competence, family income, mother's marital status, mother's education, mother's attitude toward work, type of community (large city, suburb of large city, small city, small town, rural), degree of choice in using self-care, and availability of siblings, neighbors, and friends during self-care. By examining these variations for a national

sample of children, we can take a step forward in determining the independent variables that should be considered when investigating self-care outcomes.

- 4. The study stringently defined time in self-care. To obtain a reasonable sample size, self-care studies often define self-care simply as "regularly take care of self." The original sample for this study was large enough so that it was possible to select a reasonably large subsample of mothers whose children were in self-care for at least 7 hours a week. In addition, the follow-up study made it possible to further require that the children be in self-care for at least a 2-year period.
- 5. This is a national sample. Most self-care studies are based on local samples; a few are based on state-wide or two- or three-state samples. While local studies are useful, self-care is a national phenomenon that ultimately needs to be studied at the national level.

Disadvantages

1. While the sample has considerable variation on theoretically important variables, it is a nonprobability sample of mothers who read the July 1980 issue of *Working Mother* magazine and decided to answer the questionnaire. These were a highly motivated group of caring mothers, who not only wanted to talk about their situation, but without being asked to do so, provided their names and addresses. There is no way of knowing to what extent these mothers resemble the larger group of caring mothers whose children are in self-care. In addition, we do not know the degree to which caring mothers who are willing to talk about self-care represent the total population of self-care mothers. It is widely speculated that two groups of self-care mothers exist that are not represented at all in this sample: one that hides the fact that their children are in self-care for reasons of safety and another that leaves their children "to fend for themselves" out of neglect. The extent to which these two groups of mothers actually exist is unknown and perhaps unknowable.

2. While mothers were the appropriate respondents for many of the questions asked, for some of the questions--for example, the questions about what the child usually did during self-care and how satisfied the child was with self-care--the child would have been the more appropriate respondent. In addition, the mothers' comments made it clear that in order to have a complete picture of parental supervision during self-care, it is necessary to know the extent to which fathers are available to their self-care children. Unfortunately, the questionnaires did not ask about the availability of fathers. Further, it became clear in reading the mothers' narratives that mothers' marital status affects self-care arrangements, but that current marital status is an inadequate measure of marital status; that is, more than expected in the 2-year time frame of this study, mothers mentioned divorce, remarriage, and stepchildren (my children vs. his children) and the effects that these changes had on the self-care arrangements of their children.

INSTRUMENTS

As previously mentioned, this study was based on two questionnaires on self-care designed by Rodman and Pratto. The first was published in the July 1980 issue of Working Mother magazine, and the second was mailed in 1982 to those mothers who voluntarily (without being asked to do so) included their addresses on the first questionnaire. When the 1980 questionnaire was designed, no self-care studies existed. It was based on findings from the maternal employment and day care research (Rodman & Pratto, 1987). The 1982 questionnaire was designed to explore in greater depth the findings of the 1980 questionnaire.

The questionnaires explore the self-care arrangement primarily through a series of questions requiring categorical responses. In addition, both questionnaires included several optional open-ended questions that gave the mothers an opportunity to discuss their

own particular arrangements. The content of these questionnaires is summarized below. For the exact questions asked, see Appendixes A and B.

1980 Questionnaire

The mothers were asked to respond to a variety of questions on the amount of time their children spent in self-care, the social support available to them, their activities during self-care, the rules the mothers made for them, the mothers' and children's attitudes toward self-care, and the environment in which self-care was carried out. In addition, social background information was collected on a variety of child, mother, and family variables such as child's age and social competence, family and mother's income, and mother's attitude toward work. Finally, the mothers were asked two optional open-ended questions-one about the good and bad things that had happened during self-care and one about the particular instructions they gave their children.

1982 Questionnaire

In 1982, a follow-up questionnaire was mailed to the subsample of mothers who had included their names and addresses in 1982. The mothers were asked to provide more detailed information about family composition, mother's occupation, the amount of time the child had spent in self-care, telephone contact between mother and child, sibling relationships during self-care, neighborhood safety, and their feelings about self-care. Most of the questions required categorical responses, but some required a brief written explanation. For example, the mothers were asked to check whether given a chance to do it over again, they would use self-care more, less, or the same and then asked to explain why they checked the answer they did. They were also asked two optional open-ended questions: one asked about how their child-care arrangements had changed over the years and the other asked for any comments or suggestions they wanted to make about the study or about child-care issues in general.

SOCIAL CONTACT DURING SELF-CARE

The first purpose of the study was to describe the extent to which the sample was socially isolated. Social isolation was defined as having a low social contact score. Social contact consisted of four components: access to (1) mother by telephone, (2) a neighbor, (3) friends, and (4) one or more siblings. The following discussion provides the exact questions asked, the response categories for each question, and the scoring given to each response category. While the scoring is somewhat arbitrary it was intended to reflect the meaning of the amount of contact available, with more contact being given a higher score. This scoring was devised so that a principle components analysis could be performed to determine the combinations of the four components that maximized the variation in the sample. The plan was to use the first one or two principle components as the dependent variable(s) in further analyses.

Telephone Contact with the Mother

Telephone contact was measured by several questions on the 1980 and the 1982 questionnaires. All of these were examined before deciding to use the following 1982 question:

Two years ago, how often did you talk to your child by telephone when he/she was caring for self?

The response categories were scored as follows:

Never	0
Once every 3 or 4 days	3
About every other day	6
Almost every day	6
Once each day	8
More than once a day	10

The two categories "about every other day" and "almost every day" were given the same score since only six respondents checked "about every other day," and both categories indicate an intermediate step between infrequently and at least once a day.

The advantage of the chosen question over the ones not chosen was that it dealt more specifically with frequency of contact. The disadvantage was that it was retrospective. However, a comparison of the 1980 and 1982 responses showed that the mothers were generally consistent across time. In addition, any bias most likely would have been toward reporting current rather than past practice, and such bias would not be particularly troubling for the purposes of this study.

Neighbor

Availability of a neighbor was measured by the following question on the 1980 questionnaire:

Is there a special neighbor your child can call on when help is needed? The response categories were scored as follows:

No Yes

Siblings

The following question on the 1982 questionnaire was used to measure frequency of contact with siblings:

Two years ago, how often was an older sibling at home with your child who cared for self? (If there was no older sibling in the family, check here _____ and go on to Question 15)

The response categories were scored as follows:

Never (and checked)	0
Occasionally	4
About half the time	4
Most of the time	8
Always	10

"Occasionally" and "about half the time" were given the same score because very few respondents (eight altogether) checked either category and both indicated that the children spent a considerable amount of time alone during self-care.

Friends

The following two questions on the 1980 questionnaire were used to measure access to friends during self-care. For both questions, the response categories were "yes" or "no."

Is this child allowed to visit a friend's house when he or she cares for self?

Is this child allowed to have a friend over when he or she cares for self?

These questions were scored as follows:

Neither allowed to have friends over nor to visit them	0
Allowed to visit friends but not to have them over	5
Allowed to have friends over but not to visit them	5
Allowed both to have friends over and to visit them	10

Originally, "allowed to visit friends but not to have them over" was scored higher than "allowed to have friends over but not to visit them," but since this scoring was somewhat arbitrary and there were only two children in the second category, the categories were combined for the final analyses.

Total Social Contact Score

Total social contact was the sum of the four individual social contact scores (mother by telephone, neighbor, sibling, and friend) and could range from 0 to 35. A score of 0 would mean that the child was socially isolated during self-care, that is, that the child never talked to his or her mother or another adult by telephone during self-care, did not have a neighbor available in case help was needed, never had a sibling available during self-care, and was neither allowed to visit friends nor to have them over during self-care. A score of 35 would mean that the child potentially had a great deal of social contact during self-care—that is, the child talked to his or her mother or another adult more than once a day by telephone, had a neighbor available in case help was needed, always had a sibling at home, and was allowed both to visit friends and to have them over during self-care. Thus, the higher a child's social contact score, the less the child was isolated during self-care.

Problems with the Definitions of the Individual Components of Social Contact

An analysis of the mothers' responses to these questions provides a beginning step in understanding the extent to which self-care children are socially isolated. However, there are problems with the definition of social contact. One problem is that for the neighbor and friend variables, potential rather than actual contact is measured. The mothers' written comments indicate that for some children, having a neighbor available meant spending a great deal of time with people who cared about them, whereas for others, it simply meant knowing that they could call on an adult if they needed to. Similarly with friends: some children spent most of their time in self-care playing with their best friend, whereas others occasionally played with a friend.

A second problem is that, regardless of frequency of contact, the subjective value of the contact is not measured. The social support literature suggests that this subjective value is more strongly related to outcomes than is the mere fact of social contact. Finally, the

mothers' comments indicate that some of the children had forms of social contact that were not measured by the questionnaire, such as talking on the telephone with friends and playing outside with neighborhood children. Thus, some children had more contact than is indicated by their total social contact scores.

Combined Social Contact

In addition to the total social contact score, it was of interest to determine how the four individual social contact variables combined for this data set, and thus a principle components analysis was planned. As the first step of this analysis, a correlation matrix was constructed. This matrix showed that only two of the variables were significantly correlated: "allowed to play with friends" and "frequency of telephone contact with mother," and this relationship was moderate (Kendall's Tau R = -.20, p = .03). Because of this overall lack of correlation, the plan to combine the variables using a principle components analysis was abandoned. Instead combined social contact was described using a frequency table.

While combined social contact remained of interest throughout the study, as described in the introduction, the original plan to determine which child, family, and environmental variables were related to social isolation was changed when it turned out that there was very little overall isolation in the sample. Instead, the study focused on those variables related to frequency of telephone contact between mother and child during self-care.

INDEPENDENT VARIABLES

The data set included 41 variables that, based on a broad reading of the family literature, could theoretically be related to telephone contact between mothers and children during self-care. While 41 is a large number of variables, all were included in the initial analyses because there was no a priori reason, based on theory or previous research, to choose some and not others for investigation. Some variables--such as those relating to

environment or mother's work--clearly belonged in a particular conceptual category. The best conceptual grouping for others was less clear. For these variables, several combinations were tried. To illustrate this process, one hypothesis was that children who were more socially competent would need less telephone contact with their mothers during self-care. The data set included three variables related to social competence: (1) mother's assessment of how well the child got along with her, (2) mother's assessment of how well the child got along with friends, and (3) mother's assessment of the extent to which fights between siblings were a problem during self-care. While these variables in combination were significantly related to frequency of telephone contact, individually only "sibling fights" was related. Including the child's relationship with mother and with friends in the statistical model decreased rather than increased the impact of sibling fights. And thus "sibling fights" was viewed as an individual sibling variable rather than as an indicator of the child's social competence.

Next it was thought that how well the child got along with the mother and with friends might combine with child's age as a measure of child's overall competence. While considering child's age did improve the importance of the "getting along" variables, the improvement was not great enough to warrant keeping these variables in further analyses, since the relatively small sample size dictated that not all variables could be considered in a single model.

After a large number of explorations of this sort, it was decided that a more parsimonious approach would be to examine, one by one, the effects of the 41 independent variables on the dependent variable, and to use these results as a means for choosing which combinations of variables to examine in further detail. The final procedures follow.

Step 1

A GLM SAS procedure was used to conduct a series of one-way analyses of variance (ANOVAs). In most instances, the independent variables were categorical, and the data were entered into an ANOVA model using the categories devised at the questionnaire stage. Because the relationship between the independent and dependent variables were not linear in the few instances in which the data were continuous, the continuous data were converted to categories. First, each point on the continuous scale was used as a category in an initial analysis of variance. Then, these results were examined to categorize the data into the minimum number of groups that retained the maximum amount of information.

The effect of the 41 independent variables on frequency of telephone contact between mother and child are presented in Tables 4 - 12. (In these tables, the original points on the scale as well as the categorized groups are shown.) Based on these results, the data were grouped in the following conceptual categories: child (Table 4), sibling (Table 5), child self-care (Tables 6 and 7), mother's work (Table 8), mother's attitude toward self-care (Table 9), family background (Table 10), mother's liberal versus conservative orientation (Table 11), and environment (Table 12). These tables are presented here rather than in the Results chapter because they were viewed as part of the exploratory process of selecting relevant variables for further analyses. The 15 individual variables that were related to telephone frequency at the .10 level are presented in Tables 13 - 15, grouped by conceptual category. These findings and those of the next four steps are discussed in Chapter IV, Results.

Step 2

As indicated in Tables 13 - 15, "ease of telephoning" (Table 15) had a far greater effect on frequency of telephone contact ($R^2 = .25$, F = 27.23, df = 1, p = .0001) than any

Table 4
Step 1--Type III GLM Results:
Relationship between Child Variables and
Frequency of Telephone Contact between Mother and Child

Child variable	n	M	SE	R ²	F	df	p
Age				.11	2.32	4	.06
-< 9a	14	6.57	. 66				
9	20	7.80	.55				
10	17	7.82	. 60				
11	15	7.80	. 64				
12-13	17	5.82	.60				
Age (categorized)				.11	4.77	2	.01
~ 9	14	6.57	. 65				
9-11	52	7.81	.34				
12-13	17	5.82	.59				
Sex				. 05	3.88	1	. 05
Female	35	7.83	.42				
Male	48	6.73	.36				
Gets along with mother				.01	.59	1	.45
Very well	67	7.10	.31				
Fairly well	15	7.67	.66				
Not too well	0						
Gets along with friends				.01	.59	2	.56
Very well	57	7.23	.34				
Fairly well	22	6.95	.55				
Not too well	3	8.67	1.49				
Gets along with mother							
and friends (combined)				.00	. 14	2	.87
Both very well	54	7.11	.35				
One very well,							
less the other	16	7.50	. 65				
Both less than							
very well	12	7.25	.75				

^aThis group includes two 7 year olds and twelve 8 year olds.

Table 5
Step 1--Type III GLM Results:
Relationship between Sibling Variables and
Frequency of Telephone Contact between Mother and Child

Sibling variable	n	M	SE	R ²	F	df	p
Sibling's age				.07	1.53	4	.20
No sibling	31	7.55	.45				
3_9a	7	8.14	. 95				
10-11 ^b	10	5.90	.80				
12-13	19	7.58	.58				
≥ 14	16	6.44	. 63				
Sex of child and of sibling				. 05	1.03	4	.40
One girl	13	7.46	.71				
One boy	18	7.61	.60				
Two or more girls	14	8.00	. 68				
Two or more boys	13	6.77	.71				
Mixed sex	25	6.52	.51				
Number of siblings				.07	2.80	2	.07
0	31	7.55	.45				
1	39	7.41	.40				
2 or more	13	5.69	. 69				
Sibling fights				. 13	2.68	4	.04
No sibling	31	7.55	.44				
No problem at all	5	3.80	1.10				
Not much of							
a problem	19	6.95	.56				
A minor problem	16	7.56	. 62				
A serious problem	6	7.33	1.00				
Sibling fights, grouped				. 12	3.41	3	.02
No sibling	31	7.55	.44				
No problem at all	5	3.80	1.10				
Not much of							
a problem or							
a minor problem	35	7.23	.42				
A serious problem	6	7.33	1.00				

^aThis group includes one 3 year old, one 6 year old, one 7 year old, three 8 year olds, and one 9 year old.

^bThis group includes two 10 year olds and eight 11 year olds.

Table 6
Step 1--Type III GLM Results:
Relationship between Child Self-Care Variables and
Frequency of Telephone Contact between Mother and Child

Self-care variable	n	M	SE	R ²	F	df	P
Years in self-care		·		.19	2.92	6	.01
2	18	6.78	.56				
2 3 4 5 6	22	8.14	.51				
4	22	8.05	.51				
5	14	5.57	.69				
6	1	8.00					
7	4	6.25	1.20				
9	2	4.00	1.69				
Years (categorized)				. 16	7.82	2	.0008
2`	18	6.78	.56				
3-4	44	8.09	.36				
≥ 5	21	5.67	.51				
Hours per week				.04	1.87	2	. 16
7-10	35	7.20	.42				
≥ 10	34	6.74	.43				
All day summer ^a	14	8.29	.68				
Child satisfied				.08	3.62	2	. 03
Very satisfied	30	7.77	.45				
Somewhat satisfied	43	6.51	.38				
Somewhat dissatisfied	10	8.40	.78				
Very dissatisfied	0			•			

^aThese mothers mentioned that their children were home all day during the summer without being prompted to do so. Thus, there may be more mothers whose children were home all day in the summer.

Table 7
Step 1--Type III GLM Results:
Relationship between Child's Activities during Self-Care and
Frequency of Telephone Contact between Mother and Child

Activity during self-care	n	M	SE	R ²	F	df	P
Usually watches TV				.09	7.72	1	.007
Yes	33	8.15	.42				
No	49	6.63	.35				
Besides TV, usually:							
Plays with someone				.01	. 82	1	.37
Checked	39	6.92	.41				
Not checked	44	7.43	.39				
Plays alone				.07	6.08	1	. 02
Checked	11	8.90	.75				
Not checked	72	6.93	.29				
Does chores				.05	4.51	1	.04
Checked	19	8.26	.57				-
Not checked	64	6.88	.31				
Does homework				.03	2.15	1	. 15
Checked	24	7.83	.52			-	
Not checked	59	6.93	.33				

Table 8
Step 1--Type III GLM Results:
Relationship between Mother's Work and
Frequency of Telephone Contact between Mother and Child

Mother's work variable	n	M	SE	R ²	F	df	P
Telephone from work				.25	27.23	1	.0001
Ēasy	75	7.60	.26				
Difficult	7	3.00	. 84				
Work status				. 14	6.65	2	.002
Full time year round	71	.28	.28				
Part time year round	6	.98	.98				
Full time school year,							
less summer	6	.98	. 98				
Mother's incomea				.06	2.68	2	.07
Low							
(< \$5,000 - \$9,999)	35	7.52	.42				
Middle							
(\$10,000 - \$15,999)	34	7.41	.43				
High							
(\$16,000 - ≥\$20,000)	14	5.79	.67				
Would work even if it were							
not financially necessary				.01	1.12	1	.29
Yes	61	7.03	.33				
No	19	7.74	.58				
Likes work				.00	. 13	2	. 88
Likes work very much	52	7.10	.36		,	_	-
Likes work fairly well	28		.49				
Dislikes work a little	3	7.00	1.49				
Dislikes work very much	Ō						

^aOn the questionnaire, mother's income was a categorical variable with seven levels. Using all seven levels, Model $R^2 = .09$, F (df) = 1.33 (6), p = .27. Analyses were also run using income as a continuous variable by defining each category at its midpoint (e.g., \$5,000 - \$7,999 was defined as \$6,500). The results were $R^2 = .04$, F (df) = 3.73 (1), p = .06.

Table 9
Step 1--Type III GLM Results:
Relationship between Mother's Attitude toward Self-Care and
Frequency of Telephone Contact between Mother and Child

Mother's attitude toward self-care	n	 M	SE	R ²	F	df	p P
Use by choice				.00	.01	1	.92
Yes	50	7.16	.36				
No	32	7.22	.46				
Would use it again if							
could do it over				.00	.11	2	.90
Same amount	69	7.20	.31				
Less	13	7.23	. 72				
More	1	6.00					
Satisfied in 1980				.01	.19	2	. 83
Very satisfied	32	7.06	.46				
Somewhat satisfied	42	7.19					
Dissatisfied ^a	9	7.67	.86				
Satisfied in 1982				. 02	.67	2	.52
Very satisfied	36	7.17	.43			-	
Somewhat satisfied	31	6.90	.46				
Dissatisfied ^b	16	7.82	. 64				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day. A combined satisfaction group with levels from very satisfied in both 1980 and 1982 to dissatisfied in both years resulted in equally nonsignificant results.

^aThis group includes seven mothers who checked that they were somewhat dissatisfied and two who checked that they were very dissatisfied.

^bThis group includes two mothers who checked neither satisfied nor dissatisfied, 10 who checked somewhat dissatisfied, and four who checked very dissatisfied. Analyzing the dissatisfied subgroups separately did not change the overall results.

Table 10
Step 1--Type III GLM Results:
Relationship between Family Background Variables and
Frequency of Telephone Contact between Mother and Child

Family background variable	n	M	SE	R ²	F	df	p
Marital status				. 02	1.40	1	.24
Married living			•				
with husband	53	6.94	.35				
Divorced or separated	30	7.63	.47				
Mother's education				.07	1.50	4	.21
High school degree	12	7.83	. 73				
Some college	38	7.47	.41				
College degree	14	7.36	.67				
Some graduate/							
professional school	11	6.64	.76				
Graduate/prof. degree	8	5.38	.89				
Family income ^a				.06	2.68	2	.07
Low							
(< \$5,000 - \$14,999)	24	8.13	.51				
Middle		0,20					
(\$15,000 - \$24,999)	23	6.48	.52				
High							
$($25,000 - \ge $35,000)$	36	7.03	.42				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

^aOn the questionnaire, family income was a categorical variable with seven levels. Using all seven levels, Model $R^2 = .08$, F(df) = 1.08 (6), p = .38. Analyses were also run using income as a continuous variable by defining each category at its midpoint (e.g., \$5,000 - \$9,999 was defined as \$7,500). The result was $R^2 = .01$, F(df) = 1.26 (1), p = .27. Two additional analyses were run using constructed variables, income per capita $[R^2 = .005, F(df) = .44$ (1), p = .51] and mother's income as a percentage of family income $[R^2 = .005, F(df) = .37$ (1), p = .55].

Table 11
Step 1--Type III GLM Results:
Relationship between Mother's Liberal vs. Conservative Orientation and
Frequency of Telephone Contact between Mother and Child

Mother's liberal vs. conservative orientation	n	М	SE	R ²	F	df	P
Church attendancea		·		. 02	.50	3	.68
Never	13	7.08	. 72				
Once to several							
times a year	26	6.73	.51				
1-3 times a month	20	7.55	.58				
Every week or more	24	7.46	. <i>5</i> 3				
Attitude toward:							
Goals of the women's							
liberation movement				.00	.00	1	. 95
Very positive	35	7.17	.43				
Fairly positive							
or less ^b	48	7.21	.37				
Legalizing marijuana				.04	1.55	2	.22
For	12	8.08	. 73				
Ambivalent	25	7.52	.51				
Against	46	6.78	.37				
Abortion				.01	.47	2	.63
For	41	7.37	.40				
Ambivalent	23	6.74	.54				
Against	18	7.33	.61				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

^aOn the questionnaire, there were seven categories of church attendance. Using all seven categories did not change the results.

^bThis group includes two mothers who felt somewhat negatively and one who felt very negatively toward the goals of the women's liberation movement.

Table 12
Step 1--Type III GLM Results:
Relationship between Environment Variables and
Frequency of Telephone Contact between Mother and Child

Environment variable	n	M	SE	R ²	F	df	p
Region				. 03	1.08	3	.36
Northeast	23	7.17	.53				
Central	21	6.67	.56				
South	21	8.00	.56				
West	18	6.89	.60				
Size of community				. 13	2.87	4	.03
Large city							
(> 250,000)	17	8.29	.57				
Suburb of a large city Small city	22	7.32	.50				
(< 250,000) Small town	20	6.95	.52				
(< 10,000)	12	8.00	.68				
Rural area	11	5.45	.71				
Neighborhood safety				.01	. 63	1	.43
Very safe	62	7.32	.33				
Fairly safe ^a	21	6.81	. 5 6				
Own vs. rent dwelling				.04	3.26	1	.07
Own	66	6.94	.31				
Rent	17	8.18	.61				
Yrs. in neighborhood				.04	.63	5	.68
< 1	8	7.75	.91				
1 - 2	15	7.33	.67				
2 - 3	13	6.92	.72				
3 - 5	17	7.88	. 63				
5 - 10	16	6.94	.65				
> 10	14	6.43	.69				
Times moved in past 10 yrs.				.03	.50	4	. 73
Never	10	6.40	. 82				
Once	24	7.00	.53				
Twice	11	7.23	. 78				
Three times	11	7.23	. 78				
Four or more times	27	7.22	.50				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

^aThis group includes one mother who said the neighborhood was not too safe.

Table 13 Step 1--Type III GLM Results: Relationship between Child and Sibling Variables and Frequency of Telephone Contact between Mother and Child (p \leq .10)

					· ·		•
Child and sibling variables	n	M	SE	R ²	F	df	p
CHILD							
Child's age				.11	4.77	2	.01
< 9	14	6.57	. 65				
9 - 11	52	7.81	.34				
12 - 13	17	5.82	.59				
Child's sex				. 05	3.88	1	.05
Female	35	7.83	.42				
Male	48	6.73	.36				
SIBLING							
Number of siblings				.07	2.80	2	.07
0	31	7.55	.45				
1	39	7.41	.40				
2 or more	13	5.69	.69				
Sibling fights							
No sibling	31	7.55	.44	. 12	3.41	3	. 02
No problem at all	5	3.80	1.10		•••-	_	
Not much of	_	0.00					
a problem or							
a minor problem	35	7.23	.42				
A serious problem	6	7.33	1.00				
11 Delle de Problèm							

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

 $Table \ 14$ $Step \ 1--Type \ III \ GLM \ Results:$ $Relationship \ between \ Child \ Self-Care \ Variables \ and$ $Frequency \ of \ Telephone \ Contact \ between \ Mother \ and \ Child \ (p \le .10)$

Child self-care variable	n	M	SE	R ²	F	df	p
TIME							
No. of years in self-care				. 16	7.82	2	.0008
2	18	6.78	.56				
3-4	44	8.09	.36				
≥ 5	21	5.67	.51				
SATISFACTION							
Child satisfied with self-care				.08	3.62	2	. 03
Very satisfied	30	7.77	.45				
Somewhat satisfied	43	6.51	.38				
Somewhat dissatisfied	10	8.40	. 78				
Very dissatisfied	0						
USUAL ACTIVITY							
Usually watches TV				.09	7.72	1	.007
Yes	33	8.15	.42				
No	49	6.63	.35				
Besides TV, usually:							
Plays alone				.07	6.08	1	.02
Checked	11	8.90	.75			_	
Not checked	72	6.93	.29				
Does chores				.05	4.51	1	.04
Checked	19	8.26	.57			-	·
Not checked	64	6.88	.31				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

Table 15
Step 1--Type III GLM Results:
Relationship between Mother's Work, Family Background, and Environment Variables and Frequency of Telephone Contact between Mother and Child (p < .10)

Variable	n	M	SE	R ²	F	ď	P
MOTHER'S WORK							<u> </u>
Telephone from work				.25	27.23	1	.0001
Easy	7 5	7.60	.26				
Difficult	7	3.00	.84				
Work status				.14	6.65	2	.002
Full time year round	71	7.39	.28				
Part time year round	6	8.17	.98				
Full time school year,			•				
less summer	6	3.83	.98				
Mother's income				.06	2.68	2	.07
Low							
(< \$5,000 - \$9,999)	35	7.52	.42				
Middle							
(\$10,000 - \$15,999)	34	7.41	.43				
High		_					
(\$16,000 - ≥\$20,000)	14	5 .79	.67				
FAMILY BACKGROUND							
Family income				.06	2.68	2	.07
Low							
(< \$5,000 - \$14,999)	24	8.13	.51				
Middle							
(\$15,000 - \$24,999)	23	6.48	.52				
High							
$($25,000 - \ge $35,000)$	36	7.03	.42				
ENVIRONMENT							
Size of community				.13	2.87	4	.03
Large city							
(> 250,000)	17	8.29	.57				
Suburb of a large city	22	7.32	. 50 -				
Small city							
(< 250,000)	20	6.95	.52				
Small town							
(< 10,000)	12	8.00	.68				
Rural area	11	5.45	.71				
Own vs. rent dwelling				.04	3.26	1	.07
Own	66	6.94	.31				
Rent	17	8.18	.61				

Note. Frequency of telephone contact during self-care was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = about every other day or almost every day, 8 = once a day, and 10 = more than once a day.

of the other individual variables. Thus, each of the remaining 40 independent variables was entered into a two-way analysis-of-variance model, with "ease of telephoning" entered first. All of the models were significant, at a probability level of .01. The criteria for choosing which of the models to retain was as follows: the model R-square must be at least five points above the .25 correlation obtained when "ease" was the only variable in the model and the probability level for the second variable must be at least .15. The eight models that met these criteria are presented in Chapter IV.

Step 3

Further analyses of variance were conducted to determine the variables related to frequency of telephone contact for the 75 mothers who said it was easy to telephone home from work. The variables that were significantly related to frequency of telephone contact for the total sample were entered into a series of one-way analyses of variance for these 75 mothers. Next, a series of two-way analyses of variance were conducted for these mothers, using all possible combinations of the variables that were individually significant. Finally, the two two-way models that accounted for the greatest amount of variance were combined into a single three-way model.

Step 4

To better understand the circumstances of the mothers who talked to their children infrequently during self-care, the seven mothers who said that telephoning from work was difficult and the seven who talked to their children infrequently even though telephoning was easy were described individually on the variables found to be important in Steps 2 and 3 as well as on several other variables of theoretical interest (e.g., income, attitude toward work and toward self-care, neighborhood safety). In addition, the mothers' responses to the open-ended questions were organized by relevant variable and examined in full.

Step 5

Seven of the eight variables that added at least 5% to the variance in frequency of telephone contact explained by "ease of telephoning" were examined individually. For each variable, a frequency table was constructed presenting the number and percentage of mothers in each category who talked to their children less than once a day. Then, the responses to the open-ended questions were examined for all of the mothers in the group that talked to their children the least. For example, mother's work status was significantly related to frequency of telephone contact between mothers and children during self-care after ease of telephoning was accounted for. The six mothers who worked full time during the school year and less in the summer talked to their children by telephone considerably less often than did the 71 mothers who worked full time year round or the six who worked part time year round. Using the mothers responses to the open-ended questions, a brief description of the circumstances of each mother who worked full time year round and less in the summer was constructed. These descriptions were used to attempt to understand the within-condition variables related to low frequency of contact.

¹Region was not examined in these analyses.

CHAPTER IV

RESULTS

This chapter is divided into two sections. In the first section, the descriptive results are presented for the independent variables and for the social contact variables. Detailed information about the independent variables is provided in the interest of those readers who are concerned with the characteristics of families who use extensive self-care. Others may want to skim over the details presented here. The description of the social contact variables answers the first major question of this study, "To what extent are self-care children socially isolated?" In the second section, the second major question of the study—"What child, family, and environmental variables are related to frequency of telephone contact between mothers and children during self-care?"—is addressed. Both statistical and qualitative analyses are used to address this question.

DESCRIPTIVE RESULTS

Independent Variables

Family Background Characteristics

The family background characteristics of the mothers in the sample are presented in Table 16. Eighty-one of the 83 (97.6%) mothers were white. Since the profiles of the one black and one Hispanic mother were similar to the other mothers, they were not eliminated from the study. In 1980, approximately two-thirds (63.9%) of the mothers

Table 16
Family Background Characteristics

rainiy Background		
Variable	n	%
Ethnicity		
White	81	97.6
Black	1	1.2
Hispanic	1	1.2
Marital status		
Married	<i>5</i> 3	63.9
Divorced	30	36.1
Mother's age		
29 or younger	8	9.6
30 - 34	3 <i>5</i>	42.2
35 - 39	32	38.6
≥40	8	9.6
Mother's education		
High school degree	12	14.5
Some college	38	45.8
College graduate	14	16.9
Some graduate/		
profes. school	11	13.8
Graduate/professional		
degree	8	9.6
Family income in 1979		
<\$5,000	2	2.4
\$5,000 - \$9,999	8	9.6
\$10,000 - \$14,999	14	16.9
\$15,000 - \$19,999	9	10.8
\$20,000 - \$24,999	14	16.9
\$20,000 - \$24,999 \$25,000 - \$34,999	14	16.9
≥ \$35,000	22	26.5
Mother attends church		
Never	13	15.7
Several times a		
year or less	26	31.3
1-3 times a month	20	24.1
Once a week or more	24	28.9

were married, and one-third (36.1%) divorced. Their mean family income in 1979 was approximately \$24,000 (SD = \$11,775).\(^1\) As expected, the mean for the married mothers was considerably higher than that for the divorced mothers (M = \$31,179, SD = \$8,472 compared to M = \$12,100, SD = \$4,788). All of the mothers had at least a high school education: 45.8% had some college education, while the rest were about equally distributed between high school degree (14.5%), college degree (16.9%), some graduate/professional school (13.8%), and graduate or professional degree (9.6%). Most (80.8%) of the mothers were between the ages of 30 and 40. Slightly more than half (53.0%) attended church at least once a month. The rest (47.0%) attended several times a year or less.

Mothers' Work

All of the mothers worked outside the home, and 85.5% worked full time year round (see Table 17). Six mothers worked part time year round, and six worked full time during the school year and either part time or not at all in the summer. The majority of the mothers (67.5%) worked 40 hours or more per week, 26.5% worked 30-39 hours, and 6.0% worked 29 hours or less. Most said they would work even if it were not financially necessary (73.5%) and that they liked their jobs very much (62.7%). The mothers' mean personal income was approximately \$11,500 (SD = \$4,700) in 1979.² All but seven of the mothers said that it was easy to telephone home from work.

¹These figures were derived by using the midpoint of the categorical responses (e.g., \$5,000-\$9,9999 was converted to \$7,500).

²As with family income, these figures were derived by using the midpoint of the categorical responses (e.g., \$8,000-\$9,999 was converted to \$9,000).

Table 17
Mothers' Work Characteristics

Variable	n	<u>%</u>
Work status		
Full time year round	71	85.5
Part time year round	6	7.2
Full time school year,		
less in summer	6	7.2
Hours works per week		
< 29	5	6.0
29-39	22	26.5
<u>> 40</u>	56	67.5
Personal income in 1979		
≤ \$5,000	6	7.2
\$5,000-\$7,999	12	14.5
\$8,000-\$9,999	17	20.5
\$10,000-\$12,999	20	24.1
\$13,000-\$15,999	14	16.9
\$16,000-\$19,999	11	13.3
≥ \$20,000	3	3.6
Attitude toward work		
Work if it were not		
financially necessarya		
Yes	61	73.5
No	19	22.9
Likes job		
Very much	52	62.7
Fairly well	28	33.7
Dislikes job	3	3.6
Easy or difficult to use		
telephone at work ^b		
Easy	75	90.4
Difficult	7	8.4

^aThree mothers did not answer this question.

^b One mother checked both easy and difficult and was not included in the analyses.

Mothers' Attitudes Toward Social Issues

The mothers' attitudes toward social issues were assessed through a series of questions on the 1980 questionnaire (see Table 18). A large majority of the mothers believed that husbands should share equally in child care (90.4%) and that sex education should be taught in the schools (85.5%). A sizable majority also believed that the government should support day care (69.9%) and that people should not be required to retire at 65 (71.1%).

The sample was more divided on the following three issues: the goals of the women's liberation movement, abortion, and legalizing marijuana. It is important to remember that these questions were asked in 1980 when the cultural context was somewhat different than it is today. All but three of the mothers felt positive toward the goals of the women's liberation movement, but 42.2% were very positive and 50.6% were only somewhat positive. Only 14.5% of the mothers were in favor of legalizing marijuana; 55.4% were against it, and 30.1% were ambivalent. Finally, 49.3% believed women should have the right to an abortion, 27.7% were ambivalent, and 21.7% were against it.

Environmental Characteristics

Respondents lived in 31 states across the country, with 27.7% living in the Northeast, 25.3% in Central U.S., 25.3% in the South, and 21.7% in the West (see Table 19). The majority (71.1%) lived in urban areas--20.5% in a large city with a population over 250,000, 26.5% in the suburbs of a large city, and 24.1% in a small city with population under 250,000. The rest lived in a small town with a population under 10,000 (15.7%) or a rural area (13.3%).

Table 18
Mothers' Attitudes toward Social Issues

1/10411415 124414555 5511425	DOCIAL .	10000
Variable	n	76
Husband sharing equally		
in child care ^a		
For	75	90.4
Ambivalent	5 2	6.0
Against	2	2.4
Sex education		
in schools		
For	71	85.5
Ambivalent	11	13.3
Against	1	1.2
Government support		
of day care ^a		
For	58	69.9
Ambivalent	14	16.9
Against	10	12.0
Requiring people		
to retire at 65 ^b		
For	6	7.2
Ambivalent	16	19.3
Against	59	71.1
Abortiona		
For	41	49.3
Ambivalent	23	27.7
Against	18	21.7
Legalizing marijuana		
For	12	14.5
Ambivalent	25	30.1
Against	46	55.4
Goals of the women's		
liberation movement ^c		
Very positive	35	42.2
Somewhat positive	42	50.6
Somewhat negative	2	2.4
Very negative	1	1.2

aOne mother did not answer this question.

bTwo mothers did not answer this question.

cThreee mothers did not answer this question.

Table 19 Environmental Characteristics

Variable	n	%
Region of the U.S.		
Northeast	23	27.7
Central	21	25.3
South	21	25.3
West	18	21.7
Size of community		
A large city		
(> 250,000)	17	20.5
Suburb of a large city	22	26.5
A small city	••	
(< 250,000)	20	24.1
A small town	40	455
(< 10,000)	13	15.7
A rural area	11	13.3
Hansings		
Housing ^a	2	26
Mobile home	3 70	3.6 84.3
House	70 9	10.8
Apartment	9	10.6
Own or rent		
Own	66	79.5
Rent	17	20.5
Neighborhood safety		
	62	74.7
	20	24.1
Not too safe	1	1.2
77		
Years in neighborhood	•	0.6
< 1 year		
≥ 10	14	10.9
No of times moved		
	10	12.0
Twice	11	
Three times	11	13.3
Four times or more	27	32.5
Very safe Fairly safe Not too safe Years in neighborhood < 1 year 1-2 2-3 3-5 5-10 ≥ 10 No. of times moved in past 10 yrs. Never Once Twice Three times	20 1 8 15 13 17 16 14	9.6 18.1 15.7 20.5 19.3 16.9

aOne mother did not answer this question.

The majority lived in a house (84.3%) that they owned (79.5%) and reported that their neighborhood was very safe (74.7%). Close to half had lived in their neighborhood 3 years or less (43.4%) and had moved at least three times in the past 10 years (45.8%).

Child and Sibling Characteristics

Child and sibling characteristics are described in Tables 20 to 26. A summary is presented in the following discussion.

Age. When reading this section, it is important to remember that the questionnaires were specifically targeted to mothers whose children were younger than 14 years old, and further that when there was more than one child, the mothers were asked to answer for the child closest in age to 8. The frequency distribution for the age of the focus children in 1980 is presented in Table 20 and for the age of the children when they began selfcare, in Table 21. The 1980 mean age for the focus children was 10 (SD = 1.59, range = 7 - 13). The mean age of the children when they began self-care was 8 (SD = 1.58, range)= 4 - 12). While a sizable proportion (37.3%) of the children were in self-care alone, the majority (62.7%) had one or more siblings at home with them (Table 22). The mean age for the oldest sibling in self-care with the child was 12 (SD = 2.70, range = 3 - 16). In 1980, only five of the focus children were home with a younger sibling, but by 1982, six more children were caring for younger siblings, making a total of 11 (the specifics are described in the footnotes to Table 23). An additional two mothers said that they were planning to let younger siblings stay home in 1983. Thus there was a tendency for younger siblings to join older ones in self-care when they entered the first grade. However, three of the five children who cared for younger siblings in 1980 cared for preschool children.

Sex. Fifty-eight percent of the focus children were boys; 42%, girls. There were 13 girls and 18 boys in self-care alone (Table 22). These children are listed by ID

Table 20 Child and Sibling Age in 1980

Variable	n	%
Age of child		
7	2	2.4
8	12	14.5
9	20	24.1
10	17	20.5
11	15	18.1
12	9	10.8
13	8	9.6
Age of oldest		
sibling in self-care		
with child in 1980		
No sibling	31	37.3
3	1	1.9
6	1	1.9
7	1	1.9
8	3 1	5.8
9	1	1.9
10	2 8	3.8
11 12	7	15.4 13.5
13	12	23.1
14	8	15.4
15	2	3.8
16	6	11.5
Sibling age		
difference ^a		
No sibling	31	37.3
1-2 years	28	33.7
3 years	13	15.7
≥ 4 years	11	13.3
Child's position		
compared to		
siblings in self-care		
Oldest ^b	5	6.0
Youngest	43	51.8
Middle	4	4.8

^aWhen there is more than one sibling, this figure is the age between the focus child and the oldest sibling in self-care with the child.

^bIncludes one child who is a twin.

Table 21 Age Focus Child Began Self-Care

Age began self-care	n	96
4	1	1.2
5	2	2.4
6	6	7.2
7	17	20.5
8	19	22.9
9	16	19.3
10	18	21.7
11	2	2.4
12	2	2.4

Table 22 Sex of Child and Sibling

Variable	n	‰
One child		
Girl	13	15.7
Boy	18	21.7
Total	31	37.3
Two same-sex children		
Girls	11	13.3
Boys	12	14.5
Total	23	27.7
Two mixed-sex children		
Girl-boy	10	12.0
Boy-girl	6	7.2
Total	16	19.3
Three or more children		
All girls	3	3.6
All boys	1	1.2
Mixed sex	9	10.8
Total	13	15.7

number and age in Table 23. An additional 14 girls and 13 boys were in self-care with same-sex siblings (Table 24). Finally, 25 children were in self-care with opposite-sex siblings (Table 25). In the mixed-sex groups, the oldest child was a girl in 17 cases and a boy in eight.

Table 23 Children in Self-Care Alone in 1980

	~	Age	Yrs.
Age and sex	n	began	1982
8 years old			
Male	4		
0276 ^a		6	4
0363		7	3
0770		8	2
2091		8	2
Female	0	J	-
9 years old	v		
Male	3		
0277	3	7	4
		8	3
0112		8	3
0906	_	•	3
Female	5	_	٠.,
0091 ^b		7	4
0901		7	4
1027		7	4
0700		8	3
0037		9	2
10 years old			
Male	4		
0647		7	5
1092 ^c		8	4
0125		10	2
		10	2 2
_ 1167 ^d	_	10	L
Female	2	_	_
0902 ^e		7	5
1125		9	3
11 years old			
Male	2		
0768 ^f		9	4
0269		10	3
Female	2	10	
0534	2	9	4
		10	3
1149		10	3
12 years old	3		
Male	3	9	
0300		-	5
0430		10	4
2100	_	10	4
Female	2	_	_
0263		9	- 5
1104		10	4
13 years old			
Male	2		
0793		8	7 3
1100		12	3
Female	2		
0634		8	7 3
0111		12	3

(continued on next page)

Footnotes to Table 23

Note. "Age began" is the age of the children when they began self-care. "Yrs. 1982" is the number of years they had been in self-care in 1982.

^a0276. In 1982, mother said that her daughter started staying home with her older brother when she turned 6. The children were 7 and 10 in 1982.

b0091. In 1982, mother said that when her second child (a boy) turned 6, he began staying home with his older sister (who was then 10). The mother anticipated that her third child (a boy, 4 years old in 1980 and 6 years old in 1982) would be in self-care with his older siblings the following year. The children would then be 12, 9, and 7.

c1092. In 1982, brother (5 years younger) was also in self-care. Focus child was 11 when younger brother (age 6) began staying at home with him.

d1167. In 1982, mother was planning to have 12-year-old son care for his 6-year-old brother in the upcoming school year.

e0902. In 1982, daughter took care of 2-year-old sister.

f0768. In 1982, mother said that when her daughter turned 8, she began staying home with her 11-year-old brother.

Table 24
Children in Self-Care with Same-Sex Siblings, Sorted by Sex and Age

				.	•	•
-						
				Yrs.	Together	Sibling fights
Ag	e in 1980	sel	f-care	1982	in 1980	a problem
9	6	8	5	3	N/A	N/A
				3	N/A	N/A
				3		Missing
				3	Always	No, not much
				2	Most	Yes, minor
					Haif	No, not at all
		8	10	4	Most	Yes, serious
		9	11	3	Most	No, not much
10	13	10		2	Always	No, not much
11	13	10	12	3	Always	Yes, serious
13	16	10	13	5	Always	No, not much
7	5, 11	7	5, 11	2	Always	Yes, serious
9	11, 13, 16	7	9, 11, 14	4	Always	Yes, minor
11	13, 15, 16	4	6, 8, 9	9	Half	Yes, minor
10	7	8		4	N/A	N/A
9	11	8	10	3	Most	Yes, minor
9		7		4		Yes, minor
11	13	10	12			Yes, serious
				4		Yes, serious
10		7		5		Yes, minor
		10				No, not much
				5	•	Yes, minor
11	13	11	13	2	Occas.	Yes, minor
	14	9	11	5	Always	No, not at all
12	14					
12 13				5		
12 13 13	14 14 15	10 8	12 10	5 7	Most Most	No, not much No, not at all
	Ag 9 8 10 8 9 10 10 10 11 13 7 9 11 10 9 11 12 10 10 11	siblings in se Age in 1980 9 6 8 8 10 8 8 13 9 14 9 16 10 12 10 12 10 12 10 13 11 13 13 16 7 5, 11 9 11, 13, 16 11 13, 15, 16 10 7 9 11 11 13 12 14 10 13 10 13 11 13	siblings in self-car Age in 1980 Age self 9 6 8 8 8 7 10 8 9 8 13 7 9 14 9 9 16 7 10 12 8 10 12 9 10 13 10 11 13 10 13 16 7 9 11 7 9 11 8 9 11 8 9 11 7 11 13 10 10 13 7 10 13 10 11 13 10 11 13 10	9 6 8 5 8 8 7 7 10 8 9 7 8 13 7 12 9 14 9 14 9 16 7 14 10 12 8 10 10 12 9 11 10 13 10 13 11 13 10 12 13 16 10 13 7 5, 11 7 5, 11 9 11, 13, 16 7 9, 11, 14 11 13, 15, 16 4 6, 8, 9 10 7 8 9 11 8 10 9 11 7 9 11 13 10 12 12 14 10 12 10 13 7 10, 14 10 13 10 13 11 13 8 10	siblings in self-care Age in 1980 Age began self-care Yrs. 9 6 8 5 3 8 8 7 7 3 10 8 9 7 3 8 13 7 12 3 9 14 9 14 2 9 16 7 14 4 10 12 8 10 4 10 12 9 11 3 10 13 10 13 2 11 13 10 12 3 13 16 10 13 5 7 5, 11 7 5, 11 2 9 11, 13, 16 7 9, 11, 14 4 11 13 10 12 3 9 11 8 10 3 9 11 7 9 4 </td <td> Siblings in self-care Age began Yrs. Together 1980 Self-care 1982 In 1980 </td>	Siblings in self-care Age began Yrs. Together 1980 Self-care 1982 In 1980

Note. Age of focus child is given first, and then age of siblings. "Yrs. 1982" is the number of years the focus child had been in self-care in 1982. "Together" is the amount of time siblings were home together during self-care. "Sibling fights" is the degree to which sibling fights were a problem during self-care. The questionnaire asked only about older siblings.

^a0162. Older child in self-care alone for 1 year, younger child began self-care at 6.

^b2120. When focus child began self-care, he was at home with two older brothers. In 1980, oldest brother was 17 and working after school.

c0787. When mother divorced, her son 10 and daughter 12 began self-care. Mother remarried when son was 12, then same-aged son and step-son were in self-care together. Daughter (16) and step daughter (16) were busy with activities and jobs and were not home much.

Table 25
Children in Self-Care with Opposite-Sex Siblings, Sorted by Sex and Age

	Age of child and age of siblings in self-care						
		· · · · · · · · · · · · · · · · · · ·	Age	began	Yrs.	Together	Sibling fights
ID	Ag	e in 1980	self-		1982	in 1980	a problem
Boy is oldest						· - · <u>- · · · · · · · · · · · · · · · ·</u>	
0038 ^a	M11	F8	10	7	3	Most	Yes, minor
0167	F8	M10	8	10	2	Most	No, not much
0490	F8	M11	6	9	4	Most	Yes, minor
0294	F9	M11	8	10	3	Most	No, not much
0029	F10	M12	8	10	4 3 3 3	Always	Yes, minor
066 <i>5</i>	F11	M13	10	12	3	Most	No, not much
2115	M8	F10, M11	7	9, 10	3	Always	No, not at all
0510	M10	F13, M14	9	12, 13	3	Most	Yes, serious
Girl is oldest							
1074	F12	M3	9	?	5 2 5 2 2 5	N/A	N/A
0150	M7	F9	7	9 7	2	Missing	Missing
0275	M8	F10	5		5	Always	No, not at all
2107	М9	F11	9	11	2	Most	Yes, minor
0806	M9	F12	9	12	2	Most	No, not much
0843 ^b	M9	F12	6	9		Always	Yes, minor
0410	M10	F12	10	12	2 2	Most	No, not much
0654	M11	F13	11	13	2	Most	No, not much
0212	M11	F14	7	11	6	Most	No, not much
0569	M12	F14	10	12	4	Half	Yes, minor
0344 ^C	M13	M1, F15	5	7	9	Occas	No, not much
0489d	F11	M2, F15	9	13	4	Most	Yes, minor
0777 ^e	F8	M6, F11	5	8	2	Always	No, not much
0442	M8	M11, F12	8	11, 12	2	Most	No, not much
1041	M9	M10, F13	6	7, 10	5 2	Half	Yes, minor
0725	M9	M11, F13	9	11, 13	2	Most	No, not much
0937	M11	F14, F16	6	9, 11	7	Half	No, not much

Note. Age of focus child is given first, and then age of siblings. "Yrs. 1982" is the number of years the focus child had been in self-care in 1982. "Together" is the amount of time siblings were home together during self-care in 1980. "Sibling fights" is the degree to which sibling fights were a problem during self-care. The questionnaire asked only about older siblings.

a0038. In 1982, 13-year-old son was living with his father, 10-year-old daughter was caring for 8 year old brother.

b0843. In 1982, younger son was also in self-care. He began when he was 6, his brother was 10, and his sister was 13.

^c0344. Older two children began self-care when daughter was 7 and son was 5. In 1980 and 1982, son (age 13 in 1980) was in charge of baby brother. Daughter was also home occasionally.

d0489. Both girls cared for younger brother. Mother said she could not afford care for her 2 and 12 year olds and that her 15 year old did not need care. She also said that her son preferred being with his sisters rather than at a sitters.

e0777. Two daughters were in self-care together for 3 years before son joined them at age 6. In 1982, older daughter had outside activities, and younger two children were home together.

Table 26
Child Characteristics: Social Competence

	_	
Social competence	n	%
Child gets along with mother ^a		
Very well	67	80.7
Fairly well	15	18.1
Not too well	0	0.0
Child gets along with friends		
Very well	57	68.7
Fairly well	23	27.7
Not too well	3	3.6
Sibling fights during self-careb		
Not a problem at all	5	10.9
Not much of a problem	16	34.8
A minor problem	19	41.3
A serious problem	6_	13.0

aOne mother did not answer this question.

Social Competence. The mothers reported that their children got along somewhat better with them than with friends (see Table 26). The figures for getting along with mother were 80.7% very well, 18.1% fairly well, and 0 not too well. The comparable figures for friends were 68.7% very well, 27.7% fairly well, and 3.6% not too well.

For most of the 46 children who were in self-care with at least one older sibling, sibling fights (at least from the mother's point of view) were either not much of a problem (34.8%) or only a minor problem (41.3%). Six (13.0%) of the mothers reported that fights were a serious problem, and five (10.9%) reported that they were no problem at all (Table 26).

b46 children in the sample had an older sibling in self-care with them. The percentages are based on this number.

Table 27
Time in Self-Care

Time in self-care	n	%
No. of years in		
self-care in 1982		
2	18	21.7
3	22	26.5
4	22	26.5
5	14	16.9
6	1	1.2
7	4	4.8
9	2	2.4
No. of hours		
per week in		
self-care in 1980		
7-10	√ 32	38.6
10 or more	51	61.4
All day summera	15	18.1

^aThis information comes from the mothers' answers to the optional questions about self-care and represents those mothers who mentioned summer without being prompted to do so. Thus, more than 15 children may have been in self-care in the summer.

Self-Care Characteristics

Time in self-care. To be included in the sample, the mothers had to report that their children had been in self-care for at least 7 hours a week for at least 2 years. In 1980, 38.6% of the mothers checked that their children were in self-care from 7 to 10 hours a week and 61.4% checked more than 10 hours a week (see Table 27). In addition, in their narratives 15 of the mothers mentioned that their children were in self-care all day during the summer. In 1982, the focus children had been in self-care for an average of 3.8 years, with a range from 2 to 9 years; 21.7% had been in self-care for 2 years, 53.0% from 3 to 4 years, and 25.3% for 5 years or more (Table 27).

Table 28
Activities during Self-Care

Activity	n	%
Usually watches television ^a		
Yes	33	39.8
No	49	59.0
Besides television, usually:b		
Plays with someone	39	47.0
Does homework	24	28.9
Does chores	19	22.9
Plays alone	11	13.3
Plays the radio		
or records	10	12.0
Reads	8	9.6
Rests or sleeps	6	7.2

^aOne mother did not answer this question.

Activities during self-care. On the 1980 questionnaire the mothers were asked, "Does your child watch TV most of the time when he or she cares for self?" and "Aside from television, how does your child usually spend most of the time when he or she cares for self? (check one)." The results are shown in Table 28. The majority of mothers (59.0%) reported that their children did not usually watch television during self-care. However, some of these mothers added comments such as "I hope not" or "they are not supposed to." While the mothers were asked to check only one other activity besides watching television, a sizable portion (24.1%) checked more than one such activity--some commenting that their children engaged in a variety of activities and that it was impossible to choose which was more usual. As shown in Table 28, the activity most often checked was "playing with someone" (47.0%) and the one least often checked was "resting or sleeping" (7.2%).

^bAlthough the mothers were asked to check only one answer, 20 checked more than one. Thus, the percent column totals to more than 100%.

Table 29
Attitude toward Self-Care

Variable	n	%
Mother's satisfaction		
In 1980		
Very satisfied	32	38.6
Somewhat satisfied	42	50.6
Somewhat dissatisfied	7	8.4
Very dissatisfied	2	2.4
In 1982		
Very satisfied	36	43.4
Somewhat satisfied	31	37.3
Neither satisfied nor		
dissatisfied	2	2.4
Somewhat dissatisfied	10	12.0
Very dissatisfied	4	4.8
Child's satisfaction in 1980		
Very satisfied	30	36.1
Somewhat satisfied	43	51.8
Somewhat dissatisfied	9	10.8
Very dissatisfied	1	1.2
Use self-care by choicea		
Yes	50	60.2
No	32	38.6
If had it to do over, would		
use self-care		
The same	69	83.1
More	1	1.2
Less	13	15.7

^aOne mother did not answer this question.

Attitude toward self-care. The mothers were asked several questions to determine how they felt about using self-care (Table 29). In 1980, they were asked about their own and their child's satisfaction with the arrangement. In 1982, they were asked whether or not they used self-care by choice, how much they would use self-care if they had it to do over again, and overall how satisfied they were with using self-care over the years. A majority of the mothers said they used self-care by choice (60.2%) and would use it again

Table 30
Mothers' Satisfaction with Self-Care in 1980
Compared to Mothers' Satisfaction in 1982

		S	atisfie	d in 198	32			
	Ver satis	y sfied	Somewhat satisfied		Dissatisfied		Total	
Satisfied in 1980	<u>n</u>	%	n	%	n	%	n	%
Very satisfied	21	25.3	11	13.3	0	0.0	32	38.6
Somewhat satisfied	14	16.9	16	19.3	12	14.5	42	50.6
Dissatisfied	1	1.2	4	4.8	4	4.8	9	10.8
Total	36	43.4	31	37.4	16	19.3	83	100.0

Note. The 1980 dissatisfied group includes seven mothers who were somewhat dissatisfied and two who were very dissatisfied. The 1982 dissatisfied group includes two mothers who were neither satisfied nor dissatisfied, 10 who were somewhat dissatisfied, and four who were very dissatisfied.

if they had to do it over (83.1%). However, many mothers indicated in their comments that they chose self-care because it was better than the affordable alternatives (e.g., unreliable sitters) and that they would use it again if they had it to do over--not because it was the best choice among all possible alternatives but because it was the best choice given their life circumstances (e.g., they had no more money for child care now than they did then). Even with these qualifications, most of the mothers were somewhat or very satisfied with the self-care arrangement (89.2% in 1980 and 80.7% in 1982). In 1982, 19 mothers were more satisfied with self-care than they had been in 1980 and 23 were less satisfied (Table 30). The rest felt the same in 1982 as they did in 1980. Mother's satisfaction with self-care was highly related to child's satisfaction (see Table 31), perhaps because the mother was the one who reported both, or perhaps because there is a genuine link between the two.

Table 31 Child's Satisfaction with Self-Care in 1980 Compared to Mother's Satisfaction in 1980

		ľ	Mother	satisfie	:d				
	Ver satis	y sfied	Somew ied satisfie					Total	
Child satisfied	n	%	n	%	n	%	n	96	
Very satisfied	22	26.5	7	8.4	1	1.2	30	36.1	
Somewhat satisfied	10	12.1	31	37.4	2	2.4	43	51.8	
Dissatisfied	0	0.0	4	4.8	6	7.2	10	12.1	
Total	32	38.6	42	50.6	9	10.8	83	100.0	

Note. The child dissatisfied group includes nine children who (according to their mothers) were somewhat dissatisfied and one who was very dissatisfied. The mother dissatisfied group includes seven mothers who were somewhat dissatisfied and two who were very dissatisfied.

Social Contact During Self-Care

Mother by Telephone and Neighbors

All of the children had access to an adult during self-care-either their mother was available by telephone, or a neighbor was available in case they needed help (see Tables 32 and 33). Most (79.5%) had both forms of adult support. Only three children never talked to their mothers by telephone, and only 14 did not have a neighbor available.

Siblings and Friends

Siblings. Sixty-three percent of the children were in self-care with siblings in 1980. Most of the siblings were at home with the child all or most of the time; only eight were home just part of the time (Table 32). As previously noted, as younger siblings started elementary school, they tended to join their older siblings already in self-care. In addition, as older siblings became teenagers, they tended to become involved with outside activities and to be home less often (see footnotes to Tables 24 - 25).

Table 32 Social Contact during Self-Care

Social contact	n	%
Talks to mother by telephone		
Never	3	3.6
Every 3 or 4 days	9	12.0
Almost every day	21	25.3
Once a day	28	
More than once a day	22	26.5
Has neighbor available in		
case of an emergency		
Yes	69	83.1
No	14	16.9
Sibling(s) in self-care		
with child		
Never	31	37.3
Sometimes	8	9.6
Usually	25	30.1
Always	19	22.9
Friends during self-care		
Neither allowed to visit		
friends nor to		
have them over	22	26.5
Allowed to visit friends		
or to have friends over		
but not both	26	31.3
Both allowed to visit		
friends and to have		
them over	35	42.2

Table 33
Number and Percentage of Children
Who had a Neighbor Available during Self-Care
by Frequency of Telephone Contact with Mother

***		Neighbor				
Mother available	Y	'es	1	Vo	Total	
by telephone	n	%	n	%	n	%
Never	3	3.6	0	0.0	3	3.6
Every 3-4 days	7	8.4	2	2.4	9	10.8
Almost every day	18	21.7	3	3.6	21	25.3
Once a day	22	26.5	6	7.2	28	33.7
More than once a day	19	22.9	3	3.6	22	26.5
Total	69	83.1	14	16.9	83	100.0

Friends. Seventy-three percent of the children were allowed contact with friends during self-care-42.2% were allowed both to visit friends and to have them over and 31.3% were allowed either to visit friends or to have them over, but not both (Table 32).³ As the analyses of the mothers' responses to the open-ended questions presented in the next section will show, mothers' rules about friends tended to become more liberal over time, as they became more confident in their child's ability to handle self-care.

Total Social Contact

A child's total social contact score could range from 0 to 35, with a score of 0 meaning that the child never talked to his or her mother or another adult by telephone during self-care, did not have a neighbor available in case help was needed, never had a sibling available during self-care, and was neither allowed to visit friends nor to have them over during self-care, and a score of 35 meaning that the child talked to mother or

³Twenty-four of these 26 children were allowed to visit friends but not to have them over, only two were allowed to have friends over but not to visit them.

Table 34
Number and Percentage of Children
Who Had Each Type of Social Contact Available during Self-Care

			Adı	ılts				
	Neighbor/ no telephone		Telephone/ no neighbor		Telephone and neighbor		Total	
Children	n	%	n	%	n	%	n	%
None	0	0.0	1	1.2	6	7.2	7	8.4
Sibling/no friend	2	2.4	2	2.4	11	13.3	15	18.1
Friend/no sibling	0	0.0	4	4.8	20	24.1	24	28.9
Sibling and friend	1	1.2	7	8.4	29	34.9	37	44.6
Total	3	3.6	14	16.9	66	79.5	83	100.0

another adult by telephone more than once a day, had a neighbor available in case help was needed, always was in self-care with a sibling, and was allowed both to visit friends and to have them over during self-care. The mean social contact score for the sample was 22.22 (SD = 5.81), with a range from 8 to 33. All 83 of the children had an adult available to them, and 76 (91.6%) also had a sibling or a friend available (see Table 34). Approximately one-third (34.9%) had all four types of social contact available. Only 13 of the children had social contact scores of 15 or less. These included two of the three children who never talked to their mothers by telephone, three of the nine who talked to their mothers every 3 or 4 days, two of the 14 who did not have a neighbor available, and all seven of the children who had neither siblings nor friends available (see Table 35).

Table 35
Social Contact for Children
with Total Social Contact Score ≤ 15

Total contact	Phone	Neib.	Sibling	Friend	ID
8	3	5	0	0	0902
8	8	0	0	0	2100
11	6	0	0	5	0901
11	6	5	0	0	0793
13	3	5	0	5	0300
13	3	5	0	5	0759
13	8	5	0	0	0037
13	8	5	0	0	0125
15	0	5	10	0	0275
15	0	5	10	0	0886
15	10	0	0	5	0634
15	10	5	0	0	0112
15	10	5	0_	0	0276

Telephone score: 0 = never talked to mother by telephone during self-care, 3 = talked every 3 or 4 days, 6 = talked almost every day, 8 = talked once a day, 10 = talked more than once a day. Neighbor score: 0 = not available, 5 = available. Sibling score: 0 = no sibling in self-care with the child, 10 = a sibling always at home with child during self-care. Friend score: 0 = not allowed to play with friends, 5 = allowed to visit friends or to have them over but not both.

FREQUENCY OF TELEPHONE CONTACT BETWEEN MOTHER AND CHILD

This section addresses the second major question of the study, "What child, family, and environmental characteristics are related to frequency of telephone contact between mothers and children during self-care?" First, the results of the analyses of variance are presented (1) for the total sample and (2) for the 75 mothers who said telephoning was easy. Second, for the two groups of mothers of most importance to this study: (1) those who said that telephoning from work was difficult and (2) those who talked to their children infrequently even though telephoning was easy, the mothers' responses to the open-ended questions are presented, organized by variables of interest. Further statistical analyses were not possible for these two groups of mothers because there were only seven in each group. However, by examining the mothers' responses to the open-ended questions, it was possible to gain insights into the reasons for low telephone contact.

Third, frequency tables are presented for seven of the variables that were significantly related to frequency of telephone contact between mothers and children during self-care. Within each variable, the group with the lowest mean telephone contact score is examined in detail to determine why some mothers within these groups talked to their children frequently, when most did not. While ideally the comments of all 83 mothers would have been examined, complete analyses were not possible within the time frame of this study. The approach taken provides a model for future analyses, and at the same time provides insights into the reasons for variations within conditions.

One-Way Analyses of Variance

A series of one-way analyses of variance was conducted to determine which of the 41 independent variables were related to frequency of telephone contact between mothers and children during self-care. The results for all 41 variables are presented in Tables 4 - 12 in Chapter III. Here, only the 11 variables that were significant at the .05 level are presented.

First, however, it is worth noting that not any of the variables thought to be related to mother's stress (e.g., divorce, low income, negative attitude toward work or toward self-care, and frequent moves) nor any of the variables indicating mother's traditional vs. liberal orientation were related to how often mothers and children talked by telephone during self-care. These findings are explained by examining the mothers' responses to the open-ended questions, and thus they will be discussed after the mothers' responses have been presented.

As shown in the following display, mother's work, child, self-care, and environment variables were related to frequency of telephone contact between mothers and children during self-care.

	Model					
Variable	R ²	F	df	р		
Mother's work						
Ease of telephoning	.25	27.23	1	.0001		
Work status	. 14	6.65	2	.002		
Child						
Age	.11	4.77	2	. 01		
Sex	.05	3.88	1	.05		
Self-care						
No. of years	. 16	7.82	2	.0008		
Sibling fights	. 12	3.41	3	. 02		
Child's satisfaction	. 08	3.62	2	. 03		
Activities						
Usually watches TV	.09	7.72	1	.007		
Usually plays alone	.07	6.08	1	.02		
Usually does chores	. 05	4.51	1	. 04		
Environment						
Size of community	. 13	2.87	4	.03		

Ease of telephoning. The variable most strongly related to how often mothers and children talked by telephone during self-care was ease of telephoning from work. Seven mothers said that it was difficult to telephone home from work and 75 said that it was easy. All seven (100%) of the mothers who said telephoning was difficult talked to their children less than once a day--two, almost every day; three, every 3 or 4 days; and two, never. In

explaining why it was difficult to telephone, three of the mothers said their job was far from home (U. S. Bureau of the Census field supervisor, data entry clerk, and administrative assistant); two had extremely limited access to a telephone on the job (school bus driver and psychiatric nurse in a locked ward); and two had limited time to call (a loan counselor at a bank with a heavy case load and a high school German/Russian language teacher "in charge of 45 kids in the classroom").

In contrast to this 100%, only 33% (25 of 75) of the mothers who said it was easy to telephone talked to their children less than once a day, and most of these (18 of 25) talked to their children almost every day. Seven talked to their children infrequently or never--six, every 3 or 4 days and one, never. The mother who never talked to her child was an LPN who said "Easy to use phone but it was long distance. I worked nights."

Two-Way Analyses of Variance, with "Ease of Telephoning" as the First Variable

Because "ease of telephoning" was the most important variable in predicting frequency of telephone contact, each of the remaining 40 independent variables was entered into a two-variable model, with "ease" entered first. The following eight variables added at least 5% to the variance explained by "ease" alone: (1) sibling fights during self-care, (2) number of years in self-care, (3) child usually plays alone during self-care, (4) mother's work status, (5) mother's education, (6) sex of child and of siblings, (7) child's age, and (8) region of the United States. In the following four models, the Type III probability level for "ease of telephoning" was .001 and for the second variable at least .05.

	Model						
Variable	R^2	F	df	p			
Ease + Sibling fights (.0006)	.43	13.21	4	.0001			
Ease + Years in self-care (.0003)	.39	16.92	3	.0001			
Ease + Plays alone (.0001)	.33	19.02	2	.0001			
Ease + Mother's work status (.03)	.32	12.28	3	.0001			

In the following four models, the Type III probability level for "ease of telephoning" was .0001 and for the second variable, ranged from .06 to .15.

	Model				
Variable	R ²	F	df	р	
Ease + Mother's education (.10)	.33	7.37	5	.0001	
Ease + Child and sibling's sex (.15)	.32	7.05	5	.0001	
Ease + Child's age (.06)	.31	11.51	3	.0001	
Ease + Region of the U.S. (.13)	.31	8.52	4	.0001	

Five variables that were significant when they were the only variable in the model--(1) child's sex, (2) child's satisfaction with self-care, (3) child usually does chores during self-care, (4) child usually watches television during self-care, and (5) size of community--added little to the variance explained by "ease of telephoning." In all of the models except the one including size of community, the Type III probability level for "ease" was .0001. In the model including size of community, it was .0008. The Type III probability level for the second variable in each of the five models ranged from .04 for chores to .24 for size of community. The statistics follow.

	Model							
Variables	R^2	F	df	P				
Ease + Chores (.04)	.29	16.30	2	.0001				
Ease + Child's satisfaction (.17)	.29	10.47	3	.0001				
Ease + Sex of child (.20)	.27	14. <i>55</i>	2	.0001				
Ease + Watches TV (.06)	.26	13.90	2	.0001				
Ease + Size of community (.24)	.25	5.00	5	.0005				

The means for these 13 models are presented in Table 36. As shown in Table 36, for the most part, regardless of "ease," children talked to their mothers less when:

The mother:

- · Worked full time during the school year and less in the summer
- Had a graduate or professional degree

The child:

- Was 12 13 years old
- Was a boy in self-care with a brother or a child in self-care with an opposite-sex sibling
- Had been in self-care 5 years or more
- · Had no problem at all with sibling fights
- Did not usually watch television during self-care
- Did not usually play alone during self-care
- Did not usually do chores during self-care
- · Was somewhat satisfied with self-care

The family:

- Lived in Central US
- Lived in a rural area

In those few instances where the pattern is different for the mothers who said telephoning was difficult, the logical explanation is that difficulty is the stronger of the two variables. For example, when telephoning was difficult, the mothers were as likely to speak infrequently to their children younger than 9 years olds as they were to their children 12 - 13 years old. One can assume that it is not having a child younger than 9 but rather having difficulty in using a telephone that accounts for this finding.

This assumption will be examined further in the section that presents the frequency tables for these variables. But first, the data for the 75 mothers who said it was easy to telephone their child from work, the seven who said telephoning was difficult, and the seven who talked to their children infrequently even though telephoning was easy are presented.

Table 36
Telephone Means for 13 Two-Variable Models
with Ease of Telephoning as the First Variable in Each Model

			y to telep	hone		cult to tele	enhone
Variable	R^2	n	M	SE	n	M	SE
Sibling fights No sibling A serious problem Not a serious problem No problem at all	.43	28 6 31 5	7.82 8.80 7.77 3.80	.37 .79 .35 .86	3 1 3 0	5.00 0.00 2.00	1.12 1.12
Years in self-care 2 3-4 ≥ 5	.39	16 41 18	7.44 8.32 6.11	.51 .32 .48	2 3 2	1.50 5.00 1.50	1.43 1.17 1.43
Usually plays alone Checked Not checked	.33	10 65	9.20 7.35	.68 .27	1 6	6.00 2.50	.87
Mother's work status Full time Part time Less in summer	.33	65 6 4	7.66 8.17 5.75	.27 .88 1.08	5 0 2	4.20 0.00	.96
Mother's education High school grad. Some college College degree Some grad./prof. Grad./prof. degree	.33	10 35 14 9 7	8.80 7.77 7.36 7.11 6.12	.70 .37 .59 .73	2 3 0 1 1	3.00 4.00 0.00 0.00	1.56 1.23
Sex of child and sibling One girl Two or more girls One boy Two or more boys Mixed sex	.32	13 13 15 13 21	7.46 8.62 8.13 6.77 7.19	.60 .60 .56 .60	0 1 3 0 3	0.00 5.00 2.00	1.24 1.24
Child's age < 9 9 - 11 12 - 13	.31	12 49 14	7.42 7.92 6.64	.62 .31 .58	2 2 3	1.50 6.00 2.00	1.52 1.52 1.24
Region Northeast Central South West	.31	19 21 20 15	7.89 6.67 8.25 7.67	.51 .48 .49 .57	3 0 1 3	3.00 3.00 3.00	1.28

(continued on next page)

Table 36 (continued)

		(
		Eas	y to teleph	one	Diffi	cult to tele	ephone
Variable	R ²	n	M	SE	n	M	SE
Usually does chores	.29						
Checked		18	8.72	.50	1	0.00	
Not checked		57	7.25	.28	6	3.50	.87
Child satisfied	.29						
Very satisfied		29	8.03	.40	1	0.00	
Somewhat satisfied		36	7.03	.36	6	3.50	. 89
Dissatisfied		10	8.40	.69	0		
Sex of child	.27						
Female		34	8.06	.38	1	0.00	
Male		41	7.22	.34	6	3.50	.89
Usually watches TV	.26						
Yes		33	8.15	.38	0		
No		42	7.17	.34	6	3.00	.90
Size of community	.25						
Large city		17	8.29	.54	0		
Suburbs of large city		20	7.60	.49	2	4.50	1.57
Small city		18	7.22	.52	1	3.00	
Small town		12	8.00	.64	0		
Rural area		8	6.38	.78	3	3.00	1.28

The 75 Mothers Who Said Telephoning Was Easy

Because only seven mothers said that telephoning from work was difficult, three-way analyses of variance were not possible for the total sample. In addition, although Table 36 indicates that the patterns were similar for the mothers who said telephoning was difficult and those who said telephoning was easy, the patterns were not identical and it seemed likely that different mechanisms would be at work. Thus, the variables that were significant for the total sample were examined again for the 75 mothers who said telephoning was easy. A series of one-way analyses of variance indicated that for these 75 mothers, only four individual variables were significantly related to frequency of telephone contact. All four were self-care variable. Mothers who said that telephoning was easy

were more likely to talk to their children infrequently when (1) sibling fights were no problem at all; (2) the child had been in self-care for at least 5 years; and the child usually did not (3) play alone or (4) do chores during self-care. The results are presented below.

Child variable	n	M	SE	R ²	F	df	P
Sibling fights				.25	7.16	3	.0003
No sibling	28	7.82	.37				
No problem at all	5	3.80	.87				
Not much of a problem							
or a minor problem	31	7.77	.35				
A serious problem	5	8.80	.87				
Years in self-care				.17	7.35	2	.001
2	16	7.44	.51				
3-4	41	8.32	.32				
≥ 5	18	6.11	.48				
Usually plays alone				.08	6.49	1	.01
Checked	10	9.20	.67			_	
Not checked	65	7.35	.26				
Usually does chores				.08	6.56	1	.01
Checked	18	8.72	.50				
Not checked	57	7.25	.28				

All possible two-variable combinations of these four independent variables were examined. The two that explained the greatest amount of variance in telephone frequency were:

	Model						
Variable	R ²	F	df	р			
Sibling fights + Plays alone	.35	8.75	4	.0001			
Sibling fights + Years in self-care	.34	6.72	5	.0001			

Combined into a single three-variable model, Sibling fights + Plays alone + Years in self-care explained 45% of the variance (F = 8.59, df = 6, p = .0001) in frequency of telephone contact for the mothers who said it was easy to telephone their children from work. The means for this model are presented in Table 37.

Table 37
Sibling Fights by Usually Plays Alone by Years in Self-Care for the 75 Mothers Who Said Telephoning Their Child from Work Was Easy

	Number of years in self-care									
-	2 years				3-4 years			5 or more years		
Sibling fights	n	M	SE	n	M	SE	n	M	SE	
No sibling										
Does not usually play alone	3	7.33	.98	16	8.00	.43	5	6.60	.76	
Does usually play alone	2	8.00	.00	2	10.00	.00	0			
No problem at all										
Does not usually play alone	0			1	3.00		3	2.00	.98	
Does usually play alone	0			1	10.00		0			
Not much or minor problem										
Does not usually play alone	9	6.78	.57	11	8.36	.51	7	7.43	.64	
Does usually play alone		10.00		1	10.00		2	8.00	.00	
Serious problem										
Does not usually play alone	0			4	8.50	. 85	0			
Does usually play alone	0			1	10.00		0			

While many of the cells in Table 37 are empty or contain only one person, two findings stand out.

- Regardless of number of years in self-care, telephone contact was the lowest for the
 four children whose mothers (a) checked that sibling fights were no problem at all and
 (b) did not check that their child usually played alone during self-care. (Three of these
 four had been in self-care for 5 years or more and one for 3-4 years.)
- 2. Regardless of years in self-care or sibling fights, telephone contact was the highest for the 10 children whose mothers checked that they usually played alone during self-care. Six of these children talked to their mothers more than once a day; four, once a day.

These findings will be examined in greater detail later, but first, let's examine the circumstances of the seven mothers who said that telephoning from work was difficult and the seven who talked to their children infrequently even though telephoning was easy.

The Comments of 14 Mothers

This section presents the data for the seven mothers who said that telephoning was difficult and the seven who talked to their children infrequently even though telephoning was easy. The analyses are based primarily on the mothers' responses to the optional open-ended questions. A few mothers did not answer all of the optional questions; some answered briefly; and others took the opportunity to write lengthy letters about an issue that was much on their minds. This uneven response presents a problem in taking a reasoned approach to the data. The mothers who wrote long and descriptive letters about their situation make a stronger impression than those who quietly and with few words suggest that everything is going okay. It is important to keep this in mind while reading these mothers' comments.

To make this section more readable, the mothers and children are called by name. To protect their anonymity, the names are not their own.

Telephoning from Work Was Difficult

The data for the seven mothers who said telephoning from work was difficult are organized by frequency of telephone contact, with the two mothers who never talked to their children by telephone (scored 0) presented first and the two who talked to their children almost every day (scored 6) presented last. The data are summarized for each of the seven mothers in Tables 38 to 41, and then the mothers' responses to the open-ended questions are presented. Tables 38 to 41 show that most of the seven mothers were married and lived in either Western or Northeastern United States. None lived in a large city. Compared to the total sample, a higher percentage of these mothers lived in nonurban (rural or small town) areas (57% compared to 28%) and in less than very safe neighborhoods (57% compared to 25%). The mothers' jobs, education, and income levels varied, suggesting that it is not lower or higher work status that is related to difficulty in

Table 38
Mother Variables
for Mothers Who Said Telephoning from Work Was Difficult

		Marital		Work		1979	Likes work
ID	Phone	status	1980 job	status	Education	income ^a	(Work if)b
0344:	0	Married	Language	Not in	Graduate	\$20,000	Very much
Ruth			teacher	summer	degree	\$35,000	(Yes)
0886:	0	Married	School bus	Less in	High school	\$5,000	Fairly well
Linda	V	Mained	driver	summer	degree	\$3,000 \$17,500	(Yes)
Linua			direi	Bulliner	degree	Ψ17,500	(105)
0442:	3	Married	Census field	Full time	Some	\$11,500	Very much
Patty			supervisor		college	\$22,500	(Yes)
•					•		
0569:	3	Married	Admin.	Full time	Some	\$14,500	Fairly well
Karen			assistant		college	\$35,000	(No)
0300:	3	Divorced	Dazobioteio	Full time	Some	\$17,500	Dislikes
Judy	J	Divorced	Psychiatric nurse	run time	professional	17,500	(Part time)
Judy			II OI SC		professionar	17,500	(Fart time)
0277:	6	Married	Data entry	Full time	High school	\$9,000	Very much
Mary			clerk		degree	\$30,000	(Yes)
,							, ,
0269	6	Married	Bank loan	Full time	Some	\$17,500	Very much
Alice			counselor		college	\$35,000	(Yes)

^aThe first row is mother's income, and the second is family income. Except for the highest and lowest groups, income is the middle of a range. The highest category = \$20,000 or more for mother and \$35,000 or more for family, and the lowest category = \$5,000 or less for both mother and family.

^bWork if: Would you continue to work for pay if it were not financially necessary?

Table 39
Child, Sibling, and Self-Care Variables
for Mothers Who Said Telephoning from Work Was Difficult

ID	Phone	Children in self-care in 1980 ²	Yrs. 1982 ^b	Often siblings together	Sibling fights a problem	Usual activity	Neighbor/ Friends
0344: Ruth	0	M1, <u>M12</u> , F14	9	F14 Occas.	Not much	Sports, chores homework, cares for baby	Yes/ Visit and have over
0886: Linda	0	F5, F7, F11	2	Aiways	Serious	Chores homework	Yes/No
0442: Patty	3	<u>M8</u> , M11, F12	2	Usually	Not much	Plays with someone	Yes/ Visit and have over
0569: Karen	3	<u>M12</u> , F14	4	Half	Minor	Plays with someone, sports, news- paper carrier	No/ Visit and have over ^c
0300: Judy	3	<u>M12</u>	5	N/A	N/A	Plays with friend, chores, homework, projects, sports	Yes/ Have over but not visit
0277: Mary	6	<u>M9</u>	4	N/A	N/A	Plays with friend	Yes/ Visit but not have over
0269: Alice	6	<u>M11</u>	3	N/A	N/A	Plays alone, homework, reads, practices musical instrument	Yes/ Visit but not have over

^aFocus child is underlined.

^bNumber of years focus child had been in self-care in 1982.

^cOnly if they play outside.

Table 40
Attitude toward Self-Care Variables
for Mothers Who Said Telephoning from Work Was Difficult

ID	Phone	Use by choice	Reason	Use again	Reason	Mother 1980	Mother 1982	Child 1980
0344: Ruth	0	Yes	Child mature	Same	Children are wonderful	Very satisfied	Very satisfied	Very satisfied
0886: Linda	0	No	Can't afford sitter	Same	No alternatives	Somewhat satisfied	Somewhat satisfied	Somewhat satisfied
0442: Patty	3	No	No close neighbors	Same	Suits our situation best	Somewhat satisfied	Somewhat satisfied	Somewhat satisfied
0569: Karen	3	Yes	Children preferred it to grandmother	Same	Short time, kids involved in sports	Somewhat dissatisfied	Somewhat satisfied	Somewhat satisfied
0300: Judy	3	No	No acceptable alternative	Less	Would not want a child left alone so soon, so long	Somewhat satisfied	Very dissatisfied	Somewhat satisfied
0277: Mary	6	Yes	Child mature and prefers it	Less	A mother doesn't want to leave her child alone	Somewhat satisfied	Very satisfied	Somewhat satisfied
0269: Alice	6	Yes	Son fighting with sitter's son; home- work sooner; save money	Same	No satisfactory alternatives	Somewhat satisfied	Somewhat dissatisfied	Somewhat satisfied

Table 41
Environment Variables
for Mothers Who Said Telephoning from Work was Difficult

ID	Phone	Region	State and size of community	How safe	Own/ rent	Yrs.a	Movedb
0344: Ruth	0	West	AK: Rural	Very	Own	5-10	1
0886: Linda	0	NEast	NJ: Small town	Very	Own	5-10	1
0442: Patty	3	South	VA: Rural	Fairly	Own	3-5	4
0569: Karen	3	West	WA: Suburb	Fairly	Own	3-5	4
0300: Judy	3	NEast	NJ: Small city	Not too	Rent	2-3	3
0277: Mary	6	West	WA: Rural	Fairly	Own	3-5	1
0269: Alice	6	NEast	NY: Suburb	Very	Own	5-10	1

^aNumber of years in neighborhood.

^bNumber of times moved in past 10 years.

using a telephone at work but rather particular characteristics of particular jobs. The ages of the children and sibling relationships also varied, indicating that when telephoning is difficult these variables take on less importance than when telephoning is easy. However, there does seem to be a tendency for mothers to talk more often to children in self-care alone than to those in self-care with siblings. Not shown in the tables is the fact that all seven of these mothers said that their children did not usually watch television during self-care. All but one of the children were allowed to play with friends. Finally, only one of the mothers for whom telephoning was difficult was very satisfied with self-care.

No Telephone Contact

Two of the seven mothers who said that telephoning their children from work was difficult never talked to their children by telephone. Both worked in the school system--one was a high school German/Russian language teacher (Ruth) and the other was a school bus driver (Linda). In answer to the question about why telephoning was difficult, Ruth said:

I was teaching or holding/participating in meetings.

Related to this issue, she later said:

In case of an emergency--which is almost always a sports injury--husband comes home. He is <u>not</u> in charge of 45 kids in a classroom.

Linda said:

I drive a school bus and the only time I could use a phone was when I was at a school waiting for the students to come out.

0344: RUTH

Family and environment. Ruth was married and had three children--two boys and a girl. In 1980, her daughter was 14 years old and her sons were ages 12 and 1. Ken, the 12 year old, was the focus child. The family owned their own home in rural Alaska near a large city. In 1980, they had lived in their neighborhood from 5 to 10 years and had moved once in the past 10 years. While Ruth checked that the neighborhood was very safe, as will be seen from her narrative, safety is a relative matter.

Mother's education, job, and income. Ruth worked as a high school German/Russian language teacher full time during the school year and not at all in the summer. She had a graduate degree, and in 1979, she earned \$20,000 or more. Total 1979 family income was \$35,000 or more. She liked her job very much and checked that she would work even if it were not financially necessary.

Siblings and time in self-care. Ken and his older sister began self-care in 1973 at ages 5 and 7. Remembering that time, Ruth wrote:

When I first began the self-care arrangements, the greatest difficulty was in finding someone to do my daughter's 36" long hair before school. I left at 6:00, my husband at 7:30 and school didn't start until 9:00 for them. Daughter was 7 (3rd grade), son 5 (1st grade)--they got themselves off for school (1 mile walk) stopping at neighbor's who had only sons and had always wanted a daughter, who did my daughter's hair. Daughter was 22 mos. older than son, but years older in maturity - she kept him in line with few fights.

In 1980, Ken was 12 years old and was caring for his 1-year-old brother. His 14-year-old sister was home only occasionally during self-care, and fights between them were not much of a problem. According to Ruth's 1980 narrative, the baby was at a sitter's until 5:00, so Ken apparently cared for his brother from 5:00 until a parent arrived home. In 1982, Ken had been in self-care for 9 years and was still caring for his younger brother. In both 1980 and 1982, he took care of himself for 10 or more hours a week.

Social contact and activities during self-care. Ken had a neighbor available in case he needed help during self-care, and he was allowed both to visit friends and to have friends over. While Ruth said that Ken usually practiced sports during self-care, her narrative indicates that he did many other things as well. The instructions she left for him at age 12 were as follows:

- Do homework
- · Clean out letter box
- Start supper
- Don't let baby get into ponds
- Don't go canoeing when watching brother
- Don't use chain-saw, ax, or rifle if little brother is around
- Sweep carpets once weekly
- · Scrub kitchen floor once a month
- Memorize 10 new words in German or French (aside from homework) daily
- Feed 2 cats, dog
- · Load (or unload) dishwasher

Further, Ken handled situations that would tax most adults:

- Baby almost drowned by jumping into pond after dog, son saved him.
- Child poured hot wax down sink after molding candles, but cleaned it out alone by taking apart plumbing.
- · Attacked by moose and badly scared.
- Attacked by pack of dogs and had to kill one to defend self.

Needless to say, this Alaskan family is not a "typical" modern American family. As Ruth said:

My children were never average: daughter read at age 2, spoke four languages in high school, shot caribou, moose, and bear at age 9, etc.

Ruth highly valued independence and responsibility. She felt that in addition to "routine" skills such as housework, plumbing, car maintenance, hunting, fishing, and meat

preservation, children should be able to fly an airplane at age 10, solo in glider at age 14, and solo in airplane at age 16.

Attitude toward self-care. Ruth preferred self-care to other alternatives because:

My children have been raised to be very independent. The baby stayed at a sitter's until 5:00, but the older two came home alone on days they didn't have sports. They had considerable responsibility: chopping wood, caring for pets, laundry, cleaning, cooking.

If she had it to do over, she would use self-care again because:

I'm delighted with the way my children have turned out: bright, talented, athletic, responsible, caring, mature young people.

In 1980, she checked that both she and Ken were very satisfied with self-care. She continued to be very satisfied in 1982. About parenting, she said:

A parent has 17 years of intensive living with his/her children and I feel the most should be made of this wonderful opportunity. With care, even parents who both work full time (or more than full time, in my case) can find time for their kids.

0886: LINDA

Family and environment. Linda was married and had three daughters, who in 1980 were 11, 7, and 5 years old. Eileen, the 7 year old, was the focus child. The 11 year old was handicapped. The family owned their own home in a small town in New Jersey. In 1980, they had lived in their neighborhood, which Linda said was very safe, from 5 to 10 years. They had moved once in the past 10 years.

Mother's education, job, and income. Linda was a school bus driver with a high school degree. While she checked that she worked full time during the school year and part time during the summer, she also checked that she usually worked from 20 to 29 hours a week. In 1979, Linda was sick most of the year and did not work. Total 1979 family income was from \$15,000 to \$19,999. In 1980, she took her job as a school bus driver to

earn the money needed to pay her doctor bills. Her 1980 personal income was less than \$5,000. She liked her work fairly well and said that she would continue working even if it were not financially necessary.

Siblings and time in self-care. Linda's daughter Eileen began self-care with her two sisters in 1980 when she was 7 years old and her sisters were 5 and 11 years old. The three of them were always together during self-care and fighting among them was a serious problem. They were in self-care from 7 to 10 hours a week both in 1980 and in 1982.

Social contact during self-care. Not only did the children not get along well with each other, but they also had little outside social support. They were neither allowed to visit friends nor to have them over. While they had a neighbor available if they needed help, they were required to stay inside with the doors locked. These restrictions applied both in 1980 and in 1982.

Activities. Linda checked that Eileen usually did chores and homework during selfcare, and like Ruth, in her narrative, she stressed the importance of work and responsibility. In 1980, she said:

My special instructions are usually a list of chores for each of my three girls. My husband and I feel they should have certain responsibilities and they're usually pretty good about getting them done.

Each child has some chore equal to their ability. Since the oldest is handicapped, most house chores go to the 7 year old.

My children have become good at house chores and I think they begin to understand that things don't just get done all by themselves.

In 1982, she said:

The children have more responsibility than they had at first. More jobs to do.

While Linda reported that only one bad thing had happened during self-care, as with Ruth's children, it was a potentially life-threatening situation. In her own words:

About the only bad thing that happened was my 5 year old thought it would be fun to see what things would be like on the porch roof but after her father and I ranted and gave a beating she quickly learned to stay on the 'terra firma.'

She, like Ruth, felt that her situation was not 'typical' She said:

I'm probably the odd one on your list since I believe in old fashioned ideas, morals, and principles. My children work for what they get or they DON'T get it. I don't buy them Vanderbilt Jeans or any 'fad' things. I try to teach right from wrong and I don't try to come off as a 'goody two shoes.' I let them know their mother was no angel when she was young. Maybe this will help them learn by my mistakes and not their own.

Attitude toward self-care. Linda checked that she used self-care because she had no choice. She said:

A baby-sitter would have been too expensive, that is, the cost of one would have almost canceled out my pay. Friends and relations who could sit were working too.

Although she checked that she would use self-care again if she had it to do over, she said:

I don't like leaving them alone, but I do because I have to.

A later statement reflects her attempts to come to terms with the situation:

When I had to leave my girls, I felt some feelings of deserting them. My guilt feelings made the situation impossible in the beginning. Then when I read the article and answered your questionnaire, I began to feel better about my decision. ... Leaving children alone is never easy but I feel that my children can cope better with everyday problems than children who are never alone and always have some adult there for them. It may cause them to grow up faster but in today's world I think that is almost necessary.

In 1980, she checked that both she and Eileen were somewhat satisfied with self-care.

She remained somewhat satisfied in 1982.

In summary, the two mothers who never talked to their children were different in many ways: For example: Ruth had a graduate degree and earned \$20,000 or more in 1979; Linda had a high school degree and earned \$5,000 or less in 1980. Ruth, who used self-care by choice, was completely positive about the arrangement; Linda, who used it because she could not afford child care, had some misgivings about it. Ruth allowed Ken a great deal of freedom during self-care; Linda restricted Eileen to the house.

While Ruth and Linda were different in these and other ways, they were also similar in some ways. For example: They both worked for the school system. They both mentioned their husbands as participants in their children's lives. They both had three children, at least one of whom began self-care at a very young age. They both stressed the importance of work and responsibility for children's development, and they both thought that their situation was atypical. In addition, while Ruth lived in rural Alaska and Linda lived in a small town in New Jersey, both had lived in their neighborhoods from 5 to 10 years, had moved once in the past 10 years, and said that their neighborhoods were very safe. Like most of the children in the sample, both of their children had a neighbor available in case they needed help during self-care.

Telephone Contact Every Three or Four Days

Three of the mothers who said telephoning their children from work was difficult checked that they talked to their children every 3 or 4 days. Two of the three said that telephoning was difficult in 1980 because they worked out of town. Patty was a U.S. Bureau of the Census field supervisor, and sometimes was as much as 150 miles from home. Every time she talked to her children during self-care, she telephoned them. Karen was an administrative assistant, whose job was 25 miles from home. Not only was her job "long distance to my home" but also, "Each call I made had to be logged in and explained." Thus, telephone calls were usually initiated by her children. Both of these mothers had

changed jobs in 1982, but neither said that the changes had to do with their child-care situation. In 1982, Patty was a receptionist in a doctor's office, and Karen was the manager of a health food store.

The third mother, Judy, was a Registered Nurse. While she checked that she talked to her child every 3 or 4 days, she added, "Even less, some weeks not at all (most weeks)."

She said that telephoning was difficult because:

Almost impossible, work in Psychiatric ward (locked), an RN, no personal phone calls in or out, 15-minute break if lucky, 1/2 hour lunch, line at pay phone on another floor. I have him call anyway, call out too (found code #) as others do too. Also, transferred to a more favorable head nurse in same boat!!

In 1980, she checked that she did not usually telephone her child from work, but added:

If on 3:30 P.M. to 12:00 A.M. [shift], I phone him at Grandma's.

She also checked that her child did not usually telephone her, and added the following explanation:

Calls at work are taboo. Does not call unless important or when I am in charge.

However, also in 1980, under bad things that had happened during self-care, she said:

From beginning, [he] used to call me at work and cry about a 'stomach ache' prior to school. Calls work for selfish reasons, 'Can't I <u>please</u> go out?'

And in 1982:

... sometimes after I left, he'd call me at work for small incidentals and there I was in the middle of a.m. report. My head nurse glaring at me!!

Later:

The calls at work were awful most of the time. 'I don't have lunch money, can't find my key, we don't have school due to snow!!'

A work environment that made it difficult for Judy to talk with her self-care child clearly added to the other stresses in her life. At the bottom of the 1980 questionnaire, she wrote, "my nursing profession is a hindrance to all aspects of life."

O442: PATTY

Family and environment. Patty was married and had three children--a daughter and two sons. In 1980, her daughter was 12 years old and her two sons were 11 and 8. Ben, the 8 year old, was the focus child. The family owned a mobile home in a fairly safe neighborhood in rural Virginia. They had lived in the neighborhood from 3 to 5 years in 1980 and had moved four times in the past 10 years.

Mother's education, job, and income. In 1980, Patty, who had some college education, worked full time year round as a U.S. Bureau of the Census field supervisor. Her 1979 income was between \$10,000 and \$12,999. Total 1979 family income was between \$20,000 and \$24,000. She liked her job very much and checked that she would work even if it were not financially necessary. In 1982, she had changed jobs and was a receptionist in a doctor's office.

Siblings and time in self-care. Ben began self-care in 1980 at age 8. At that time, his older brother and sister were in self-care with him most of the time. In 1982, their schedules had changed, and Ben (age 10) was home by himself for 45 minutes before his brother and sister arrived home. Then all three of them were together for 1 hour and 45 minutes before a parent arrived home. Patty checked that fights among the siblings were not much of a problem.

Social contact and activities during self-care. Although Patty said that there were no close neighbors, she checked that Ben had a neighbor he could call on if he needed help and also that he was allowed both to visit friends and to have them over during self-care.

In addition, she checked that Ben usually played with someone during self-care. However, she did not say whether he usually played with his brother and sister or with friends.

Attitude toward self-care. While Patty used self-care because she had no choice ("no close neighbors"), she said that she would use it the same amount if she had it to do over "because it suits our situation best." She and Ben were somewhat satisfied with self-care in 1980, and she continued to be somewhat satisfied in 1982. Her only two comments were the following made in 1982:

One of the biggest points about self-care must be discussions with the children about why it is necessary and what is expected.

It's difficult to give same answers as 2 years ago. My perspective may have changed.

Patty's comments, though very brief, do not show signs of stress about using selfcare.

0569: KAREN

<u>Family and environment</u>. Karen was married and had two children, a son and daughter, who in 1980 were 12 and 14 years old, respectively. Her son, Jerry, was the target child. The family owned their own home in the suburbs of a large city in the state of Washington. In 1980, they had lived in the neighborhood, which she said was fairly safe, from 3 to 5 years. Like Patty's family, they had moved four times in the past 10 years.

Mother's education, job, and income. In 1980, Karen, who had some college education, worked as an administrative assistant full time year round. Her 1979 income was between \$13,000 and \$15,9999. Total 1979 family income was \$35,000 or more. While she checked that she liked her job fairly well, she also checked that she would not work if she didn't need the money. In 1982, she had changed jobs and was managing a health food store.

Siblings and time in self-care. Karen's son Jerry and his older sister began self-care in 1978 at ages 10 and 12, respectively. In 1980 (when he was 12), his sister was in self-care with him about half the time, and fights between them were a minor problem. He was in self-care from 7 to 10 hours a week. In 1982, at age 14, he was in self-care only from 2 to 4 hours a week. Karen wrote:

During this past year there has been very little need for child care. Half of the year, I was out of work and the rest of the time I or my husband arrived home before our busy teenagers.

Social contact and activities during self-care. Jerry did not have a neighbor available if he needed help during self-care. He was allowed to visit friends and could have friends over if they played outside. Karen checked that Jerry usually played with someone during self-care. In addition, she said that he was involved with sports about twice a week after school and that he had a job. She said:

Financial as well as personal independence has always been stressed. 14-year-old daughter has worked as a baby-sitter, berry picker and now is working at a local Amusement Park. 12-year-old son has been a newspaper carrier for 2 years now. Each child is always treated as an individual with separate needs and problems and schedules.

Attitude toward self-care. Karen used self-care out of choice. She explained as follows:

We tried having their grandmother watch them for awhile but they resented her attempts to tell them what to do--their independence was threatened.

She would use self-care the same if she had it to do over because:

Kids weren't home alone that long and were usually involved in sports after school--which was their responsibility to attend on their own about twice a week

In spite of these positive comments, Karen checked that she was somewhat dissatisfied with self-care in 1980. Jerry, however, was somewhat satisfied. In 1982, she, too, had

become somewhat satisfied, but by then the children were 14 and 16 years old and were in self-care for only from 2 to 4 hours a week.

0300: JUDY

Family and environment. Judy was a single mother, whose only child, Andrew, was 12 years old in 1980. In 1980, Judy and Andrew had lived from 2 to 3 years in a rented apartment in a small city in New Jersey. They had moved three times in the past 10 years. She checked that the neighborhood was not too safe and added "various break-ins in other apartment buildings. Rarely see police car."

Mother's education, job, and income. Judy was a psychiatric registered nurse, who checked that she had some professional schooling. Her 1979 income of \$16,000 to \$19,999 per year was the total family income. She worked full time year round, with changing shifts that included weekends and holidays. In 1980, she checked that she disliked her job a little but added "I love nursing--not the hospital." She checked that she would continue to work even if she didn't need the money, but added "part time."

Siblings and time in self-care. Andrew had no siblings. He began self-care in 1977 at age 9, shortly after his parents' divorce. In 1980, at age 12, he was in self-care more than 10 hours a week. Specifically, Judy said that he took care of himself "from 7:00 to 9:00 A.M. and from 3:20 to 4:20 P.M." In 1982, at age 14, he was in self-care from 2 to 4 hours each school day, 3 1/2 hours on Thursday evenings ("I'm in college evenings now"), and 9 1/2 to 10 hours when not in school, including summers. Judy added, "From the beginning he went to after-school program; shifts, week-ends, very difficult hours, holidays." In 1982, Andrew had been in self-care "on and off" for 5 years.

Social contact during self-care. Judy's written comments indicate that while she and Andrew rarely talked by telephone during self-care, he had daily telephone contact with

other adults. In 1980, she said that her instructions included, "Call Grandma just to check in." And in 1982, she said:

There's always a relative, neighbor, friend told when he's alone, they call or he does (#s by phone).

In addition to telephone contact, his grandmother was available to come and get him if he needed help, and he also had a neighbor available. Under good things that had happened during self-care, in 1980 Judy said:

Helped neighbors, minded children for a short time.

And under bad things:

Son not home when I got there. He went shopping with neighbor (reliable), but didn't let me know, was home on time, however.

In 1980, Andrew was allowed to have friends over "sometimes if he'll be alone all day while I'm at work." He was not allowed to visit friends. In 1980, under "bad things," Judy said he had a friend over without asking. In 1982, she said the following about friends:

Sometimes I arrange for another self-care friend to keep him company or stay over here or there, checking with the other mother first. It works both ways.

All of us latchkey moms cooperated. Sometimes he stayed at a friends overnight, especially on my working holidays and week-ends--then I hardly saw him. From the beginning he was not allowed outside or friends inside. Both have changed.

Even at 14, he feels better with a friend over. So do I!!

Activities during self-care. In 1980, Judy checked that Andrew usually played with someone during self-care and added, "same-aged friend, depends on weather." She also said that he did chores and homework, trained his birds, and worked on projects. In 1982, she said: "I left lists of things for him to do to keep him busy."

Attitude toward self-care. Judy used self-care because she had no choice. In 1982, she described her attempts to find a sitter, as follows:

Looked all over for sitter, even called high school. Neighbor (friend) I did get stole my clothes, [ran up] my phone bill, ate, used my things, smoked my cigarettes, and had men in.

In 1980, she described the changes she and Andrew had gone through after her divorce:

All I can say is that especially with my shift work job, his sports, etc., it ROUGH!! ... You wouldn't believe it, guilt, pressure, strain, etc. What an existence! We manage somehow but its hard, really hard. For him to be an only, spoiled, pampered two-parent home child then a product of a divorce, in a new town, a small apt. and having me work full time and him care for himself. WHEW!! (and sometimes I work holidays, always weekends).

In a long letter that she wrote in 1982, she further described her attempts to find acceptable child care for Andrew and her own and Andrew's response to their changed circumstances:

I was divorced, alone with my son. Before we had a house, I was able to take him to and from school, managing a part-time job, spend holidays, week-ends, etc. Then it all changed. I posted signs at work, laundry room at the apts., asked the rental office, friends, and relatives, called schools searching for a sitter. It was hard. I even received terrible, obscene phone calls so I stopped posting my phone number. My son would cry at times if he got up before I left and it broke my heart. ... I have often said I should write a book. It was a bad time and suicide looked good. Plus I was always sick. I have Premenstrual Syndrome Disease just diagnosed after 15 long hard years.

[paragraph about the difficulties of telephoning]

Also, my son developed stomach aches, no physical problem, seen by a Doctor who spent 15 minutes with him and 45 minutes with me!! So now we force him to school after speaking to school nurse, teachers, principal so he calls his grandparents after I leave for work, they keep him home so we fix that. He becomes a behavioral problem at school especially at the after-school program. I was falling apart and so was he.

I even called local schools for sitter that didn't cost a fortune, eat and drink, charge toll calls, smoke my cigarettes, use my bed, steal my clothes, not show up, cancel last minute, one even came drunk and late. I was then late for work and worried all night (12:00-8:00). Plus he had to walk in all kinds of weather.

My mom and dad helped out 95% until those other problems developed and I had to tactfully wean my son, yet keep them happy. They kept him days off, ill, etc. Alerting everyone at school helped. My son never even knew I saw the principal, etc. Thank God for a good school system.

Initially, meals were non-cooking ones if I were not there, cold cereal even in winter, I felt so guilty.

At a later point, she described again her problems with sitters:

It is important to make them feel mature by discussing some arrangements with them, letting them voice their opinion of child care. Sometimes he refuses certain baby sitters!! or someone new and uncaring left him alone even though a body was there. I came home 2:00 A.M. to find my son watching TV and playing, the sitter asleep!!

Consistent with the stress she expressed over using self-care, Judy said if she had it to do over again, she would use self-care less because:

Would not want a child, especially after a divorce, left with unreliables or alone so soon so long; it hurts still.

In a related statement, she said:

Every child is an individual. Each matures at a different rate. That's the key. My son was not mature enough to stay on his own, but had to. It still is scary for me.

Surprisingly, in 1980, she checked that both she and Andrew were somewhat satisfied with self-care. More consistent with her written comments, in 1982 she checked that she was very dissatisfied with self-care.

In summary, three of the mothers talked to their children every 3 or 4 days even though telephoning was difficult. Telephone calls were long distance for Patty and Karen. In addition, for Karen calls had to be logged in and explained. Thus, her children usually called her. Judy talked to her son sometimes in spite of a highly unsupportive work environment. She was divorced, had one child in self-care alone, and was unhappy with the self-care arrangement, whereas Karen and Patty were married, had siblings in self-care

together, and were more satisfied with the arrangement. While the circumstances of these three mothers were mainly different—different income levels, different environments, different family configurations and relationships, different attitudes toward self-care and toward work, they had a few things in common: all three (1) said their children usually played with someone during self-care, (2) had moved frequently in the past 10 years (Karen and Patty four times and Judy three times), and (3) checked that they lived in less than very safe neighborhoods (Karen and Patty, fairly safe; Judy, not too safe).

Telephone Contact Almost Every Day

Two of the mothers for whom telephoning was difficult, nevertheless talked to their children almost every day. Mary was a data entry clerk in 1980 and was in accounting in 1982. Regarding telephoning from work, she said:

I have a different job now than 2 years ago. The current job is out of town. Also personal calls are not allowed unless an emergency.

Alice was a loan counselor at a bank. She said:

I had access to a phone but I was a loan counselor at a bank and the customer load was heavy-making it difficult to make the time to call.

O277: MARY

Family and environment. Mary was married and had two children a son and a daughter. In 1980 her son, Jack, the focus child, was 9 years old and her daughter, who was handicapped, was 5. The family lived in a fairly safe rural area in the state of Washington. They had lived in the neighborhood from 3 to 5 years and had moved once in the past 10 years.

Mother's education, job, and income. Mary worked full time year round as a data entry clerk in 1980. She had a high school degree, and in 1979 earned between \$8,000 and \$9,999. Total 1979 family income was between \$25,000 and \$34,999. She liked her

job very much and checked that she would work for pay even if it were not financially necessary. In 1982, she had changed jobs and was in accounting.

Siblings and time in self-care. Jack began self-care by himself in 1978 at age 7. In both 1980 and 1982, he took care of himself before and after school, a total of 7 to 10 hours a week. In 1982, at age 11, he had been in self-care for 4 years. Jack's handicapped sister was cared for by a baby-sitter in 1980. In 1982, she was in a foster home.

Social contact and activities during self-care. Jack had a neighbor available if he needed help during self-care. He was allowed to visit friends but not to have them over. According to Mary, he usually played with a friend who was 2 years older than he was, or his father was home.

Attitude toward self-care. Mary gave positive reasons for using self-care:

Our son is very independent and level-headed. He prefers to be alone and not at a sitter's house.

However, she also said that if she could do it over, she would use self-care less because:

A mother doesn't like or want to leave their child by themselves. If my job warranted it, I would go to work after child leaves for school and he home before child is home after school.

Mary did not answer the optional questions in 1980 and her only additional comment in 1982 was:

Child care and arrangements are as individual as the child and family, depending on environment and needs.

In 1980, she checked that both she and Jack were somewhat satisfied with self-care. She became more satisfied over time, checking that she was very satisfied with the arrangement in 1982.

0269: ALICE

<u>Family and environment</u>. Alice was married and had three boys: ages 2, 3, and 11 in 1980. George, the 11 year old, was the focus child. The family lived in the suburbs of a small city in New York State. In 1980, they had lived in the neighborhood, which was very safe, from 5 to 10 years and had moved once in the past 10 years.

Mother's education, job, and income. Alice was a loan counselor in a bank. She had some college education, and in 1979, she earned between \$16,000 and \$19,999. Total 1979 family income was \$35,000 or more. In 1980, she checked that she liked her job very much and that she would work for pay even if it were not financially necessary.

Siblings and time in self-care. George began self-care, without siblings, in 1979 at age 10. In 1980, he was in self-care both before and after school, a total of 7 to 10 hours a week. In 1982, at age 13, he had been in self-care for 3 years and cared for himself 10 or more hours a week.

Social contact during self-care. George had a neighbor available in case he needed help during self-care. He was allowed to visit friends but not to have them over. George's social contact during self-care was not entirely positive. In 1980, under bad things that had happened during self-care, Alice said:

We aren't there when there is trouble with other neighborhood children. There have been a few fights at the bus stop and after school.

Activities during self-care. In 1980, Alice checked that George usually played alone and did homework during self-care. She also added that he practiced his musical instrument. Further, Alice said that her instructions to George included the following:

homework; clean room (bedroom); could work on other chores; practice instrument; limit TV to minimum; stay in front yard until one parent gets home; if there is trouble outside, come inside until we get home; turn off any lights and be sure to lock door.

Attitude toward self-care. Alice said that she preferred self-care because:

1. We had problems/conflicts at sitters house--my son and hers were fighting. 2. We felt my son could come home and start school work sooner. 3. \$ savings.

Although she said she would use self-care again if she had it to do over, her reason was that there were "no satisfactory alternatives." She also said:

It's hard to 'trust' what a preteen or teenage child tells you. ... I'm always anxious during school holidays and after school hours about what is really going on. Is it TV all the time--or fights, etc.

In summary, two of the mothers who said telephoning was difficult, nevertheless talked to their self-care children almost every day. Both had jobs in an office and had access to a telephone. For Alice, telephoning was difficult because of a busy schedule and for Mary, because she worked out of town. Each had one son who had been in self-care by himself for 4 years in 1982. Both boys had younger siblings not in self-care. While both Mary and Alice said they used self-care by choice, they also both expressed some discomfort about the arrangement.

Summary

The data for these seven mothers is summarized in Table 42. In the following discussion, it will be helpful to remember that Ruth and Linda never talked to their children by telephone during self-care and that although Judy checked that she talked to her son every 3 or 4 days, she added that some weeks she did not talk to him at all. Still, Judy talked to her son relatively often considering the difficulties she faced in using a telephone at work. Karen and Patty talked to their children every 3 or 4 days, and Mary and Alice talked to their child almost every day.

Access to a telephone. Although all seven of the mothers had difficulty in using a telephone to talk to their children from work, telephoning was the most difficult for the three mothers who talked to their children the least--Judy, Ruth, and Linda. Judy's

Table 42
Summary Data for the Seven Mothers Who Said Telephoning from Work Was Difficult

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0344 Ruth 0	German/Russian language teacher with 45 kids in classroom Did not work in summer. Liked work very much. Graduate degree. High personal and family income	12-year-old son caring for 1-year-old son, 14-year-old daughter home occasionally. Highly competent Saved baby from drowning, killed wild dogs, withstood the attack of a moose	Father available by telephone. Went home if needed. Neighbor with special interest in children. Sibling fights not much of a problem. Allowed to visit friends and to have them over. 10 or more hours a week	Sports, chores, homework, cared for younger brother	Expressed comfort with work and family roles and self-care	None	Rural AK Very safe [except for wild animals] Lived in neighborhood 5-10 years. Moved once in past 10 years
0886 Linda 0	School bus driver Worked less in summer. Liked work fairly well. High school degree. Low personal and middle family income	Three daughters ages 5,7 and 11. 11-year-old handicapped. Good about doing assigned chores	Neighbor available but also said friends and neighbors who could help were working themselves. Sibling fights a serious problem. No friends allowed. 7-10 hours a week	Chores Locked in house	Some discomfort with work and family roles and with self-care	Sick previous year, went to work to pay medical bills. Oldest child handicapped. Used self-care for financial reasons	Small town, NJ Very safe Lived in neighborhood 5-10 years. Moved once in past 10 years
0442 Patty 3	U. S. Bureau of Census field supervisor Telephoning long distance. Liked work very much. Some college. Middle personal and family income	Two sons, ages 8 and 11 and daughter age 12	Neighbor available. Sibling fights not much of a problem. Allowed to visit friends and to have them over 10 or more hours a week	Played with someone	Self-care "suits our situation best"	None	Rural, VA Fairly safe Lived in neighborhood 3-5 years. Moved 4 times in past 10 years

(continued on next page)

Table 42 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0569 Karen 3	Administrative Asst. Telephoning long distance, calls logged. Liked job fairly well. Would not work if not financially necessary.	Son age 12 and daughter age 14. Used self-care because children's "independence was threatened" when	Children could stay at grandmother's but preferred not to. No neighbor available. Sibling fights a minor problem. Allowed to	Played with someone, newspaper carrier, sports twice a week	Would have preferred not to work. Somewhat dissatisfied with self-care in 1980	None	Suburbs, WA Fairly safe Lived in neighborhood 3-5 years. Moved 4 times in past 10 years
	Some college Middle personal and high family income	staying at grandmother's. "Financial as well as personal independence always stressed." Described in 1982 as "busy teenagers"	visit friends but not to have them over. 7-10 hours a week				
0300	Psychiatric nurse	12-year-old son.	Grandparents available	Played with	"My nursing	Extreme.	Small city, NJ
Judy	No personal phone calls allowed, needed	Began self-care at age 9 before he was	but not used often because allowed child	same-aged friend outside if weather	profession is a hindrance to all	Divorced Unsupportive	Rented apartment in not too safe
3	code to use phone, 15-minute break, pay phone on another floor with long lines. Disliked job a little Some professional school. High personal income only income = middle family income	mature enough to handle arrangement	to stay home from school. Neighbor, grandparents, mother's friends available by telephone. Spent time with neighbors—shopping, caring for children. Sometimes had friends over and sometimes spent night at friend's. 10 or more hours a week. All day on weekends, school holidays, and summer	good, chores, homework, trained birds, projects	aspects of life." Preferred to work part time and be far more available to child. Worked part time before divorce. Very distressed by having to use self- care	work environment. Unable to arrange satisfactory child care. Unsafe neighborhood	neighborhood. Various break-ins in other apartment buildings, rarely see police car Lived in neighborhood 2-3 years. Moved 2-3 times in past 10 years

(continued on next page)

Table 42 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0277 Mary 6	Data entry clerk In 1982, job was out of town. Calls not allowed unless emergency. Liked job very much. High school degree. Low	11-year-old son Son very independent and level headed and preferred self-care	Neighbor available. Father sometimes home. Usually played with a friend 2 years older than he was. Allowed to visit friends but not have them over	Played with friend	Preferred work schedule to match child's school schedule	Mentioned that handicapped daughter was in foster home in 1982	Rural, WA Fairly safe Lived in neighborhood 3-5 years. Moved once in past 10 years
	personal and high family income		7-10 hours a week				
0269 Alice	Loan counselor at bank Busy schedule made telephoning difficult.	11-year-old son Anxious about whether son was	Neighbor available. Allowed to visit friends but not to have them	Homework, chores, practiced musical	Not mentioned	Stress over how child was handling self-	Suburbs, NY Very safe Lived in neighborhood
6	Liked work very much. Some college. Middle personal and high family income	following rules, watching TV, getting into fights after school and on school holidays	over. A few fights with neighborhood children 7-10 hours in 1980 10 or more hours in 1982	instrument, stayed in front yard		care (used self- care because child fighting with sitter's son) No other stress expressed. Also had 2 preschool children	5-10 years. Moved once in past 10 years

employer actively made telephoning difficult both physically and psychologically (needed code to use phone on floor, otherwise had to stand in line at a pay phone on another floor during very short breaks, glared at if child telephoned). Linda's job as a school bus driver made access to telephone, for all practical purposes, impossible, and Ruth's job as a classroom teacher made telephoning difficult although presumably not impossible. The other four mothers had office jobs and had more ready access to a telephone. Difficulty for three of these four (Patty, Karen, and Mary) came from working out of town and for two of the three (Mary and Karen) from having an employer that discouraged personal telephone calls. The only impediment to Alice's telephoning was her own busy schedule.

In all, three of the mothers (Judy, Karen, and Mary) talked to their children by telephone even though their employers disapproved of such calls.

Siblings and time in self-care. Overall, the four mothers whose children were in self-care with siblings (Ruth, Linda, Patty, and Karen) talked to their children less than the three whose children were in self-care alone (Mary, Alice, and Judy). While Judy talked to her child considerably less often than did Mary and Alice, she talked to him considerably more than one would expect given the obstacles presented by her work situation.

Coincidentally, the four children who were in self-care with siblings cared for themselves only in the afternoons, whereas the three who were in self-care without siblings cared for themselves both in the mornings and in the afternoons.⁴ Thus, when telephoning is difficult, increased telephone contact may be related to the child's being in self-care without siblings, to the time of day the child is in self-care, or to a combination of the two.

Two of the children in self-care without siblings also cared for themselves all day on school holidays.

Mother's attitude toward self-care. Only two of the seven mothers gave completely consistent answers to the five questions concerning their attitude toward self-care. Ruth was clearly positive about self-care; and Judy, clearly negative. Ruth used self-care by choice because her children were mature and would use it again if she had it to do over because she was delighted with the way her children turned out. Both she and Ken were very satisfied with self-care in 1980, and she remained very satisfied in 1982.

On the other hand, Judy used self-care only after an extensive search for a viable alternative failed. Although she felt it was better for Andrew to stay alone than with unreliable baby-sitters or with his grandparents (who allowed him to stay home from school when he said he had a stomach ache), her long narrative clearly indicates that using self-care was a painful experience for her. Consistent with her written comments, she said that she would use self-care less if she had it to do again and that she was very dissatisfied with the arrangement in 1982.

Of the remaining five mothers, Patty was the most positive about self-care. While she said that she used self-care because she had no choice ("no close neighbors"), she also said she would use it the same amount if she had it to do over because "it suits our situation best." She made no negative comments about self-care and checked that she was somewhat satisfied with the arrangement in both 1980 and 1982.

Karen, Alice, and Linda were less positive about self-care. Karen and Alice said they used self-care because they preferred it and would use it the same if they had it to do over again. However, they both choose self-care because the available alternatives were not working well, and both expressed some dissatisfaction with the arrangement. Karen choose self-care because her children were unhappy at their grandmother's and Alice because her son and the sitter's son were fighting. Alice expressed anxiety in her written comments about what her child actually did during self-care compared to what he was supposed to be doing. In addition, Alice and Karen both expressed dissatisfaction with

self-care--Karen in 1980 and Alice in 1982. While Karen became more satisfied over time, it is possible to attribute her increased satisfaction to the fact that by 1982 her children were teenagers and were only in self-care from 2 to 4 hours a week.

Other than Judy, Linda was the least positive about using self-care. She used it because she had no alternative and would use it again if she had to do it over because she could foresee no changes in her circumstances. Although she checked that she was somewhat satisfied with self-care in both 1980 and 1982, she said, "I don't like leaving them alone but I do because I have to." She also said that when her children had begun self-care, her guilt feelings made the situation "impossible."

Mary is harder to place on a positive/negative continuum. Many of her comments about self-care were positive. For example, she said that she used self-care by choice because her son preferred it to being at a sitter's and that she trusted him to handle the situation. She also said that she was very satisfied with the arrangement in 1982. Still, she said that she would use self-care less if she had it to do over because "a mother doesn't like or want to leave her child by themselves."

In sum, while Judy was the only one of the seven mothers who was completely negative about using self-care, five of the seven mothers expressed reservations about the arrangement.

Fathers. While the questionnaires did not ask about the involvement of the children's fathers, four of the seven mothers mentioned their husbands as participants in their children's lives. Ruth said that her children could telephone their father if they needed help during self-care and that when they called him it was usually due to a sports injury. Linda mentioned that her husband was involved in disciplining the children when they misbehaved during self-care (he gave his 5-year-old daughter a beating for being out on the porch roof). Hopefully, his involvement also was expressed in more positive ways.

Finally, Mary and Karen both said that their husbands sometimes arrived home from work before they did.

Stress. Six of these mothers had life circumstances commonly associated with stress in the family literature. The seventh, Ruth, lived an arduous life by choice and found it challenging rather than stressful. To summarize for the other six mothers:

Judy was clearly under a great deal of stress in both 1980 and 1982. The life changes she faced after her divorce were so difficult for her that she considered suicide. She not only worked more hours than she had when she was married, but she also worked difficult shifts in an environment unsupportive of her family needs. Further, she moved from a house in a presumably safe neighborhood to an apartment in a neighborhood that was not too safe. She was particularly distressed about having to leave her son alone for long periods of time. He, in turn, expressed his distress by crying, getting stomach aches, and becoming a behavior problem at school.

Linda described three situations often associated with stress: (1) She was sick for almost a year and had to go to work to pay the resulting medical bills; (2) her oldest child was handicapped; and (3) fighting among her three children was a serious problem. In addition, two of her children were younger than 9 years old, and she had to leave them in self-care for financial reasons even though she would have preferred not to. Perhaps because her children were younger than the others, she was the only one of the seven mothers who did not allow her children to play with friends during self-care.

Mary, like Linda, had a handicapped child. While her written comments gave no indication of being under stress, she did say in 1982 that her handicapped daughter, at age 7, was in foster care. That decision must have been a difficult one. In addition, her son began self-care at a very early age (7 years old) because he preferred the arrangement to being at a sitter's. Even though Mary said that she trusted her son to handle the situation, she showed some discomfort about using self-care.

Alice mentioned two possibly stressful situations in her life. First, she was a working mother with two preschool children. She made no comments about her child-care arrangements for her preschool children, but the family literature indicates that finding and scheduling such care causes stress for many mothers. Second, her 11-year-old son George was prone to fighting, and she felt anxious about what he was doing during self-care.

Neither Karen nor Patty's comments indicated that they were under stress. It is worth noting, however, that they each had moved four times or more in the past 10 years and in 1980 both commuted to jobs. In addition, they both had changed jobs between 1980 and 1982. Moving, commuting, and new jobs are all items commonly found on stress check lists. On the positive side, their new jobs decreased their commuting time, and Karen specifically mentioned that this meant less time in self-care for her children.

Conclusion

The narratives of these seven mothers suggest that when telephoning is difficult mothers talk to their children more frequently when (1) there is a telephone in their physical proximity; (2) their child is alone rather than with siblings; (3) the child's father is not available; (4) the child is in self-care both before and after school, or all day, rather than only after school; and (5) the mother is not entirely comfortable with using self-care.

The narratives also suggest the importance to mothers of having telephone contact with their children during self-care. By making a telephone available to employed mothers with self-care children, employers could have a positive impact on their employees' mental health, improving not only their family lives but also their work productivity.

Infrequent Telephone Contact Even Though Telephoning Was Easy

The data for the seven mothers who talked to their children never (one mother) or every 3 or 4 days (six mothers) even though telephoning from work was easy are presented in this section. Before presenting the mothers responses to the open-ended questions, the information is summarized by individual mother in Tables 43 to 46. The tables show that most of the mothers lived in Central United States, and about half were divorced. Like the mothers who said that telephoning was difficult, they had various types of jobs and various education and income levels—although all seven had more than a high school degree. Five of the seven children had been in self-care for 5 years, and five were in self-care with an older sibling. For four of the five, sibling fights were no problem at all and for one, not much of a problem. Most of the mothers who talked to their children infrequently even though telephoning was easy were very satisfied with the self-care arrangement.

Telephone Contact

Only one mother who said telephoning was easy never talked to her children by telephone during self-care. She was a licensed practical nurse who worked the 11:00 P.M. to 7:00 A.M. shift. While it was easy for her to use the telephone, she didn't call her children in 1980 because telephoning was long distance and they were asleep most of the time while she was at work. However, in 1982, she talked to her children once a day. She explained as follows:

Two years ago, home before children got on school bus. One and a half years ago changed jobs, unable to get home before children left for school. So call every A.M. at 6:30 and talk to kids.

Six of the mothers who said that it was easy to telephone their children from work talked to their children once every 3 or 4 days. In explaining why telephoning was easy, three of the mothers said they had their own office with a telephone, two said they had

Table 43
Mother Variables
for Mothers Who Talked to Their Children Infrequently
Even Though Telephoning from Work Was Easy

		Marital		Work		1979	Likes work
ID	Phone	status	1980 job	status	Educ.	incomea	(Work if) ^b
0275: Nancy	0	Divorced	Licensed practical nurse	Full time	Some profes- sional	\$6,500 \$7,500°	Very much (Yes)
0255: Sarah	3	Married	Extension home economist	Part time ^d	College degree	\$6,500 \$22,500	Very much (Yes)
0291: Susan	3	Married	High school guidance counselor	Not in summer	Graduate degree	\$17,500 \$35,000	Very much (Yes)
0654: Janet	3	Divorced	Admin. Head Nurse	Full time	Some college ^e	\$17,500 \$17,500	Very much (Missing)
2115: Helen	3	Divorced	House- keeper	Full time ^f	Some college	\$9,000 \$9,000	Fairly well (Yes)
0902: Shirley	3	Marriedg	Clerk/ secretary	Full time	Some college	\$14,500 \$30,000	Fairly well (Yes)
1074: Brenda	3	Married	Secretary	Full time	Some college	\$14,500 \$17,500	Very much (Yes)

^aThe first number is mother's income; and the second is family income. Except for the highest and lowest groups, income is the middle of a range. The highest category = \$20,000 or more for mother and \$35,000 or more for family, and the lowest category = \$5,000 or less for both mother and family.

gDivorced in 1982.

bWork if: Would you continue to work for pay if it were not financially necessary?

^CWith child support.

^dWas also a part-time graduate student working toward her Master's degree.

^eWhile she checked that she had attended some college, her job as an Administrative Head Nurse indicates that she checked the wrong box.

fShe checked that she worked full time but also checked that she worked for 30-39 hours a week.

Table 44
Child and Self-Care Variables
for Mothers Who Talked to Their Children Infrequently
Even Though Telephoning from Work Was Easy

		Children		Often	Sibling	•	
ID	Phone	in self-care	Yrs.	siblings together	fights a problem	Usual activity	Neighbor/ Friends
0275:	- Thone	in 1980 ^a M8, F10	1982 ^b	Always	Not	Slept Slept	Yes/
Nancy	U	<u>M10,</u> 1 10	3	Always	at ali	Siehr	No
0255: Sarah	3	<u>M13</u> , M15	5	Most	Not at all	Watched TV, read, chores, fooled around	Yes/ Visit and have over
0291: Susan	3	<u>M12</u> , M14	5	Always	Not at all	Played with someone	Yes/ Visit and have over
0654: Janet	3	<u>M11</u> , F13	4	Most	Not much	Played with someone, homework, cleaned room, baked	No/ Visit and have over
2115: Heien	3	<u>M8</u> , F10, M12	3	Aiways	Not at all	Baked, started supper, voluntarily cleaned, delivered newspapers ^C	Yes/ Visit but not have over
0902 Shirley	3	<u>F10</u> d	5	N/A	N/A	Watched TV, chores, in 1982 cared for baby sister	Yes/ No
1074: Brenda	3	<u>F12</u> , M3	5	N/A	N/A	Watched TV, played with someone, cared for baby brother	Yes/ Visit and have over ^e

aFocus child is underlined.

^bNumber of years focus child had been in self-care in 1982.

 $^{^{}m c}$ Except for delivering newspapers, the activities applied to all of the children, not just the 8 year old. The 11 year old delivered newspapers.

dIn 1982, she cared for her 1-year-old sister.

eOnly one friend.

Table 45
Attitude toward Self-care Variables
for Mothers Who Talked to Their Children Infrequently
Even Though Telephoning from Work Was Easy

ID	Phone	Use by choice	Reason	Use again	Reason	Mother 1980	Mother 1982	Child 1980
0275: Nancy	0	No	Could not afford alternative	Same	(Missing)	Very satisfied	Very satisfied	Somewhat satisfied
0255: Sarah	3	Yes	Children quite responsible, could check with father	Same	Taught children responsibility, self-respect	Very satisfied	Somewhat satisfied	Somewhat satisfied
0291: Susan	3	Yes	Short time and children liked quiet time to themselves	Same	Children secure and self-sufficient	Very satisfied	Very satisfied	Very satisfied
0654: Janet	3	Yes	Children old enough, very responsible, and enjoyed being home	Same	Worked out well	Somewhat satisfied	Very satisfied	Somewhat satisfied
2115: Helen	3	No	Could not afford alternative and children old enough, responsible enough	Same	Grandparents available on days off	Very satisfied	Somewhat satisfied	Somewhat satisfied
0902 Shirley	3	No	Funds extremely limited	Less	Started a bit too young with leaving child alone	Very satisfied	Very satisfied	Somewhat satisfied
1074: Brenda	3	No	No convenient arrangement could be made	Same	Teaches dependability and self- reliance	Somewhat satisfied	Very satisfied	Somewhat satisfied

Table 46
Environment Variables
for Mothers Who Talked to Their Children Infrequently
Even Though Telephoning from Work Was Easy

ID	Phone	Region	State and size of community	How safe	Own/ rent	Yrs.a	Moved ^b
0275: Nancy	0	Central	IA: Rural	Very	Own	10 or more	0
0255: Sarah	3	Central	IA: Rural	Very	Own	10 or more	0
0291: Susan	3	South	TX: Large city	Very	Own	5-10	1
0654: Janet	3	West	CA: Suburb	Very	Own	2-3	2
2115: Helen	3	Central	IL: Small city	Fairly	Own	1-2	1
0902 Shirley	3	Central	OH: Small city	Fairly	Own	1-2	4
1074: Brenda	3	Central	OH: Suburb	Very	Own	10 or more	0

^aNumber of years in neighborhood.

^bNumber of times moved in past 10 years.

a telephone on their desk, and one said "there is a phone one desk away that is available any time."

The narratives for these seven mothers follow.

O275: NANCY

<u>Family and environment</u>. Nancy was divorced. She had two children, a son and a daughter who, in 1980, were 8 and 10 years old, respectively. They lived in a very safe neighborhood in rural Iowa and had lived in their house, which Nancy owned, for 10 years or more. Matthew, the 8 year old, was the focus child.

Mother's education, job, and income. Nancy was a licensed practical nurse, with some professional training. In 1980, she worked the 11:00 P.M. to 7:00 A.M. shift, full time year round. She liked her job very much and said that she would continue working for pay even if it were not financially necessary, but added "part time." In 1979, she was a full-time student, working weekends. She earned from \$5,000 to \$7,999. With child support, her total 1979 income was from \$5,000 to \$9,999.

Siblings and time in self-care. Matthew and his sister began self-care in 1977 when they were 5 and 7 years old, respectively. In 1980, at ages 8 and 10, the children were always together, mostly sleeping, during self-care. Fights were no problem at all. Nancy made several comments indicating that the children provided positive support for each other. In 1980, she checked that Matthew was allowed to use the stove, but added "with sister near to help him." Under good things that had happened she said, "Son has become ill. Daughter has helped him without calling for help." She also said, "each child takes care of self, and help each other." In 1982, the children had been in self-care for 5 years. They took care of themselves for more than 10 hours a week in both 1980 and 1982.

Social contact and activities during self-care. The children had a neighbor available if they needed help during self-care. Since they were in self-care after bedtime, they were

neither allowed to visit friends nor to have them over. Their morning instructions were, "Make bed. Pick up dirty clothes. Eat breakfast. Brush teeth. Feed dog. Turn off lights."

Attitude toward self-care. Nancy said that she used self-care because she "had no choice-expense wise." She checked that she would use it the same amount if she had it to do over, but did not explain why. She was very satisfied with self-care both in 1980 and in 1982. In 1980, Matthew was somewhat satisfied.

0255: SARAH

<u>Family and environment</u>. Sarah was married and had two boys, who in 1980 were 13 and 15 years old. Ray, the 13 year old, was the target child. In 1980, the family had lived on the farm they owned in rural Iowa for 10 years or more. Sarah checked that her neighborhood was very safe and in 1980 commented as follows:

I am becoming more and more aware of the vacuum we live in in rural Iowa. Yes we have some rural crime but it's not a worry yet to the point that we even lock the doors. ... The locations where this kind of security and lack of worry exist are very few.

Mother's education, job, and income. In 1980, Sarah worked part-time as an extension home economist and was also a part-time student, working toward her Master's degree. In 1979, she earned between \$5,000 and \$7,999 a year. Total 1979 family income was between \$20,000 and \$24,999. Sarah liked her job very much and said that she would continue working for pay even if it were not financially necessary.

Siblings and time in self-care. Ray and his brother began self-care in 1977 when they were 10 and 12 years old. In 1980, when Ray was 13 years old, Sarah said the boys usually took care of themselves in the afternoons, but also sometimes in the evenings when she and her husband had "night meetings simultaneously." They were together most of the time during self-care and fighting between them was no problem at all. In 1982, the boys

had been in self-care for 5 years. They took care of themselves for more than 10 hours a week in both 1980 and 1982.

<u>Social contact during self-care</u>. Ray and his brother had a neighbor available in case they needed help during self-care, and Sarah described her sons' interactions with the neighbors in positive terms:

The nearest neighbor is 1/4 mile away; she is a grandmother surrogate who baby-sat with them when they were younger. The boys' real grandparents (one set) live one mile in the other direction.

The boys feel secure when we are gone because of their neighbors. We always leave a phone number and call in if plans change (a rule for everyone in the family).

We've never had any real problems when we're gone--or any unusually good things happen, except perhaps a spontaneous visit to their neighbors which makes us feel good about their relating to elders.

In addition to having a good relationship with the neighbors, Ray was allowed to visit friends and also to have friends over.

Activities during self-care. Sarah checked that Ray usually watched television during self-care and that he also read and "fooled around." In her narrative, she said "they have chores to do and do them. There are no-no's on snacks and they know how to fix a simple meal.

Attitude toward self-care. Sarah checked that she used self-care out of choice and that she would use it the same amount if she had to do it over. She explained that:

Children quite responsible. Could check with father also. Taught children responsibility and self-respect.

In addition she said:

You must understand that our children's behavior and instructions now given are the result of discipline and guidance since they were tiny. [They have instructions] and for the most part they follow those instructions. But it's the result of long years of attention.

Sarah checked that she was very satisfied with self-care in 1980 and somewhat satisfied in 1982. She checked that Ray was somewhat satisfied in 1980.

0291: SUSAN

<u>Family and environment</u>. Susan was married and had three children--a girl and two boys. In 1980, her daughter was 3 years old and her sons were 12 and 14 years old. John, the 12 year old, was the target child. The family owned their own home in a very safe neighborhood in a large city in Texas. They had lived in the neighborhood from 5 to 10 years and had moved once in the past 10 years.

Mother's education, job, and income. Susan was a high school guidance counselor, with a graduate degree. She worked full time during the school year and not at all in the summer. In 1979, she earned from \$16,000 to \$19,999. Total 1979 family income was \$35,000 or more. She liked her job very much and said that she would continue to work even if it were not financially necessary.

Siblings and time in self-care. John and his older brother began self-care in 1977 when they were 9 and 11 years old. In 1980, at ages 12 and 14, they were always in self-care together and fights between them were no problem at all. They were in self-care from 7 to 10 hours a week in 1980 and in 1982. In 1982, they had been taking care of themselves for 5 years. Their sister, who was then 5 years old, went to a nursery in the afternoons.

Social contact and activities during self-care. The boys had a neighbor available and were allowed both to visit friends and to have them over during self-care. John usually played with someone and did not usually watch television.

Attitude toward self-care. Susan chose to use self-care because her children "were alone only about 1 1/2 hour a day and liked that quiet time to themselves." She would use it the same amount if she had it to do over because, "The children are secure and self-

sufficient." In 1980, both she and John were very satisfied with self-care. She continued to be very satisfied in 1982.

0654: JANET

<u>Family and environment</u>. Janet was divorced. She had a son and a daughter, who in 1980 were 11 and 13 years old, respectively. Her son Ian was the focus child. She owned her home in the suburbs of a large city in California. They had lived in the neighborhood, which she said was very safe, for the past 2-3 years and had moved twice in the past 10 years.

Mother's education, job, and income. Janet was an administrative head nurse, who worked full time year round. She checked that she had some college, which given her job, must have been a mistake. In 1979, her income of \$16,000 to \$19,999 was the total family income. She said that she liked her job very much but did not answer whether she would work for pay if it were not financially necessary.

Siblings and time in self-care. Janet said that her children had been in self-care for 4 years in 1982, which means that Ian was 9 and Hillary 11 when they began self-care in 1978. Ian was in self-care with his older sister most of the time and fights between them were not much of problem. However, under bad things that happened during self-care, Janet said "Gets into occasional fights with sister."

In 1980, Janet checked that the children were in self-care from 7 to 10 hours a week. She said:

I leave for work at 6:30 A.M. and return about 4:30 or 5:00 P.M. each night. My two children get themselves ready for school, make their own breakfasts, pack their own lunches and get to school. (One takes the bus, one rides a bike). They are rarely late or miss school. They return from school about 3:30 and are home alone until 4:30 or 5:00 til I arrive.

In 1982, she checked that the children were home from 4 to 7 hours in both 1980 and 1982. She wrote:

My children arrived home each day about 3:00 P.M. I usually arrived home at 4:00 or 4:30.

At some point between 1980 and 1982, they apparently changed from taking care of themselves both before and after school to just after school.

Social contact during self-care. No neighbor was available in case the children needed help during self-care. However, Janet was available by telephone if they needed her. She said, "They knew they could call me if there ever was a problem."

Ian was allowed both to visit friends and to have them over during self-care. Janet mentioned friends several times in response to the open-ended questions. Under instructions, she said:

Leave a note if playing with friends.

If you are out playing, come back home and check in every so often (with 13-year-old sister).

Under bad things that had happened during self-care, she said, "got into a water fight with his friend," and under good things, "had some nice visits with his friends."

Activities during self-care. In 1980, Janet checked that Ian usually played with someone during self-care and that he did not usually watch television. Under good things that had happened during self-care, besides having nice visits with friends, she said:

- 1. He made some fantastic peanut butter cookies!
- 2. Cleaned out the garage without even being asked.
- 3. Gets his homework done early.
- 4. Cleans room up after school.

In 1982 she said:

They were responsible, started their homework, watched TV, had a snack, etc.

Attitude toward self-care. Janet said that she used self-care out of choice because "My children were old enough and very responsible and enjoyed being home." She would use it the same if she had it to do over because "It worked out well." Further, she said, "Things really go very well, but then I have two of the greatest kids in the world!"

In 1980 she checked that both she and Ian were somewhat satisfied with self-care. She added:

I asked my son if there was anything else he wanted the people doing this study to know. His answer was, 'I like this time alone, but it would be nice if you [mom] were home.'

In 1982, she checked that she was very satisfied with self-care. She said:

My children are now 13 and 15 years old. I really don't think of their being alone as 'self-care.' At this age they are capable of being alone and caring for themselves.

2115: HELEN

<u>Family and environment</u>. Helen was divorced and had three children--two sons and a daughter. In 1980, her sons were 8 and 11 years old and her daughter was 10. Jeff, the 8 year old was the focus child. Helen owned her home in a small city in Illinois. In 1980, they had lived in the neighborhood, which was fairly safe, from 2 to 3 years. They had moved once in the past 10 years.

Mother's education, job, and income. In 1980, Helen worked from 30 to 39 hours a week as a housekeeper. She had some college education. She liked her job fairly well and would continue working even if it were not financially necessary. In 1982 she had changed jobs and was a clerk/typist. Her 1979 income of between \$8,000 and \$9,999 was the total family income.

Siblings and time in self-care. Jeff and his sister and brother began self-care in 1979 at ages 7, 9, and 10, respectively. They were always in self-care together. Although Helen checked that fighting among them was no problem at all during self-care, she did mention fighting under her instructions to the children. She said:

Besides the usual no fighting and no friends in, the only other special instructions I give my children are to start cooking supper.

In 1982 they had been in self-care for 3 years. They took care of themselves for more than 10 hours a week in both 1980 and 1982.

Social contact during self-care. Jeff was allowed to visit friends during self-care but not to have them over. The children had a neighbor available in case they needed help, and under bad things that had happened during self-care, Helen said that they, in fact, had needed and used such help:

They came home from school at our old house and found it had been broken into--they called the police and then me at work. In our new house they thought someone was in the house when they got home from school. They went to a neighbor and she called the police. Fortunately no one was there.

Because of this incident, she said:

My daughter frequently becomes frightened and thinks someone is in the house. Her older brother usually reassures her and she is OK.

Activities during self-care. Helen said that Jeff's older brother delivered newspapers every day after school. In addition, she said:

They have become very independent and self-sufficient. When there is no snack, they bake chocolate chip cookies, cake, or noodles and broth. And on occasion I have come home to a perfectly cleaned house with the table all set for dinner. So I think they are learning to think of others and share the responsibility of running the house.

Attitude toward self-care. Helen said that she used self-care because she had no choice. She could not afford a sitter and the children were old enough and mature enough

to watch themselves. She said that she would use it the same amount if she had it to do over because:

After school they watch themselves. On no school days, their grandparents watch them because 8 hours is too long to leave them alone.

0902: SHIRLEY

<u>Family and environment</u>. Shirley was married in 1980 but divorced in 1982. She had two girls. In 1980, Becky, the focus child, was 10 years old and her younger sister was 6 months old. Shirley owned her home in a small city in Ohio. In 1980, they had lived in the neighborhood, which was fairly safe, from 1 to 2 years. They had moved four or more times in the past 10 years.

Mother's education, job, and income. Shirley was a clerical worker/secretary, who worked full time year round. She earned between \$13,000 and \$15,999 in 1979. Total 1979 family income was between \$25,000 and \$34,999. She said she liked her job fairly well and would continue to work even if it were not financially necessary.

Siblings and time in self-care. Becky began self-care in 1977 when she was 7 years old. In 1980, at age 10, she usually cared for herself in the mornings. In 1982, she had been in self-care for 5 years and was caring for her baby sister, who was then 1 1/2 years old. Shirley said:

Even though I left my younger one with my older child before she was a 'perfect' age for baby-sitting, I feel she took better care of her sister because she loved her, and she was really concerned for her well being.

Social contact and activities during self-care. Becky had a neighbor available if she needed help. She was neither allowed to visit friends nor to have them over during self-care. She usually did chores during self-care and did not usually watch television.

Attitude toward self-care. Shirley said she had no choice about using self-care because "My funds were extremely limited." She said she would use it less if she had it to do over, because, "I feel I started a bit too young with leaving Becky by herself." Overall, about self-care she said:

I feel that it is very important for children to take care of themselves occasionally. My daughter has learned much about responsibility by caring for herself and her younger sister after school. I believe that the trend of the future will demand that children care for themselves at a younger age since more mothers are working outside the home.

Even though she used self-care out of necessity and would use it less if she had it to do over, in both 1980 and 1982, she checked that she was very satisfied with the arrangement. In 1980, she checked that Becky was somewhat satisfied.

1074: BRENDA

<u>Family and environment</u>. Brenda was married. She, like Shirley, had an older daughter who took care of a preschool sibling. Her daughter Emily was 12 years old in 1980 and her son was 3 years old. The family owned their own home in the suburbs of a large city in Ohio. In 1980, they had lived in the neighborhood, which was very safe, for 10 years or more.

Mother's education, job, and income. Brenda was a secretary, with some college education. She worked full time, year round and earned between \$13,000 and \$15,999 in 1979. Her husband also worked full time, but she provided the main support for the family. Total family 1979 income was between \$15,000 and \$19,999. She liked her job very much and said that she would continue to work for pay even if it were not financially necessary.

Siblings and time in self-care. Emily began self-care in 1977 when she was 9 years old. In 1980, at age 12, she took care of herself and her 3-year-old brother for more than

10 hours a week. She continued to do so in 1982. Brenda described this arrangement in 1980 under bad things that had happened during self-care as follows:

Child has had to assume responsibility of younger brother until I get home from work. This helps me and saves money to a day care center but I feel it takes away personal time from my child. I try to make this up in other ways (example--tickets to a play or some other treat).

In 1982, Emily had been in self-care for 5 years.

Social contact and activities. Brenda must have made other child-care arrangements for the baby sometimes because Emily was allowed not only to have one friend over during self-care but also to visit friends. In addition, under bad things, Brenda said:

I'm not available to involve child in activities between after school and dinner time. Often have to rely on friend or neighbor for transportation or forego an activity.

Brenda checked that Emily usually watched television and played with someone during self-care. In her narrative, she said that she gave Emily instructions regarding chores that needed doing and told her "whether to put something in the oven to start dinner." Under good things that had happened during self-care, she said "Often child has taken on responsibility of chores without being asked."

Attitude toward self-care. Brenda checked that she used self-care because she had no choice. Her reason was that "no convenient arrangement could be made." However, she said she would use it the same if she had it to do over again, because "I believe child learns dependability and self-reliance." She changed from being somewhat satisfied with self-care in 1980 to being very satisfied in 1982. In 1980, she checked that Emily was somewhat satisfied with the arrangement.

Summary

The four variables that predicted frequency of telephone contact for the 75 mothers who said that it was easy to telephone their children from work were (1) sibling fights during self-care, (2) number of years in self-care, (3) usually plays alone during self-care, and (4) usually does chores during self-care. The following describes the seven mothers who talked to their children infrequently even though telephoning was easy on these four and on several other variables of potential importance. The data for the seven mothers are summarized in Table 47.

Sibling fights. Four of the seven mothers (57.1%) said that sibling fights were no problem at all during self-care, and one said that they were not much of a problem. This finding is particularly remarkable since only five mothers in the total sample of 83 (6.0%) said that sibling fights were no problem at all.⁵ Two of the mothers had daughters who cared for preschool siblings and thus did not answer the questions about sibling relationships. In their narratives, both of these mothers expressed regret for the undue responsibility their child held but also expressed confidence in their child's ability to carry out that responsibility.

Years in self-care. Five of the seven (71.4%) focus children had been in self-care for 5 years in 1982. This figure is compared to 21 of 83 (25.3%) children in the total sample.⁶

⁵The fifth mother who said that sibling fights were no problem at all talked to her child more than once a day. This child, a 9-year-old girl, was different from the other four children in that her sibling was 7 years older than she was and was home only occasionally during self-care. (The siblings of the other four children were 2 years older than they were and were home most or all of the time during self-care.) In addition, she was the only one of the five children whose mother checked that she usually played alone during self-care.

⁶Seven of the 21 (33.3%) children in self-care for 5 years talked to their mothers never or infrequently. (Telephoning was easy for five, and difficult for two.) This figure is compared to 3 of 18 (16.7%) children in self-care for 2 years and 2 of 44 (4.7%) children in self-care 3 or 4 years.

Table 47
Summary Data for Seven Mothers Who Talked to Their Children Infrequently Even Though Telephoning from Work Was Easy

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0275 Nancy 0	Licensed practical nurse. Worked 11:00 P.M. to 7:00 A.M. shift. Easy to use telephone but calls long distance and children asleep. Liked job very much. Some professional school. In 1979, full-time student who worked part time. Low personal income = total family income	8-year old son and 10-year-old daughter. "Each take care of self and help each other"	Neighbor available. Sibling fights no problem at all. No friends. More than 10 hours (all night while sleeping)	Slept, got ready for school	Would prefer to work part time	Divorced Low income Used self-care for financial reasons	Rural, IA Very safe Lived in neighborhood 10 years or more Never moved in past 16 years
0255 Sarah 3	Extension home economist. Worked part time, was graduate student part time. Liked work very much. Low personal and middle family income	Two sons ages 13 and 15. Children quite responsible. Self-care taught them responsibility and self-respect	Father. Grandparents nearby. Neighbor available. Made spontaneous visits to grandmother surrogate who baby-sat them when they were younger. Sibling fights no problem at all. Allowed to visit friends and to have them over. More than 10 hours a week	Watched TV, read, fooled around, chores	Children's responsibility attributed to long years of attention, guidance, and discipline	None	Rural IA Very safe Owned farm. Special, safe environment where didn't need to lock doors. Lived in neighborhood for 10 years or more. Never moved in past 10 years
0291 Susan 3	Guidance counselor who did not work in summer. Liked work very much. Graduate degree. High personal and family income	Two sons ages 12 and 14. Children secure and self-sufficient and liked the quiet time to themselves	Neighbor available. Sibling fights no problem at all. Allowed to visit friends and have them over. 7-10 hour a week	Played with someone	Overall, sense of ease conveyed about children and about self-care	None	Large city, TX Very safe Lived in neighborhood 5-10 years. Moved once in past 10 years

Table 47 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
Janet 3	Administrative Head Nurse. Liked work very much. High personal income only income = middle family income	11-year-old son and 13-year-old daughter. Old enough and responsible enough for self-care and enjoyed being home. Two of the greatest kids in the world!	No neighbor available. Mother available by telephone if they needed her. Sibling fights not much of a problem. Out in neighborhood playing with friends. 7-10 hours a week.	Played with someone, homework, watched TV, baked cookies, cleaned room, cleaned garage without being asked	Overall, sense of ease conveyed about children and about self-care	Divorced	Suburbs, CA Very safe Lived in neighborhood 2-3 years. Moved twice in past 10 years
2115 Helen 3	Housekeeper Liked job fairly well. Some college. Low personal income = only income.	Two sons, ages 8 and 11 and daughter age 10. Mature, independent, and self-sufficient. Handled a burglary but as a result daughter often frightened and needs to be comforted by brother	Neighbor available. When house burglarized, went to neighbor first, then called mother. Sibling fights no problem at all. Allowed to visit friends but not to have them over. Grandparents available if children have whole day off. 10 or more hours a week.	Oldest son delivered newspapers. Children baked. Sometimes cleaned house without being asked.	Overall, sense of ease conveyed about children and about self-care	Divorced Low income. Used self-care for financial reasons	Small city, IL Fairly safe Lived in neighborhood 2-3 years. Moved once in past 10 years

Table 47 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0902 Shirley	Clerical/secretary Liked job fairly well Some college. Middle personal and high family income in 1979. Apparently income level dropped after divorce	10-year-old daughter. In 1982 at age 12, cared for baby sister, age 1 1/2. "Took better care of her sister because she loved her, and was really concerned for her well being"	Neighbor available. No friends. 7-10 hours	Chores. Cared for younger sister in 1982	Felt she left daughter alone when she was "a bit too young" but that daughter had handled responsibility well	Divorced between 1980 and 1982. Funds extremely limited	Small city, OH Fairly safe Lived in neighborhood from 1-2 years. Moved 4 or more times in past
1074 Brenda	Secretary Liked job very much. Some college. Middle personal and family income. Husband worked full time but wife provided main support for family	12-year-old daughter cared for 3-year-old son. Child learned to be dependable and self-reliant	Neighbor available. Friends and neighbors sometimes took child to activities. Allowed to visit friends and to have them over. 10 or more hours a week	Watched TV, played with someone, cared for baby brother, chores, sometimes did chores without being asked	Felt that daughter was missing out on deserved freedom by caring for younger brother. Also regretted that she was not available to take daughter to after-school activities	None	Suburbs, Ohio Very safe Lived in neighborhood for 10 years or more. Never moved in past 10 years

Of the remaining two children, one had been in self-care for 3 years and one for 4 years in 1982.

Plays alone and does chores. None of the seven (0.0%) mothers checked that their child usually played alone during self-care, and only one (14.3%) checked that her child usually did chores.⁷ In the total sample, 11 mothers (13.3%) checked that their child usually played alone and 19 (22.9%) that their child usually did chores⁸

Environment. Five of the seven mothers lived in Central United States. This may be a coincidence, or as expressed by Sarah, there may be a greater feeling of safety in this region of the country. While there was no relationship between neighborhood safety and region for the total sample (chi-square = .99, p = .81), the seven mothers who talked to their children infrequently even though telephoning was easy (71.4% of whom lived in Central U.S.) perceived their neighborhoods as being safer than did the seven mothers for whom telephoning was difficult (none of whom lived in Central U.S.). Several of the mothers described supportive neighborhood environments: Sarah described her sons' spontaneous visits to neighbors who had once provided child care; Helen described her children going to a neighbor for help when they were afraid someone had broken into the house; Brenda said that a neighbor sometimes provided her child transportation to activities; and Janet described Ian as "out and about" in the neighborhood, playing with friends.

Mother's attitude toward self-care and toward child. Without exception, the mothers who talked to their children infrequently even though telephoning was easy conveyed a sense of trust in their children's ability to handle self-care and a sense of comfort about

⁷While only one of the seven mothers checked that her child usually did chores during self-care, several mentioned chores in their responses to the open-ended questions (see Table 47).

⁸Ten of the 11 mothers who checked that their child usually played alone during self-care and 16 of the 19 who checked that their child usually did chores talked to their children at least once a day.

using the arrangement. In addition, all of the mothers described their children positively.⁹
For example:

Nancy: "Each child takes care of self and help each other."

Sarah: Spontaneous visits to neighbors make us "feel good about their relating to

elders."

Susan: "They enjoy the quiet time to themselves." They are "secure and self-

sufficient."

Janet: "Things really go very well, but then I have two of the greatest kids in the

world."

Helen: [When her daughter became frightened during self-care], "her older brother

reassures her and then she is usually OK." "And on occasion I come home to a perfectly cleaned house with the table all set for dinner. So I think they are learning to think of others and share the responsibility of running the

house."

Shirley: "I feel she took better care of her sister because she loved her, and she was

really concerned for her well being."

Brenda: "Often child has taken on responsibility of chores without being asked."

Stress. None of the seven mothers expressed feelings of stress in their narratives. This finding is somewhat remarkable since four of the mothers were divorced in 1982, and two of the four had very low incomes. In the family literature, divorce is one of the variables most commonly associated with stress--especially when low incomes and boy children (as was the case with three of the four mothers) are involved. Compared to the seven mothers who said telephoning was difficult, these seven mothers had lived in their neighborhoods over a longer period of time, had moved less frequently, and felt that their neighborhoods were more safe. Given that moving is a stressful event and that staying in

⁹In comparison, three of the seven mothers who said telephoning was difficult described problem behaviors on the part of their children: Judy described school behavior problems; Linda said that sibling fights among her three children were a serious problem; and Alice said that her son fought with the sitter's son and also with neighborhood children.

the same environment engenders a feeling of security and support, this relative stability may partially explain the notable difference in levels of stress expressed by these two groups of mothers.

Conclusion

The data for these seven mothers suggest that mothers may talk to their children infrequently during self-care even though telephoning is easy when they have confidence in their children's ability to handle the situation, know that their child has the positive companionship of a sibling, and live in a supportive neighborhood. In addition, perhaps Janet's comment that her children knew they could reach her if they needed to, suggests that being available to their children by telephone is an important ingredient in a self-care mother's sense of well being.

Conclusion

These data show a difference between the seven mothers who said telephoning was difficult and the seven who talked to their children infrequently even though telephoning was easy. Overall, the latter group expressed more comfort with their children's competence to handle self-care and less ambivalence about using self-care. The data bring to mind Bowlby's statement that to feel secure children need to know that their parents are available, whether or not they take advantage of that availability. Similarly, parents need to know that they, or someone they trust, will be available to their children if needed.

Seven Variables Related to Frequency of Telephone Contact Between Mothers and Children During Self-Care

After "ease of telephoning" was taken into account, the following eight variables were significantly related to frequency of telephone contact between mothers and children during self-care: mother's work status, mother's education, child's age, child's and sibling's sex, years in self-care, sibling fights, child usually plays alone during self-care, and region of the United States. In this section, frequency tables are presented for each of these variables except region. Within each variable, the group with the lowest mean telephone score is examined in detail. These analyses provide insights into the reasons for within-group variations, that is, why within a particular group some mothers talk to their children infrequently, when others do not.

Mother's Work Status

Table 48 shows that five of the six mothers (83.3%) who worked full time during the school year and less in the summer talked to their children by telephone less than once a day. This figure is compared to 27 of 71 (38.0%) mothers who worked full time year round and one of six (16.7%) who worked part time year round (see Table 48).

The data for the six mothers who worked less than full time in the summer are presented in Table 49. As shown in the table, four of the six mothers worked for the school system--one as a school bus driver, one as a guidance counselor, and two as teachers. While presumably a guidance counselor has an office with a telephone and a teacher has no telephone in the classroom, it was one of the teachers, not the guidance

_

¹⁰The findings for region of U.S. and size of community will be examined together in a future study.

Table 48

Number and Percentage of Mothers Who Talked to Their Self-Care Children

Less than Once a Day by Mother's Work Status

			ver very days		nost ry day	Total	
Mother's work status	N _	n	%	n	96	n	%
Full time year round Full time school year,	71	8	11.3	19	26.8	27	38.0
less in summer	6	3	50.0	2	33.3	5	83.3
Part time year round	6	1	16.7	0	0.0	1	16.7

counselor, who talked to her child most often--suggesting that it is an interaction between difficulty and perceived need that governs frequency of telephoning--not one or the other by itself.

For Linda, the school bus driver, telephoning was, for all practical purposes impossible, and thus even though she felt uncomfortable about using self-care, she never talked to her children by telephone. Linda's discomfort can be attributed to two sources: (1) child's competence: two of her children were younger than 9 years old and her oldest child, age 11, was handicapped and (2) her own attitude toward work and family roles: she went to work to pay medical bills and her children were in self-care only because she could not afford an alternative. In addition, her children had little social support: not only were sibling fights a serious problem but the children were restricted to the house and did not have the freedom to visit neighbors or play with friends. It seems likely that had it been possible, Linda would have talked to her children by telephone during self-care.

While telephoning was more difficult for the German/Russian teacher (Ruth), than for the guidance counselor (Susan), neither felt the need for frequent telephone contact with their self-care children. Not only were their children 12 years old and very

Table 49
Mothers Who Worked Full Time during the School Year and Less during the Summer

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0344 Ruth Difficult O	German/Russian language teacher with 45 kids in classroom. Did not work in summer. Liked work very much. Graduate degree. High personal and family income	12-year-old son cared for 1-year-old son; 14-year-old daughter home occasionally. Highly competent. Saved baby from drowning, killed wild dogs, withstood the attack of a moose	Father available by telephone. Went home if needed. Neighbor with special interest in children. Sibling fights not much of a problem. Allowed to visit friends and to have them over. 10 or more hours a week	Sports, chores, homework, cared for younger sibling	Expressed comfort with work and family roles and self-care	None	Rural AK Very safe [except for wild animals] Lived in neighborhood 5-10 years Moved once in past 10 years
0886 Linda Difficult	School bus driver Worked less in summer. Liked work fairly well.	Three daughters ages 5, 7, and 11. 11 year old handicapped. Good	Neighbor available. Sibling fights a serious problem. No friends allowed.	Chores Locked in house	Some discomfort with work and family roles and with self-care	Sick previous year, went to work to pay medical bills. Oldest child	Small town, NJ Very safe Lived in neighborhood
0	High school degree. Low personal income and middle family income	about doing assigned chores	7-10 hours a week			handicapped. Used self-care for financial reasons. Friends and neighbors who could help were working themselves	5-10 years. Moved once in past 10 years
0291 Susan	Guidance counselor Did not work in	Two sons ages 12 and 14. Children	Neighbor available. Allowed to visit	Played with someone	Overall, sense of ease conveyed	None	Large city, TX Very safe
Easy 3	summer. Liked work very much. Graduate degree. High personal and family income	secure and self- sufficient. Liked the quiet time to themselves	friends and to have them over. 7-10 hours a week		about children and about self-care		Lived in neighborhood 5-10 years Moved once in past 10 years

Table 49 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0057	Medical assistant Did not work in	Two sons ages 10 and 13. Younger	Neighbor available. Sibling fights not	Played with someone, read,	Regretted that children had to	Overall, not entirely at ease with	Large city, CO Very safe
Easy 6	summer. Liked work very much. College degree. Low personal and middle family income	son much more mature and reliable than older son	much of a problem. Allowed to have one friend in and to go to someone's house in neighborhood if left note. Otherwise must call mother to get permission. 7-10 hours a week. Father sometimes home shortly after boys got home; sometimes they were alone for 2 1/2 hours	practiced oboe, watched TV, went to after -school activities	come home to empty house and had no-one to share events with right away. "In my area,, working mothers are frowned upon so consequently I feel a lot of pressure not to have children running over neighbors' lawns or getting into neighborhood fights"	arrangement	Lived in neighborhood less than a year. Moved twice in past 10 years
1121	Audit clerk during the day, waitress at	Sone 12 and 14 in self-care in 1980.	Neighbor available. Sibling fights a	Played with	House would be less of mess if could	Divorced Used self-care due	Suburbs, IN Very safe
Easy 6	night. Worked less in summer. Liked job as audit clerk very much and job as waitress fairly well. Some college. Low personal income = family income	13-year-old son had Down's Syndrome and was at sitter's in 1980 but home with brothers in 1982	serious problem. Allowed to visit friends and to have them over. 10 or more hours a week		afford sitter. Would prefer not to use self-care	to low income and support. Not enough money to support boys much less hire sitter. Somewhat dissatisfied with self-care in 1980	Lived in neighborhood 2-3 years. Moved 4 or more times in past 10 years

Table 49 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
2091	Teacher Did not work in	8-year-old son. Son did not like	Two neighbors	Played with someone, played	Seemed comfortable	Both parents anxious but decided	Large city, CA Very safe
Easy 8	summer. Liked job very much. Graduate degree. Middle personal and high family income	going to sitter and wanted to be in self- care	to play outside in	alone, rested or slept, chores, homework	Comonaute	to continue arrangement since son so proud and pleased	Lived in neighborhood 1-2 years. Moved twice in past 10 years

competent in their mothers' estimation but they both had other forms of support available to them: Ruth's son could call his father if he needed help and Susan's son had a very good relationship with his older brother who was always home with him.

The teacher who talked to her child every day said that both she and her husband felt anxious about using self-care but did so because their son was unhappy going to the sitters and wanted to care for himself. Her son was younger than 9 and was in self-care by himself. About telephoning, she said the following:

He must come straight home from school and call me at work by 3:00 P.M. At this time we chatted about his school day, decided on a snack, and what his afternoon chore was to be. We discussed his homework and whether he should do it before I arrived. If he wished to visit a friend, he asked permission at this time.

The two mothers who did not work for the school system talked to their children almost every day. Although the children of both were older than 9 years old (one was 10 and the other was 13 years old) and were at home with older siblings, child's competence was an issue for both. One indicated not only that one of her three boys had Down's Syndrome, but also that fighting among the boys was a serious problem. The other said that her older son was not as mature as her younger son, and that telephoning had become a problem of late because he had become more verbal on the telephone--apparently he wanted to talk longer than she felt was appropriate while she was at work. In addition, both mothers expressed evidence of role stress. Both had low personal incomes. The mother with the handicapped son was a single mother who could barely make ends meet even though she worked two jobs. She would not have used self-care if any other alternative had been available to her. Although the second mother was not under this kind of stress, she said that in her area of the country, working mothers were frowned upon and that she wished her sons did not have to come home to an empty house.

For these six mothers, frequency of telephone contact between mothers and children seems to be governed by an interaction between working conditions, their own attitudes toward work and toward self-care, normative attitudes, and their assessment of their child's competence.

Mother's Education

Table 50 shows that there is a linear relationship between education and telephone frequency, with mothers having a high school degree the least likely (16.6%) and those with a graduate degree (75.0%) the most likely to talk to their children less than once a day during self-care.

Table 50
Number and Percentage of Mothers Who Talk to Their Self-Care Children
Less than Once a Day by Mother's Education

		or	ever every days		nost ry day	T	otal
Mother's education	N -	n	%	n	%	n	%
High school degree	12	1	8.3	1	8.3	2	16.6
Some college	38	6	15.8	7	18.4	13	34.2
College degree	14	1	7.1	6	42.9	7	50.0
Some grad/prof. trng.	11	2	18.2	3	50.0	5	68.2
Grad/prof. degree	8	2	25.0	4	50.0	6	75.0

Table 51 presents the data for the eight mothers with graduate degrees. The two mothers with graduate degrees who talked to their children the least were the two mothers who worked for the school system (Susan, the guidance counselor, and Ruth, the German/Russian language teacher) and felt very comfortable about using self-care. Both had high personal and family incomes.

Table 51 Mothers Who Had Graduate Degrees

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0344 Ruth Difficult 0	German/Russian language teacher with 45 kids in classroom. Did not work in summer. Liked work very much. Graduate degree. High personal and family income	12-year-old son caring for 1-year-old son; 14-year-old daughter home occasionally. Highly competent. Saved baby from drowning, killed wild dogs, withstood the attack of a moose	Father available by telephone. Went home if needed. Neighbor with special interest in children. Sibling fights not much of a problem. Allowed to visit friends and to have them over. 10 or more hours a week	Sports, chores, homework, cared for younger sibling	Expressed comfort with work and family roles and self-care	None	Rural Alaska Very safe [except for wild animals] Lived in neighborhood 5-10 years. Moved once in past 10 years
0291 Susan Easy 3	Guidance counselor Did not work in summer. Liked work very much. Graduate degree. High personal and family income	Two sons ages 12 and 14. Children secure and self-sufficient. Liked the quiet time to themselves.	Neighbor available. Sibling fights no problem at all. Allowed to visit friends and to have them over. 7-10 hours a week	Played with someone	Overall, sense of ease conveyed about children and about self-care	None	Large city, TX Very safe Lived in neighborhood 5-10 years. Moved once in past 10 years

Table 51 (continued)

				(continued)			
ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0490 Easy 6	Education management Liked work fairly well. Graduate	Daughter age 8 and son age 11. Demonstrated responsibility and	Neighbors available and used as a resource. Sibling fights a minor	In 1980, played with sibling, played outside, rested or slept, homework,	Overall sense of ease conveyed. Only way would consider different	Worried on the few occasions when children went to a friend's house and	Suburb, NJ Very safe Lived in neighborhood
	degree. Middle personal and high family income. Allowed discretionary personal calls	caring about each other. The more choices they make the more responsible they become, which begins in preschool years.	problem (fight less when alone). Call parents at all times if concerned about anything and before going to a friend's house. In 1980, no friends. In 1982, could visit friends but not have them over. In 1980, alone in mornings for 1 1/2 hours. Sometimes 8:00 to 10:00 P.M. In 1982, also in afternoon. All day with minor illness	read, meals. In 1982, after- school activities, friends, too much	arrangement would be if a relative were available sometimes after school	forgot to get permission	5-10 years. Moved once in past 10 years. Neighborhood safety important to both mother's and child's comfort
0111	Administrator, State Dept. of Education	13-year-old daughter. Began	No neighbor. In 1980, called mother	In 1980, played outside, in charge of	Overall, sense of ease conveyed.	A bit apprehensive when child began	Small town, NJ Very safe
Easy 6	Liked job very much. Requested to keep personal calls to a minimum. Graduate degree. Middle personal income and high family income	self-care at child's request at age 11 after baby-sitter moved. "Does very well." Was baby-sitting children as young as 8 mos. before began self-care.	when arrived home from school and if went outside or to a friend's house. Allowed to visit friends if parents called; allowed to have friends over with permission. 7-10 hours a week.	laundry, sometimes began dinner. In 1982, hired by a couple to take care of two preschool children. Went there directly after school 3-4 days a week.	Good supportive child care available from time child an infant	self-care. However, it worked out well Divorced three times. Single parent when child 0-4 years old, 7-11 years old, and 15 years old	Lived in neighborhood 5-10 years. Moved 3 times in past 10 years. Neighborhood safety important factor in using self-care

Table 51 (continued)

				(continued)	_		
ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0901	Personnel administrator	9-year-old daughter. Mother and child	No neighbor available. Carried a dime and called	Worked at school library, then went to friend's house, then	"Never left her alone for social events or activities	Divorced between 1980 and 1982. Child lived with	Small town, NJ Very safe Lived in
Easy 6	Liked job very much. Graduate degree. High personal and family income	both proud of child's self-care skills. Key a problem. Child seemed relieved when no longer allowed to carry key.	mother when needed to. No friends in. Allowed to talk to friends on telephone but no more than 10 minutes. Went to friend's house for part of time after school. 10 or more hours a week	to public library until time to walk home (30-minute walk). Life is enriched by time at library	or anything except work." "If mothers are confident and comfortable, children have a greater chance of being confident and reliable."	father in 1982. Continued self-care and to telephone mother almost every day	neighborhood 10 years. Moved once in past 10 years
1092	Majority owner of	10-year-old son Mature for age.	Neighbor available. Could visit mother	Played computer	Comfortable. Owned own	Would have preferred child stay	Small city, WI Fairly safe
Easy 6	Liked job very much. Graduate degree. Low personal income and high family income	Found constructive things to do. Child preferred self-care to after-school program.	at her business. Not more than one friend in house. Let mother know when left house. In 1982, younger brother also in self-care (ages 7 and 12). Sibling fights a minor problem. 10 hours or more a week. All day summer for first time in 1980	write computer programs. Summer enrichment program in physics 2 hours a day for 3 weeks	business. Children could go to office and mother could go home when needed	in after-school program until older (he began self-care at age 8)	Lived in neighborhood 10 years. Moved once in past 10 years

Table 51 (continued)

10	24 1 1 1 1	O1 11 11 .	a	01.11.11	377 1 /c '1		T
1D 2091 Easy 8	Mother's job Teacher Did not work in summer. Liked job very much. Graduate degree. Middle personal and high family income	Child's competence 8-year-old son Used self-care because son did not like going to sitter's and wanted to be in self-care	Social contact/time Two neighbors available. Allowed to play outside in neighborhood with friends and allowed to visit a friend with permission. 10 or more hours a week	Child's activities Played with someone, played alone, rested or slept, chores, homework. In 1982 child wanted 6- year-old brother to be in self-care with him. Parents discussing it	Work/family Seemed comfortable	Stress Both parents anxious about using self-care but son very proud and pleased, so continued to use it	Environment Large city, CA Very safe Lived in neighborhood 1-2 years. Moved twice in past 10 years
0726 Easy 8	Chiropractor Liked job very much. Professional degree. Low personal income in 1979; high personal income in 1980. Personal income = only income	Four daughters, ages 11, 13, 15, 16. Focus child began self-care at age 4 when sisters were ages 6, 8, and 9. Children old enough and responsible	No neighbor. Mother always available by telephone though encouraged them not to call. Allowed to visit friends but not to have them over. Used pool club as baby-sitter in summer. Between 1980 and 1982 youngest had private tutors. In 1980 children in self-care mornings, afternoons, and evenings until 7:00 or 8:00 P.M.; all day in summer	Played alone, played with someone, rested or slept, chores, homework, radio or records, read, tennis	Until divorce was traditional mother. After divorce, decided to go back to school to become chiropractor. While difficult in terms of finances and time, seemed a better alternative than getting a low-paying, dead-end job, which would also have been difficult in terms of finances and time and would have had no ultimate reward	Coping resourcefully with difficult situation. Traditional mother of four turned career mother due to divorce. One of four children was her sister's child. Sister and friend killed by gun. One child sick and house-bound for 1 year	Small town, VA Fairly safe Lived in neighborhood under a year. Moved 4 or more times in past 10 years

The four mothers who talked to their children almost every day:

- 1. Had jobs as administrators and although telephoning was easy, two mentioned the need to limit personal calls.
- 2. Believed that their children (ranging in age from 8 to 13) were competent to handle self-care. In addition, although three of the children were in self-care without siblings, all played with friends and engaged in constructive activities during self-care-from helping out in school library, to baby-sitting, to designing computer programs.
- 3. Had high family incomes and used self-care by choice--two at their child's request--and were primarily pleased with the arrangement. One expressed mild regret that her son, at age 8, had preferred self-care to a group situation. The other three also expressed minor worries about using self-care (see Table 51).

The two mothers who talked to their children every day had very different situations. However, both checked that their child usually played alone and also usually played with someone during self-care. One was the teacher, already described, whose 8-year-old son was in self-care by himself at his request. Although he engaged in a number of solitary activities, he was allowed to play with friends with permission. The other (Deborah) was a chiropractor and a single mother with four girls, ages 11, 13, 15, and 16 in 1980. The 11 year old, who was the focus child, had begun self-care with her older sisters when she was 4 and they were 6, 8, and 9. In 1980, she was in self-care by herself about half the time and with one or more of her sisters about half the time.

Deborah was the only mother with a graduate degree who said she used self-care because she had no choice. In 1980, she explained that when she was married she went the "conventional" route. She hired baby-sitters or left the children with grandparents.

She described her situation in detail, and it is instructive to quote her at length:

By the time I got divorced I was living 3,000 miles from family, too far for 'will you watch the girls today, mom, they have the flu and can't go to the sitter or to school.'

I realized that if I got a low paying long hours job that I didn't like I could just barely afford to support my girls and I would be working too hard to see them to boot. With much prayerful thought, I started back to school. When I finished, I would have a profession I would enjoy and I would be home when the girls were home--all of us would be in school at the same time.

All I had to do was to find a baby-sitter for the youngest age 3. I went down to enroll. Low and behold, classes started the next day and no baby sitter. For the first year I was in school I found a series of sitters who for one reason or another couldn't do the job so I ended up taking the youngest to class with me. Over the years my 'family' stories have been involved around how to teach four girls to take care of themselves. Some of our stories are fun things we enjoyed doing together, and some are the pains of growing up with no money and no father and mother being too busy.

For Deborah, the telephone was an important link to her girls. About the telephone, she said:

Praise the Lord for the telephone. I found we just couldn't manage me raising these girls without a phone. Lucky enough, the schools I went to were small enough to be caring enough for me to allow the children to get in touch with me when necessary and sometimes when not important but 'just needed mother' calls came through too!

By 1980, Deborah was a doctor in her own office. About telephoning, she said:

I was always available to the children by phone--although I encouraged them not to call. They still call about once a day now.

Later, she said:

My receptionist doesn't always put the calls through if I'm busy, but I can get back to the girls.

The phone calls I get are sometimes: She did '_____.' But usually to tell me where they are going--or to ask permission for something--or to ask a question--will I be home for dinner, do I need to be picked up.

She also said:

Some problems--falls on a bike/child being burned 3rd degree may have happened regardless who was home but having a phone where they could reach me made a difference--also telling a child to be responsible doesn't work half as well as giving the child the responsibility.

In sum, although the mean telephone contact score for mothers with graduate degrees was lower than that for mothers with less education, only two of the mothers talked to their children infrequently or never. These two mothers were the most confident of the eight mothers in their children's abilities to handle self-care. Four mothers talked to their children almost every day, and while they also expressed confidence in their children's abilities, each expressed some minor reservations about self-care. The two mothers who talked to their children every day were the mother of an 8-year-old boy who said that she felt somewhat anxious about using self-care and a single mother of four girls who was a traditional mother before her divorce. For these eight mothers, telephone contact increased as mother's comfort with self-care decreased.

Child's Age and Years in Self-Care

Both child's age and number of years in self-care were significantly related to frequency of telephone contact between mothers and children. Separately, years in self-care accounted for 16.4% (F = 7.83, df = 2, p = .0008) and age of child for 10.6% (F = 4.77, df = 2, p = .01) of the variance; together they accounted for 21.9% of the variance (F = 5.47, df = 4, p = .0006).

Table 52 shows that the mothers were more likely to talk to their children infrequently when the child was 12-13 years old in 1980 and had been in self-care for 5 years or more in 1982. Although the mean is even lower for the two mothers whose children were younger than 9 years old in 1980 and had been in self-care for 5 years or

Table 52
Mean Telephone Score: Years in Self-Care in 1982 by Child's Age in 1980

					Ag	e in 198	10			
Years in			<9	9-11				12-13		
self-care in 1982	N	n	M	SD	n	M	SD	n	M	SD
2	18	6	6.50	4.09	12	6.92	1.78	0		
3-4	44	6	7.50	2.66	31	8.39	1.58	7	7.29	2.50
≥ 5	21	2	4.00	5.66	9	7.00	2.00	10	4.80	2.94

Note. Frequency of telephone contact between mother and child was scored as follows: 0 = never, 3 = every 3 or 4 days, 6 = almost every day, 8 = once a day, and 10 = more than once a day.

more in 1982, the standard deviation is high, indicating that telephone contact was low for only one of the two.

However, Table 53 indicates that a considerable number of mothers (5 of 14 or 35.7%) talked less than once a day to their children younger than 9 year old, regardless of years in self-care. To investigate this finding further, the data for all 14 mothers with children younger than 9 are presented in Table 54. Of note is the following:

1. All four of the mothers who talked never or every 3 or 4 days to their children younger than 9 years old had children in self-care with older siblings. For three of the four mothers (Linda, Patty, Nancy) telephoning was difficult. Nancy and Patty were comfortable with using self-care. For their children, sibling fights were no problem at all or not much of a problem. Linda was not comfortable with self-care, and sibling fights were a serious problem for her children. It is possible that these three mothers would have talked to their children more frequently if their work circumstances had allowed it. The fourth mother (Helen) talked to her children infrequently even though telephoning

¹¹Although Nancy said that telephoning was easy, she worked the night shift out of town. Thus, telephone calls were long distance and her children were asleep while she worked.

Table 53
Number and Percentage of Mothers Who Talked to Their
Self-Care Children Less than Once a Day by Number of Years
Child Had Been in Self-Care in 1982 and Child's Age in 1980

		Never or every 3-4 days		Almost every day		Total	
Years and age	N _	n	%	n	%	n	%
2 yrs. in 1982							
< 9 yrs. old	6	2	33.3	0	0.0	2	33.3
9-11 yrs. old	12	1	8.3	5	41.7	6	50.0
12-13 yrs. old	0	0	0.0	0	0.0	0	0.0
Total	18	3	16.7	5	27.8	8	44.4
3-4 yrs. in 1982							
< 9 yrs. old	6	1	16.7	1	16.7	2	33.3
9-11 yrs. old	31	0	0.0	7	22.6	7	22.6
12-13 yrs. old	7	1	14.3	1	14.3	2	28.6
Total	44	2	4.5	9	20.5	11	25.0
≥5 yrs. in 1982							
< 9 yrs. old	2	1	50.0	0	0.0	1	50.0
9-11 yrs. old	9	1	1.1	3	33.3	4	44.4
12-13 yrs. old	10	5	50.0	3	30.0	8	80.0
Total	21	7	33.3	6	28.6	13	61.9

was easy. Although she used self-care primarily for financial reasons, she was the only one of the four who said her children were mature, responsible, and self-sufficient. In addition, her children's grandparents were available for child care when the children needed day-long care.

2. The one mother who talked almost every day to her child younger than 9 years old had a graduate degree and a high family income. Her 8-year-old son and 11-year-old daughter were in self-care together and although she checked that sibling fights were a minor problem, she also said that they demonstrated responsibility and caring about each other. The children had more freedom in 1982 than they had in 1980 and were busy with after-school activities and friends. The neighborhood was very safe and the mother

Table 54
Mothers with Children Younger than 9 Years Old

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0886 Linda Difficult O	School bus driver Liked job fairly well. High school degree. Low personal and middle family income	Three daughters, ages 5, 7, and 11. 11-year-old handicapped. Responsible about doing chores.	Neighbor available. No friends. Sibling fights a serious problem. 10 or more hours a week	Chores Locked in house both in 1980 and 1982	Some discomfort with work and family roles and with self-care	Sick previous year. Went to work to pay medical bills. Did not want to use self-care but did so because of finances Oldest daughter handicapped	Small town, NJ Very safe Lived in neighborhood 5-10 years. Moved once in past 10 years
0275 Nancy Easy 0	Licensed Practical Nurse. Worked 11:00 P.M. to 7:00 A.M. shift. Easy to use telephone but calls long distance and children asleep. Liked job very much. Some professional school. In 1979, full-time student working part time. Low personal income = total family income	8-year-old son and 10-year-old daughter. "Each take care of self and help each other"	Neighbor available. Sibling fights no problem at all. No friends. 10 or more hours a week	Slept, got ready for school	Would prefer to work part time but overall comfortable with arrangement	Divorced. Low personal income. Used self- care for financial reasons	Rural, IA Very safe Lived in neighborhood 10 or more years. Never moved in past 10 years
0442 Patty Difficult 3	U.S. Bureau of the Census field supervisor Telephoning long distance. Liked work very much. Some college. Middle personal and family income	Two sons, ages 8 and 11 and daughter age 12	Neighbor available, but said used self- care because "no close neighbors." Sibling fights not much of a problem. Allowed to visit friends and to have them over. 10 or more hours a week	Played with someone	Self-care "suits our situation best"	Non●	Rural, VA Fairly safe Lived in neighborhood 3-5 years. Moved 4 or more times in past 10 years

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
2115	Housekeeper	Two sons ages 8	Neighbor available.	Oldest son	Overall sense of	Divorced and low	Small city, IL
Helen	Liked job fairly	and 11 and daughter	When house	delivered	ease conveyed	income	Fairly safe
	well. Some college.	age 10. Mature,	burglarized went to	newspapers;	about children and		Lived in
Easy	Low personal	independent, and	neighbor first and	children baked and	about self-care.		neighborhood 2-3
3	income = family	self-sufficient.	then called mother.	sometimes cleaned	Used self-care for		years. Moved once
	income	Handled burglary	Sibling fights no	house without being	financial reasons		in past 10 years
		but as a result	problem at all.	asked	but children mature		
		daughter often	Allowed to visit		enough to handle		
		frightened and	friends but not to		responsibility		
		needed to be	have them over.				
		comforted by	10 or more hours				
		brother	a week. Grand-				
			parents available				
			when day-long care				
			was needed				

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0490 Easy 6	Education management Allowed discretionary personal calls. Liked work fairly well. Graduate degree. Middle	Daughter age 8 and son age 11 Demonstrate responsibility and caring about each other. The more choices they make the more	Neighbors available and used as resource. Sibling fights a minor problem (fight less when alone). Call parents at all times if concerned about	In 1980, played with sibling, played outside, rested or slept, homework, read, meals. In 1982, after- school activities, friends, too much	Overall sense of ease conveyed. Only way would consider different arrangement would be if a relative were available sometimes after school.	Worried on the few occasions when children went to a friend's house and forgot to get permission.	Suburb, NJ Very safe Lived in neighborhood 5-10 years. Moved once in past 10 years. Neighborhood
	personal and high family income	responsible they become. Responsibility begins in preschool years	anything and before going to a friend's house. In 1980, no friends. In 1982, could visit friends. but could not have them over. In 1980, alone mornings for 1 1/2 hours. Sometimes 8:00 to 10:00 P.M. In 1982, also afternoons. All day with minor illness	TV	ater school.		safety important to both mother's and child's comfort

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0363	Secretary Child phoned "in	8-year-old son. Responsive and	Neighbor available. Allowed to visit	Played with someone, chores,	Very positive about self-care, but when	Brief worries described under	Small city, SD Very safe
Easy 8	afternoon which was not a busy time so there was no hande about a few minutes conversation." Liked job fairly well. College degree. (In 1982 a full-time law student). Low personal and high family income	responsible young man proud of the fact that he is trusted	friends and to have them over. 1n 1980, 2 hours after school. In 1982, mother commuted 90 miles to law school and father away on business overnight several nights a week. Son in self-care in mornings as well as in afternooms	YMCA-sponsored soccer program several times a week, cub scouts once a week	started law school and child had to get self up in mornings: "Initially this gave me nightmares and constant concern since I was sure he wasn't eating properly and would be late to school. Those fears have proved ungrounded. He has never been tardy to school and manages very well." Preferred self-care to difficulty of finding someone to come in. Also due to finances	work/family roles	Lived in neighborhood 1-2 years. Moved 4 or more times in past 10 years

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0770	Clinical lab assistant. Liked	8-year-old son. Could handle	No neighbor available. Allowed	Played alone; went to YMCA sports	Forced to work due to divorce. Forced	Divorced. Low income. Did not	Small city, CA Very safe
Easy 8	work fairly well. Some college. Middle personal income only income = low family income. In 1982 was full-time student	before- and after- school hours, but not all day on holidays and summer. Behavior problems developed and mother found summer alternatives	to visit friends and to have them over. During long holidays, visited relatives. More than 10 hours a week in 1980. In 1982, mother's schedule more flexible; thus less than 10 hours a week	camp and visited relatives to break up long stretches of time in summer	to use self-care due to low income. In 1982, mother remarried and became full-time student. Was relieved that she could be home with son during vacations and summer	like using self-care. Moved and knew few people in neighborhood to use private day care	Lived in neighborhood less than 1 year. Moved 3 times in past 10 years
2091	Teacher. Liked work very much.	8-year-old son. Used self-care	Two neighbors available. Allowed	Played with someone, played	Seemed comfortable	Both parents anxious about using	Large city CA Very safe
Easy 8	Graduate degree. Middle personal and high family income	because son did not like going to sitter's	to play outside in neighborhood with friends and allowed to visit a friend with permission. 10 hours or more a week	alone, rested or slept, chores, homework. In 1982 child wanted 6- year-old brother to be in self-care with him. Parents discussing it		self-care but son very proud and pleased, so continued to use it	Lived in neighborhood 1-2 years. Moved twice in past 10 years

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0370	Lower management Personal calls	8-year-old twins Child did not like	Neighbor available. Mother, father, and	Played with someone,	"I have learned to accept their abilities	Strict rules and somewhat anxious	Suburbs, FL Fairly safe
Easy 8	allowed within reason. Liked work fairly well. Some graduate school. Middle personal income and high family income. In 1982, full-time student	day-care center where there were few children her age. Accepted responsibility well	grandparents available by telephone. Twins mindful of the well being of each other. Visit friends but not have them over. In 1982 said that "child becomes lonely without playmates or adults to talk to." 2 1/2 hours each day	homework, one or two chores. visited friends, read, no TV except on Friday. Occasionally cleaned without being asked	to be somewhat independent and the fears I had during the first weeks the girls stayed alone have diminished"	about self-care	Lived in neighborhood 2 years. Moved 4 or more times in past 10 years
0777	Sales Liked work fairly	Two daughters ages	No neighbor	Played with	Neither children nor mother liked using	Low personal income. Used self-	Small city, NY Very safe
Easy 8	well. Some college. Low personal and middle family income		Sibling fights not much of a problem. Called mother less when together. Not allowed to visit friends. Could play with friends outside. 10 or more hours a week	outside, watched TV, played games, homework	self-care. Felt comfortable in children's physical well being but not in their mental well being	care for financial reasons. Children did not like self- care and wanted her to be home	Lived in neighborhood 1-2 years. Moved 4 times or more in past 10 years

Table 54 (continued)

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0276 Easy 10	Office manager in doctor's office. Liked work fairly well. Some college. Low personal and middle family income	8-year-old son. Mature, independent, and very dependable. In 1982, 7-year-old daughter home with 10-year-old son. Daughter not nearly as mature as son and "will not stay alone for any reason"	Neighbor "almost always available for him to go to if he needs to." Alone in 1980 but younger sister with him in 1982.	Walked 3/4 miles home from school. homework, chores, played alone inside, played outside. In 1980, could ride bicycle in front of house. In 1982, daughter often went to bed. She had asthma and was exhausted when she got home from school	Children wished mother could pick them up from school and so did she. Self-care "has worked beautifully for me and my family. I would like to use it less but only because I would like to be home with the kids but financially, I can't!"	None	Large city, NC Very safe Lived in neighborhood 3-5 years. Moved 3 times in past 10 years. "We live in and out of the way subdivision and I felt safe about hin being on the road on bicycle."
0150 Easy 10'	Secretary. Disliked work a little. Some college. Middle personal income only income = low family income	7-year-old son and 9-year-old daughter "Children have matured with the responsibility.	Neighbor available. No friends allowed. 10 or more hours a week	Played with sibling	Self-care worked well	Divorced Disliked work a little	Small city, WA

Table 54 (continued)

ID	Mother's job_	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0167 Easy 10	Tax return auditor Liked job very much. Some college. Middle personal and high family income	7-year-old daughter and 10-year-old son. Did not begin self-care until thought children were ready. They seem to do real well	Neighbor available. Sibling fights not much of a problem No friends allowed. 7:30-8:30 A.M., 3:50-5:515 P.M. every day. In summer have high schooler come in	Played alone, chores	None	Former husband very unstable, thus the large no. of moves in past 10 years. Children have become much more relaxed and secure since remarried and have a more stable life	Small city, WA Very safe Lived in same neighborhood 3-5 years. Moved 4 or more times in the past 10 years (within the same city). Office very near home (10 minutes)
0395 Easy 10	Librarian and student. Personal calls allowed within reason. Liked job very much. Some college. Low personal income = only income	8-year-old and 13- year-old daughters. Older daughter very responsible and capable of caring for younger sister	Lived in small mobile park and elderly neighbor kept eye out for girls. If mother out of town, someone they could call who was home most of the time. Sibling fights not much of a problem. When kids in mobile park teased younger daughter, older daughter stood up for her. In self-care momings, afternoons, and evenings— when mother at work, at college, or out with boyfriend	Played with someone, chores, older daughter cooked some meals	Girls at home with mother until her separation and divorce when they were ages 3 and 8. then went to day care until oldest was 11. Used self-care because could not afford day care and oldest child responsible. "Leaving them alone will help them be self-sufficient girls and then women. They will know what they are capable of doing or, at least, trying	Divorced. Low income	Rural, NH Fairly safe. Lived in neighborhood 3-5 years. Moved twice in past 10 years. Lived in small mobile home park

specifically mentioned neighborhood safety as an important factor in both her own and her children's comfort with self-care.

- 3. Three of the five mothers who talked once a day to their children younger than 9 years old had 8-year-old sons in self-care by themselves. Two of the mothers had high family incomes. One was the teacher, described earlier, whose 8-year-old son was in self-care at his request even though she felt somewhat anxious about the situation. The other was a secretary in 1980 and law student in 1982. She used self-care because it saved money and saved the difficulty of finding someone to come in. She said her 8-year-old son was responsible and responsive and proud that he was trusted by his parents. She experienced a brief period of anxiety about self-care when changed circumstances 12 required that her son wake himself up and get himself ready for school after she had left home for the day. However, he had proved himself capable. The third mother was a single mother in 1980 with a low income. She was forced (her word) to use self-care by life's circumstances. When her 8-year-old son had to spend full days alone, he developed behavior problems, and so she broke up the time with visits to relatives and YMCA sports camp. She expressed considerable relief in 1982 that she had remarried and was a full-time student who could spend holidays and summers at home with her son.
- 4. Two of the five mothers who talked once a day to their children younger than 9 years old had children in self-care with siblings. Neither liked using self-care. One was in lower management She used self-care for her 8-year-old twin daughters because they did not like going to a day-care center with younger children. She said that she had learned to accept her daughters' capabilities and that the fears she had at first had diminished. Although the mother said that her children were mindful and caring of each

¹²She began commuting 90 miles to law school, and her husband's job required him to be away from home several days a week.

other, she also said that her daughter was lonely without adults and other children to interact with during self-care.

The second mother was in sales. She had a son age 6 and two daughters ages 8 and 11 in self-care together. She said that her children were trustworthy and that she was confident about their physical well being, but that she was not confident about their mental well being. They did not like self-care and thought she should be home with them. She, too, would have preferred being at home rather than at work.

She described the effect of siblings on frequency of telephone contact as follows:

I find that if they are together they rarely call me. But my 8 year old when alone always calls me. I think she needs the reassurance of my voice. My son still does not stay alone ever. Probably as a first grader the occasion may come up. But I try to make all arrangements so that there are always two together.

5. The four mothers who talked more than once a day to their children younger than 9 years old all said that their children were mature, responsible, and trustworthy and that self-care worked well for them. Although the life circumstances of these mothers were very different, each had some stress or role ambiguity in their lives. Two were divorced and had low incomes. One of these disliked her work. The other was an at-home mother until her divorce. In 1980 and 1982, she was working part time, going to school full-time, dating, and raising two girls. A third had been married to an unstable man, divorced, and in 1980 was remarried. Her children were doing much better under these new, more stable life circumstances. While circumstances were easier for the fourth, and she was very positive about using self-care, both she and her children would have preferred that she be an at-home mother rather than a working mother. This mother described the purpose of her telephone calls with her 8-year-old son, as follows:

He must check in with me when he gets home and we chat about his day--very short--but I try to make sure he feels good about his day and if he doesn't I reassure him.

Only once has he not gone straight home and he was so upset that I found out that I doubt he'll ever do it again. Of course I found out when he didn't call at the appointed time and I couldn't get him on the phone. I knew something was wrong.

In 1982, her daughter, age 7, was also in self-care. The mother said that her daughter was not nearly as mature as her brother and that she "will not stay alone for any reason." In describing how she handled sibling disputes by telephone, this mother said the following:

They are to call me when they cannot settle a problem and I either make the decision or ask them to go to their rooms until they settle down. Then, I call them back in 15 minutes (or so) and usually they are fine.

In sum, mothers talked infrequently to their children younger than 9 years old when (1) the child was at home with older sibling(s) and (2) telephoning was difficult, or the mother felt confident about the child's relationship with sibling(s) and the ability of the children to handle self-care. Mothers talked more frequently to their children younger than 9 years old when the child was (1) in self-care alone or (2) when the mother and child would have preferred an at-home mother, regardless of the mother's assessment of the child's competence.

Although understanding the reasons that some mothers talked infrequently or never to their self-care children younger than 9 years old was of primary interest, also of interest was why 2 of the 10 mothers whose children were 13 years old and had been in self-care for at least 5 years talked to their children every day or more, when eight talked to their children less than once a day. Were child's competence and mother's gender role attitudes at work here also? There were some surprising similarities between the circumstances of these two children (see Table 55), who were both 13-year-old girls in

Table 55

Mothers Who Talked at Least Once a Day to Children 12-13 Years Old Who Had Been in Self-Care for at Least 5 Years

ID	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0774 Easy 8	Secretary Liked job very much. Some college. Low personal and middle family income	Two daughters, 13 and 16 years old. But 13 year old apparently home by self while sister was at work. Began self-care at age 10. "I felt it would help her to learn to provide for herself so she wouldn't be totally dependent on someone to do everything for her."	No neighbor available. Sibling fights not much of a problem. Allowed to have friends over and to visit friends. Visited grandparents when they could pick her up. Afternoons and evenings while	Talked on telephone. In 1980,	Most children can handle their own care if they know their parents love them. and have confidence in them	Divorce d	Small town, CT Very safe. Lived in neighborhood 2-3 years. Moved four or more times in past 10 years. Lived in apartment

Table 55 (continued)

10	24 4 1 1 1	O1 11 11	0 1 1 1 1	(Title 12 12	\$\$7 1 /C 11		
<u>ID</u>	Mother's job	Child's competence	Social contact/time	Child's activities	Work/family	Stress	Environment
0634	Medical office manager. Liked job	13 year old girl with strict rules. Has	No neighbor available.	Talked on telephone, rode	Would use self-care the same "because	Child care doesn't get easier from 13-	Small town, NJ Fairly safe. Lived
Easy	very much. High	become more	Sometimes father	bike, homework,	no other choice	17. Then you have	in neighborhood 5-
10	school degree. Low	independent.	was home. Must	chores (laundry,	available and I	to worry about who	10 years. Moved
	personal income	Began self-care at	call mother before	start dinner, clean	wouldn't quit	is coming in while	once in past 10
	and high family	age 8	going out and after	room)	working."	you are at work	years
	income		cooking on stove.		"It can be a long		
			Talked on phone so		afternoon for a 13		
			much had separate		year old alone in a		
			phone line so		big house with your homework done and		
			mother could get through. Allowed		nothing else to keep		
			to visit friends. Not		you busy, especially		
			allowed to have		during the winter"		
			friends over without				
			previous				
			permission." Still,				
			"No matter how				
			many times you				
			repeat 'no kids in				
			until I get home				
			from work'				
			someone is always				
			sitting on your				
			couch when you				
			come home." 10 or more hours a				
			week				
			WOUL				

self-care by themselves.¹³ They both lived in small towns, and neither had a neighbor available in case they needed help. Both mothers said that the child's primary activity while in self-care was talking on the telephone. In fact, one mother had installed a separate telephone line so that she could get through to her daughter. Both mothers emphasized chores far more than did the other eight mothers. Both children were responsible for the family laundry. Both also prepared family meals, and in 1982 one had almost complete responsibility for this job. This second child did the grocery shopping for the family, shopped for her own clothes, and took herself to doctors' appointments. Although the other child also did chores, she did not have such extensive responsibility. In fact, she seemed to be somewhat at loose ends. Her mother said:

It can be a long afternoon for a 13-year-old alone in a big house with your homework done and nothing else to keep you busy, especially in the winter.

Not only did this child talk on the telephone frequently, but in spite of her mother's rules, had friends over. Her mother said:

No matter how many times you repeat 'no kids in until I get home from work' someone is always sitting on your couch when you get home.

Thus, it would seem that for these children, too, frequency of telephone contact was related to child's competence. These children may have been spending more time alone, without adult support, than was comfortable for them. Only one other of the 10 children was a girl in self-care alone. She talked to her mother about every other day. Her mother said the following:

_

¹³One of the girls had a 16-year-old sister. Although the mother checked that the sister was always home, her narrative in both 1980 and 1982 suggest that she was, in fact, rarely home.

With little expense or complication, my daughter has been able to handle herself and her environment with the exception of overeating after school (and other times when unsupervised). Since my work allows easy access to a phone (to call in or out) and is close enough to home to reach it quickly, I did not fear greatly for my daughter's welfare. She is also a sedentary child¹⁴ and willing to spend a great deal of time by herself. The presence of a caring adult, in the neighborhood was a plus factor when I first started the arrangement, also. I do know that my daughter appreciates the times I am home when she first gets home and would enjoy doing this more often.

Thus, there are several differences between this 12-year-old girl and the two 13 year olds who talked to their mothers more often: she had a caring neighbor available, her mother did not emphasize the importance of chores in her narrative, and she appeared to need less contact with other children. Overall, the data both for children younger than 9 years old and for those 12-13 years old suggest that frequency of telephone contact is related to how child's age interacts with child's competence, the social support available to the child, and mother's comfort with using self-care.

Sex of Child and Sex of Sibling

The percentages presented in Table 56 show that although the mothers were more likely to talk less than once a day to two or more boys in self-care together than to any other sibling configuration, they usually talked to two or more boys almost every day rather than never or infrequently. It was children in mixed-sex groups that mothers were more likely to talk to infrequently or never. Table 56 also shows that the mothers were about as likely to talk less than once a day to one boy in self-care alone as they were to one girl in self-care alone. Only 2 of 14 (14.3%) mothers talked less than once a day to two or more girls in self-care together, and both of these had limited access to a telephone One was Linda, the school bus driver, and the second was a factory worker--and a single

¹⁴The mother checked that her daughter usually watched television, did chores, did homework, slept, and read during self-care.

Table 56
Number and Percentage of Mothers Who Talked to Their Self-Care Children
Less Than Once a Day by Sex of Child and Sex of Sibling

Sex of child and sibling		Never or every 3-4 days		Almost every day		Total	
	N	n	%	n	%	n	%
One girl	13	1	7.7	4	30.8	5	38.5
One boy	18	1	5.6	5	27.8	6	33.3
Two or more girls	14	1	7.1	1	7.1	2	14.3
Two or more boys	13	2	15.4	6	38.5	8	61.5
Mixed sex	25	7	28.0	5	20.0	12	48.0

mother of four girls--who said, "The telephone was available. But I could use it at certain times only."

Sibling Fights

As shown in Table 57, mothers were considerably more likely to talk to their children less than once a day when sibling fights were no problem at all. Three of the five mothers who said that sibling fights were no problem at all talked to their children every 3 or 4 days and one never, even though they all had easy access to a telephone at work. The fifth talked to her child more than once a day. She was a postmaster whose 9-year-old daughter usually played alone or read during self-care. Although the child got along very well with her older sister, the sister was home only part of the time.

Older child was home some but during different sports seasons the younger child was alone but free to call me at work or come by to see me. In summer, the older child was home over half the time until

¹⁵For full details about these mothers, see the section in this chapter that presents the narratives for the seven mothers who talked to their children infrequently even though telephoning from work was easy.

Table 57

Number and Percentage of Mothers Who Talked to Their Self-Care Children

Less Than Once a Day by Sibling Fights a Problem

Sibling fights a problem		Never or every 3-4 days		Almost every day		Total	
	N	n	%	n	 %	n	%
No sibling	31	2	6.5	9	29.0	11	35.5
Not a problem at all	5	4	80.0	0	0.0	4	80.0
Not much of a problem	19	3	15.8	5	26.3	8	42.1
A minor problem	16	1	6.3	6	37.5	7	43.8
A serious problem	5	1	20.0	1_	20.0	2	40.0

child was 10. It is always an adjustment when school is out and she needs to be kept busy.

Thus is seems that getting along very well with an older sibling considerably decreases telephone contact with the mother--if the older sibling is home all or most of the time.

Child_Usually Plays Alone

There were 11 children in the total sample who usually played alone during self-care. For 10 of these, it was easy for the mother to telephone from work, and for one it was difficult. All 10 of the mothers who said telephoning was easy talked to their children at least once a day (four once a day and six more than once a day). Put another way: not one of these mothers talked to their children infrequently. Even the one mother who said that telephoning was difficult talked to her child almost everyday.

This finding was not surprising since the data so far has indicated that mothers talk more frequently to children who are in self-care alone than to those who are in self-care with siblings. However, what was surprising was that six of these children were in self-

care with siblings--four, all or most of the time and two, about half the time. Five were allowed either to visit friends or to have them over, or both. Three of the mothers not only checked playing alone but also checked several other categories, including playing with someone. Many of these mothers have already been described. Following is a review of some of their comments:

0276: M8

My son does a good combination of things after school: first homework, chores, plays alone inside, plays outside. He should stay in his own yard but can bicycle in front of the house. We have a neighbor who is almost always home for him to go to if he needs to.

0770: M8

As an after-school arrangement it worked well--as a full day arrangement there was much too little supervision. Some behavioral problems developed during longer vacations. They were solved by sending him to spend time with relatives and later day camps (sports camps-YMCA). These were used to break up the long stretches of time.

2091: M8

Son must come straight home from school and call me at work by 3 P.M. At this time we chatted about his school day, decided on a snack and what his afternoon chore was to be. We discussed his homework and whether he should do it before I arrived. If he wished to visit a friend, he asked permission at this time. He and neighborhood friends could play outside only. We also contacted two neighbors who knew son would be home and whom he could contact in case of emergency.

1104: F11

Our neighborhood was a family neighborhood, lots of kids of all ages all of the time. My next door neighbor and I exchanged watching out for the kids-being on hand for emergencies, etc. This made it easier for me to leave my daughter alone. Had circumstances been more isolated, I think I would have felt quite differently.

0167: F8, M10

My former husband was very unstable, thus the large number of moves in the first 3 years. I have since remarried and been in the same place for 3 1/2 years and can tell the difference in the children-with their stepfather and being in one place for that long they are much more relaxed and secure.

0052: F11, F16

Older child was home some but during different sports seasons, the younger child was alone. In the summer, older child was home about half the time until younger child was 10.

0726: F11, F13, F15, F16

11 year old was home alone about half the time and with older sisters about half the time. She played alone, played with someone, rested or slept, did chores and homework, listened to radio and records, read, and played tennis.

0029: F10, M12

1980:

It is very difficult being a single mother but it can be less of a problem when your children are trained to do whatever is necessary to help Mom. We work together toward the good of the family.

1982:

With increasing ages the real problems are (1) friends in the home; (2) eating more, (3) homework difficulties, (4) too much TV and phones, (5) fighting between each other, (6) cooking snacks or lunches.

1061: M10, M12

The biggest after school problem with two boys alone was their constant fighting with each other. This problem escalates in the summer as they are alone all day. To combat this, I've always had summers fairly "scheduled"--with swimming lessons, scout camps, overnight visits, etc. My younger son is more responsible than the older one --so I try to keep them going in different directions, with only one home at a time as much as possible.

0212: M10, F14

We were in a very unhappy and angry divorce situation. The children did very well. I had never worked and felt I should be home when they were. They had never been left alone, not even 10 minutes. So under the circumstances it worked very well!! [Would use self care the same if had to do it over] because they had just enough time to

grow by themselves but not so much that they didn't have supervision.

These comments illustrate that it is not just playing alone but an interaction between time alone, child's competence, stress, and mother's gender role attitudes that increase frequency of telephone contact between mothers and children during self-care. These findings will be put in the broader context of the study in the next chapter

CHAPTER V

SUMMARY AND CONCLUSIONS

Although there has been a great deal of public alarm about self-care children, most of this alarm has stemmed from the work of Long and Long (1983) who wrote a handbook for parents describing the problems faced by self-care children in one elementary school in inner-city Washington, D. C. In their book, Long and Long emphasized the risks of self-care, but they also acknowledged that some of the self-care children in their study were doing very well. They suggested that a positive parent-child relationship was an important variable protecting self-care children from emotional harm.

A review of the research literature shows discrepant findings. While a number of studies have found that self-care children do as well as adult-care children (and some have found that they do better than day-care children), others have found self-care children to be at increased risk for negative outcomes. The most convincing evidence of risk was found by Richardson et al. (1989), who conducted a representative study of nearly 5,000 eighth graders in San Diego County, California. They found that self-care children were at much greater risk for using drugs (nearly double) than were adult-care children. The more time the children spent in self-care, the greater the risk. Like Long and Long, however, they noted that there were many self-care children who were doing well, and they also suggested that a positive parent-child relationship, especially distal supervision, might explain differences in self-care outcomes.

Both the Long and Long and the Richardson studies included children who were in self-care for 2 hours or more a day. A close examination of the definition of self-care in all the self-care outcome studies showed that those studies finding negative results for

self-care were more likely than those not finding negative results to include a time criterion of at least an hour a day in their definition of self-care.

Thus, one variable that may be related to risk for self-care children is the amount of time they spend in self-care. The popular literature proposes three separate views of self-care children: (1) they are socially isolated, locked in their houses for long hours with nothing to do but wait for their parents to arrive home from work; (2) they are out in the neighborhood, unsupervised, either as juvenile delinquents causing trouble or as victims of criminals; and (3) they are super kids, taking on the roles abandoned by working mothers--shopping, cooking, cleaning, caring for younger siblings.

The current study began as an examination of the first view. This study is the first research study to examine the extent to which self-care children are socially isolated. The topic is of particular interest because social isolation may lead to loneliness, anxiety, depression, and low self-esteem, which may in turn lead to such problems as drug abuse, poor grades in school, and an inability to form positive social relationships. Thus, knowing the extent to which self-care children are socially isolated was viewed as a first step in understanding variations in outcomes for self-care children. Besides describing the extent of social isolation for self-care children, the study intended to identify the child, family, and environmental variables that increased (or decreased) the risk of isolation.

An existing data set allowed for an exploratory examination of this issue for a national sample of 83 children who had been in self-care for a minimum of 7 hours a week for at least 2 years. The mothers of these children answered both a magazine-distributed and a 2-year follow-up questionnaire about self-care. Among the questions asked were several concerning the extent to which these self-care children (1) talked to their mothers by telephone, (2) had a neighbor available in case they needed help, (3) were allowed to play with friends, and (4) had a sibling home with them during self-care.

In addition to closed questions on this topic, the questionnaire included several openended questions about the self-care arrangement, including questions about the mother's availability to her children by telephone.

The mothers' responses indicated that the self-care children in this national sample were not socially isolated. Approximately one-third of the children had all four types of social contact available to them, 80% had three types, and all but one had two types. All of the children had an adult available to them, and all but seven also had either a sibling, a friend, or both available. Because so little social isolation existed, there was no reason to investigate the child, family, and environmental variables related to it.

It was possible, however, to examine the second type of risk postulated for self-care children-lack of parental attention and supervision. Although all but three of the mothers talked to their children by telephone during self-care, 33 talked to their children less than once a day, and nine of these talked to their children only every 3 or 4 days. The second part of this study identified the variables related to frequency of telephone contact between mothers and children during self-care and examined in-depth the reasons for infrequent telephone contact. These analyses were exploratory but were conducted within an attachment framework.

According to attachment theory, the most important role parents play in their children's lives is that of a secure base. If parents are sensitive and responsive to their children's needs then the children are free to explore the world, confident that their parents will be available when needed. As children get older they have a working model of their parents and can spend more and more time on their own without direct supervision. Parental availability remains important, however, throughout childhood. If a parent is actually unavailable or appears to be unavailable, a child's sense of well being is threatened. The purpose of attachment behavior is protection, and stress activates

attachment behavior for both children and adults. The greater the stress, the more need for the *physical* presence of an attachment figure.

It was hypothesized that the following conditions would increase stress during self-care and thus that under these conditions, mothers and children would talk more frequently during self-care: (1) children being in self-care before they are developmentally ready to spend time alone (based on a large number of research studies this age was determined to be 9 years old); (2) mothers having traditional gender role attitudes and believing that a mother should be at home raising her children rather than at work; and (3) any number of stressful life events or conditions such as divorce, low income, child not getting along very well with mother or friends, frequent moves, spending large amounts of time alone, using self-care out of necessity rather than by choice, being dissatisfied with self-care.

The statistical analyses provided evidence against these hypotheses (see Tables 4 to 12 in Chapter III). Only two variables thought to be relevant to these hypotheses--child's age and sibling fights--were statistically significant. Contrary to expectations, the mean telephone contact score was lower for children younger than 9 years old than for any age group except 12 and 13 year olds. Mother's and family income also approached significance (p = .07) but further analyses indicated that these findings were difficult to interpret in the context of attachment theory. The probability levels for the remaining relevant variables ranged from .16 for hours in self-care to .95 for goals of the women's liberation movement. Rather than rejecting the hypotheses, which continued to make intuitive sense, a more qualitative analysis was conducted--examining the mothers' responses to the open-ended questions in conjunction with their responses to the closed questions to try to understand why the variables thought to be important were not. Before discussing the findings of these analyses, the significant results are presented.

The variable most strongly related to frequency of telephone contact between mothers and their self-care children was difficulty of telephoning from work. Mothers talked to their children less when they had limited access to a telephone on the job. For this sample, working for the school system, working as a nurse in a locked ward, working out of town so that telephone calls were long distance, or having a busy schedule explained limited access to a telephone. After "ease of telephoning" was taken into account, eight additional variables were significantly related to frequency of telephone contact between mothers and children during self-care. Mothers talked less frequently to their self-care children when the mother worked less during the summer than during the school year, the mother had a graduate degree, the child was 12 or 13 years old, the child had been in self-care for 5 years or more, the mother said that sibling fights were no problem at all during self-care, children of the opposite sex were in self-care together, and the mother said that the child did not usually play alone during self-care.

For the mothers who said that telephoning home from work was easy, only four of these variables were significant: these mothers talked less to their self-care children when (1) sibling fights were no problem at all, (2) the child had been in self-care for 5 years or more, (3) the child did not usually play alone during self-care, and (4) the child did not usually do chores during self-care. Although a three-variable model which included sibling fights, playing alone, and years in self-care resulted in many empty cells, it accounted for 45% of the variance in frequency of telephone contact between mothers and their self-care children when it was easy for the mother to use a telephone at work.

Even though these findings were different than expected, they still arguably fit an attachment framework. For example, children who were in self-care for 5 years or more may have proved themselves to be exceptionally competent to handle self-care. Having a graduate degree might stand for having a nontraditional attitude toward work and family roles and also might stand for having the financial and other resources associated with

less stressful lives. On the other hand, working less than full time in the summer could be associated with more traditional attitudes of arranging work schedules to meet a child's needs.

An examination of the mothers' responses to the open-ended questions supported and expanded upon these speculations. These analyses provided consistent evidence that mothers talked to their children less when neither they nor their children were under stress. However, stress could not be defined simply by external life events such as low income or divorce. Rather, for these working mothers stress was defined by (1) preferring to be at home but having to go to work for economic reasons; (2) having to leave children in self-care when the children were not ready (or willing) to handle the situation; (3) having to leave children in self-care without the social support of siblings, neighbors, or friends; and (4) having a work situation that did not allow telephone contact with their children in case it was needed.

The mothers' responses to the open-ended questions suggest that mothers' attitudes toward work and family roles and toward self-care are complex and not easily described by one or two closed questions, no matter how seemingly relevant. For example, many mothers said they choose self-care because they had no choice. Others said that they were very satisfied with self-care and would work even if it were not financially necessary, but also said that they wished they could be home when their children arrived home from school.

The mothers' reasons for using self-care varied. Some used it because their children were capable and trustworthy and liked being in self-care; others used it in spite of their own misgivings because their children disliked the available child care. Still others used it because it was the only alternative available. They simply could not afford child care. Whatever their reason for using self-care, as best they could these mothers arranged the situation to meet the particular needs of their child, taking into consideration the child's

personality and competence. Most children were not locked in their houses, but rather participated in the normal activities of childhood--playing with siblings and friends, visiting neighbors and relatives, participating in after-school activities.

Neither were they roaming the streets unsupervised. Their mothers checked on them to the degree they needed such checking. The more competent and trustworthy the child and the more on-site support available, the less the mothers supervised by telephone. The mothers adjusted their own involvement to meet the needs of the situation. However, not all the children liked being in self-care and a few mothers attributed their children's behavior problems to spending too much time alone at too young an age. In most of these cases, self-care was only one of the stresses faced by the child. In reading these mothers' comments one is struck by the notion of reciprocal, or circular, effects--the mother's stress influencing the child's stress influencing the mother's stress.

While not the focus of this study, it should be noted that a few of the children did fit the media image of super kids, taking on the care of preschool siblings, starting dinner, cleaning house. Their mothers appreciated their endeavors, and it remains to be seen whether the children enjoyed having important family roles (as some mothers suggested they did) or felt burdened by them. Although only 19 mothers checked that their children usually did chores during self-care, most mothers mentioned chores in their responses to the open-ended questions. For the most part, however, these were simple chores like folding clothes, picking up their rooms, and feeding pets. Only a minority of children had major household responsibilities.

¹In a recent interview on National Public Radio, a 12-year-old girl stated emphatically that she was not going to have children-- that taking care of her siblings while her mother worked had provided her with enough mothering to last a lifetime.

Overall, this study shows again what Hoffman and Nye (1974) and Etaugh (1974) pointed out nearly 20 years ago-that maternal employment is not a unitary condition. The effect of nonmaternal child care on children will depend on the attitudes of mothers and fathers, on family relationships, and the extent to which a society supports the needs of its individual members (e.g., Kamerman, 1980). As family researchers we should stop arguing about whether or not an ongoing condition is harmful to children, but rather should begin investigating ways to protect children at risk.

Self-care in and of itself does not appear to be a risk, but self-care under conditions of stress seems to threaten the basic need of children to be protected by their parents and of parents to protect their children. This study shows that it is not just more child care that we need, but more appropriate child care that takes into account school-age children's needs for independence, privacy, and a measure of control over their lives. We do not need to send mothers back to being traditional housewives but rather we need more supportive work environments with flexible schedules for both mothers and fathers that allow parents and children to be in touch with each other when needed--either in person or by telephone.

BIBLIOGRAPHY

- Ainsworth, M.D. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Alvarez, W.F. (1985). The meaning of maternal employment for mothers and their perceptions of their three-year-old children. *Child Development*, 56, 350-360.
- Amato, P.R. (1989). Family processes and the competence of adolescents and primary school children. *Journal of Youth and Adolescence*, 18, 39-53.
- Applied Management Sciences (1982). School-age day care study (U.S. Department of Health and Human Services Contract No. 105-81-C-011). Silver Spring, MD: Author.
- Armsden, G.C., & Greenberg, M.T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16, 427-454.
- Baskett, L.M., & Johnson, S.M. (1982). The young child's interactions with parents versus siblings: A behavioral analysis. *Child Development*, 53, 643-650.
- Berg, M., & Medrich, E. A. (1980). Children in four neighborhoods: The physical environment and its effect on play and play patterns. *Environment and Behavior*, 12, 320-348.
- Berscheid, E. (1986). Emotional experience in close relationships: Some implications for child development. In W.W. Hartup & Z. Rubin, *Relationships and development*. Hillsdale, NJ: Lawrence Erlbaum.
- Bird, C. (1979). The two-paycheck marriage: How women at work are changing life in America. New York: Rawson Wade Publishers.
- Bowlby, J. (1988). A secure base: parent-child attachment and healthy human development. New York: Basic Books.
- Brody, G.H., Stoneman, Z., & MacKinnon, C.E. (1982). Role asymmetries in interactions among school-aged children, their young siblings, and their friends. *Child Development*, 53, 1354-1370.
- Brown, J. S., Pratto, D. J., & Rodman, H. (1989). Social relationships as determinants of parental satisfaction with self-care arrangements for children. *Journal of Clinical Child Psychology*, 18, 8-15.
- Cain, V. S., & Hofferth, S. L. (1989). Parental choice of self-care for school-age children. Journal of Marriage and the Family, 51, 65-77.

- Cassidy, J. (1988). Child-mother attachment and the self in six-year-olds. *Child Development*, 59, 121-134.
- Cole, C., & Rodman, H. (1987). When school-age children care for themselves: Issues for family life educators and parents. *Family Relations*, 36, 92-96.
- Coltrane, S., & Ishii-Kuntz, M. (1992). Men's housework: A life course perspective. Journal of Marriage and the Family, 54, 43-58.
- Cooper, C.R., & Ayers-Lopez, S. (1985). Family and peer systems in early adolescence: New models of the role of relationships in development. *Journal of Early Adolescence*, 5, 9-21.
- Demo, D.H. (1992). Parent-child relations: Assessing recent changes. *Journal of Marriage and the Family*, 54, 104-117.
- Dunn, J., & Kendrick, C. (1982). Siblings: Love, envy, and understanding. Cambridge, MA: Harvard University Press.
- Etaugh, C. (1974). Effects of maternal employment on children: A review of recent research. *Merrill Palmer Quarterly*, 20, 71-98.
- Fassinger, P. A. (1989). Becoming the breadwinner: Single mothers' reactions to changes in their paid work lives. *Family Relations*, 38, 404-411.
- Feiring, C., & Coates, D. (1987). Social networks and gender differences in the life space of opportunity: Introduction. Sex roles, 17, 611-620.
- Felson, R.B. (1983). Aggression and violence between siblings. *Social Psychology Quarterly*, 46, 271-285.
- Galambos, N. L., & Garbarino, J. (1985). Adjustment of unsupervised children in a rural setting. *The Journal of Genetic Psychology*, 146, 227-231.
- Gecas, V., & Schwalbe, M.L. (1986). Parental behavior and adolescent self-esteem. Journal of Marriage and the Family, 48, 37-46.
- Gold, D., & Andres, D. (1978). Developmental comparisons between ten-year-old children with employed and nonemployed mothers. *Child Development*, 49, 75-84.
- Gottfried, A.E., Gottfried, A.W., & Bathurst, K. (1988). Maternal employment, family environment and children's development: Infancy through the school years. In A.E. Gottfried & A.W. Gottfried (Eds.), *Maternal employment and children's development:* Longitudinal research. New York, Plenum.
- Greenberg, M.T., Siegel, J.M., Leitch, C.J. (1982). The nature and importance of attachment relationships to parents and peers during adolescence. *Journal of Youth and Adolescence*, 12, 373-315.
- Greenberger, E., & Goldberg, W. A. (1989). Work, parenting, and the socialization of children. *Developmental Psychology*, 25, 22-35.

- Grollman, E. A., & Sweder, G. L. (1986). The working parent dilemma: How to balance the responsibilities of children and careers. Boston, MA: Beacon Press.
- Gunnar-VonGnechten, M.R. (1981). Changing a frightening toy into a pleasant toy by allowing the infant to control its actions. In E. M. Heatherington & R. D. Parke (Eds.), Contemporary readings in child psychology. New York: McGraw-Hill.
- Hartup, W.W. (1989). Social relationships and their developmental significance. *American Psychologist*, 44, 120-126.
- Hock, E., & Schirtzinger, M.B. (1992). Maternal separation anxiety: Its developmental course and relation to maternal health. *Child Development*, 63, 93-102.
- Hoffman, L. (1989). Effects of maternal employment in the two-parent family. *American Psychologist*, 44, 283-292.
- Hoffman, L., & Nye, F.I. (1974). Working mothers. San Francisco: Jossey-Bass.
- Kamerman, S.B. (1980). Parenting in an unresponsive society: Managing work and family life. New York: The Free Press.
- Kelly, P.C., Weir, M.R., Atkinson, A.W., Lampe, R.M., Schydlower, M., & Fearnow, R.G. (1986). "Latchkey": Three voices with one message. *Clinical Pediatrics*, 25, 462-465.
- Larson, R., & Csikszentmihalyi, M. (1978). Experiential correlates of time alone in adolescence. *Journal of Personality*, 46, 677-693.
- Long, L., & Long, T. (1983). The handbook for latchkey children and their parents. New York: Arbor House.
- Lovko, A. M., & Ullman, D.G. (1989). Research on the adjustment of latchkey children: Role of background/demographic and latchkey situation variables. *Journal of Clinical Child Psychology*, 18, 16-24.
- MacKinnon, C.E. (1989). An observational investigation of sibling interactions in married and divorced families. *Developmental Psychology*, 25, 36-44.
- McAninch, J. P., Rodman, H., & Pratto, D. J. (1987, November). *Mothers' perceptions of gender differences in children's age of maturity*. Paper presented at the annual conference of the National Council on Family Relations, Atlanta, Georgia.
- Medrich, E. A., Roizen, J., Rubin, V., & Buckley, S. (1982). The serious business of growing up: A study of children's lives outside school. Berkeley: University of California Press.
- Menaghan, E.G., & Parcel, T.L. (1990). Parental employment and family life. *Journal of Marriage and the Family*, 52, 1079-1098.
- Messer, S.C., Wuensch, K.L., & Diamond, J.M. (1989). Former latchkey children: personality and academic correlates. *Journal of Genetic Psychology*, 150, 301-309.

- Michelson, W. (1985). From sun to sun: Daily obligations and community structure in the lives of employed women and their families. Totowa, NJ: Rowman & Allanheld.
- Minnett, A.M., Vandell, D.L., & Santrock, J.W. (1983). The effect of sibling status on sibling interaction: Influence of birth order, age spacing, sex of child, and sex of sibling. *Child Development*, 54, 1064-1072.
- Mize, J., Duncan, S.F., & Newell, W.H. (1991). Good parent/child communication helps latchkey children cope. *Alabama Agricultural Experiment Station*, 11.
- Otten, H. (1985). Professional judgments of neglect in child self-care arrangements: A field experiment. Unpublished doctoral dissertation, University of North Carolina at Greensboro, Greensboro, NC.
- Pratto, D.J., & Rodman, H. (1987). Magazine-distributed questionnaires for exploratory research: Advantages and problems. *Sociological Spectrum*, 7, 61-72.
- Pulakos, J. (1989). Young adult relationships: Siblings and friends. *The Journal of Psychology*, 123, 237-234.
- Richardson, J.L., Dwyer, K., McGuigan, K., Hansen, W.B., Dent, C., Johnson, C. A., Sussman, S. Y., Brannon, B., and Flay, B. (1989). Substance use among eighth-grade students who take care of themselves after school. *Pediatrics*, 84, 556-566.
- Riley, D., & Cochran, M. (1987). Children's relationships with nonparental adults: Sexspecific connections to early school success. *Sex Roles*, 17, 637-655.
- Robinson, B.E., Rowland, B.H., & Coleman, M.C. (1986). Taking action for latchkey children and their families. *Family Relations*, 35, 473-478.
- Rodman, H. (1990). Latchkey children and unsupervised adolescents: Clarifications and consequences of after-school care. *Child, Youth, and Family Services Quarterly*, 13, pp. 11, 15.
- Rodman, H., & Payne, C. (1990). Predictors and consequences of amount of time children spend in self-care. Final report for Project Home Safe: A Joint Initiative of the American Home Economics Association and the Whirlpool Foundation. Unpublished report.
- Rodman, H., & Pratto, D. J. (1987). Child's age and mother's employment in relation to greater use of self-care arrangements for children. *Journal of Marriage and the Family*, 49, 573-578.
- Rodman, H., & Pratto, D.J. (1981). How children take care of themselves: Preliminary statement on magazine survey. Report submitted to the Ford Foundation.
- Rodman, H., Pratto, D. J., & Nelson, R. S. (1985). Child care arrangements and children's functioning: A comparison of self-care and adult-care children. *Developmental Psychology*, 21, 413-418.

- Ross, C., Mirowsky, J., & Goldsteen, K. (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family*, 52, 1059.
- Rowland, B.H., Robinson, B.E., & Coleman, M. (1986). A survey of parents' perceptions regarding latchkey children. *Pediatric Nursing*, 12, 278-283.
- School Facilities Child Care Act (1984, April 30). Hearing before the Subcommittee on Elementary, Secondary, and Vocational Education of the Committee on Education and Labor, House of Representatives, Ninety-Eighth Congress, Second Session on H.R. 4193. Washington, D.C.: U.S. Government Printing Office.
- Schultz, R. (1976). Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. *Journal of Personality and Social Psychology*, 33, 563-573.
- Sroufe, L. A., & Fleeson, J. (1986). Attachment and the construction of relationships. In W.W. Hartup & Z. Rubin (Eds.), *Relationships and development*. N.J.: Erlbaum.
- Steinberg, L. (1986). Latchkey children and susceptibility to peer pressure: An ecological analysis. *Developmental Psychology*, 22, 433-439.
- Stewart, M. W. (1986). The effects of self-care and adult-care arrangements on elementary school children's adjustment, achievement, and attendance. Unpublished doctoral dissertation, University of North Carolina, Greensboro, NC.
- Stewart, R.B. (1983). Sibling attachment relationships: Child-infant interactions in the Strange Situation. *Developmental Psychology*, 19, 192-199.
- Sutton-Smith, B., & Rosenberg, B.G. (1970). *The sibling*. New York: Holt, Rinehart, & Winston.
- Thompson, L., & Walker, A. J. (1989). Gender in families: Women and men in marriage, work, and parenthood. *Journal of Marriage and the Family*, 51, 845-872.
- Trimberger, R., & MacLean, M.J. (1982). Maternal employment: The child's perspective. Journal of Marriage and the Family, 469-475.
- U.S. Bureau of the Census (1987). Current Population Reports, Series P-23, No. 149, *After-School Care of School-Age Children: December 1984*. Washington, D.C.: U.S. Government Printing Office.
- Vandell, D.L., & Corasaniti, M.A. (1988). The relation between third graders' after school care and social, academic, and emotional functioning. *Child Development*, 59, 868-875.
- Weiss, R. S. (1973). Loneliness: The experience of social and emotional isolation. Cambridge: M.I.T. Press.
- Wellborn, S. (1981, September 14). When school kids come home to an empty house--. *U.S. News & World Report*, pp. 42, 47.

- Wethington, E., & Kessler, R. (1989). Employment, parental responsibility, and psychological distress. *Journal of Family Issues*, 10, 527-544.
- Widdows, R., & Powell, D. R. (1987). The relative importance of economic factors in parents' choice of after-school child care. *Proceedings of American Council on Consumer Interests*, Denver, Colorado.
- Woods, M.B. (1972). The unsupervised child of the working mother. *Developmental Psychology*, 6, 14-25.
- Youniss, J. (1980). Parents and peers in social development. Chicago: University of Chicago Press.

APPENDIX A

1980 QUESTIONAIRE

How Children Take Care of Themselves

leave children to car If your child or ch themselves, please tions that follow. The Family Resea olina at Greensboro do while they take ca	on, most of e for thems aldren occ take a few rch Center is trying to are of them	them occasionally or selves. asionally or regularly minutes to answer of the University of National learn more about who aselves. We will share	r regula y care the que North Ca at childr	for es- H ar- Y	es . IS YOUR CHILD	ALLOWE	S FOR SELF? NO ED TO HAVE A FI CARES FOR SE NO D TO USE THE S	RIEND ELF?	-2
one answer that fits y ested in your though them to us on a sepa	ich question rour situations ts and idea trate sheet	on by checking the b on best. We're very m as, and encourage yo	uch into ou to se	er- ind J	WHEN HE OR SI Yes I. DOES YOUR CH SOME OTHER A FOR SELF?	USU	No	OU (OR	-2
soon as possible to:					'es	☐ 10-1	No		-2
		JNDER 14 YEARS O	LD AR	E _	FOR SELF?		ER ADULT) USU IEN HE OR SHE		
One LIVING WITH Y	OU?	Three		Y .3	'es	11-1	No		-2
Two	☐ ·2	Four or more	ä		DOES YOUR CH WHEN HE OR S			THE TIME	,
	DER 14 YE	AVE YOUR CHILD (EARS OLD TO CARE		-	es . ASIDE FROM T	☐ 12-1 ELEVISIO	No N, HOW DOES Y	OUR	-2
Regularly	2-1	Occasionally		-2			MOST OF THE 1 SELF? (CHECK		١
HERSELF? (IF 'TO CARE FOR	CHILD TO YOU LEFT HIMSELF D WHO IS	KS, HOW MANY TIM CARE FOR HIMSEL MORE THAN ONE OR HERSELF, ANS NEAREST TO EIGH	.F OR CHILD WER	P R D	Playing with someon Playing alone Resting or sleeping Joing chores Doing homework		Listening to radio or records Reading Other (specify):	<u> </u>	-6
Never One to two times Three to five times	3-1 -2 -3	Six to 10 times 11 times or more	00	-4 N	I. HOW SATISFIE ARRANGEMEN FOR HIMSELF	T IN WHI	CH YOUR CHILD	CARES	_
D. HOW OLD IS TH	IIS CHILD	?			ery satisfied comewhat satisfied	☐ 14·1 ☐ ·2	Somewhat dissa Very dissatisfied		.3
Three or younger Four or five Six	4·1 ·2 ·3	Nine 10 11	000	-6	HOW SATISFIE WITH THE ARR	_ D DO YO	J THINK YOUR C		
Seven Eight	☐ -4 ☐ -5	12 or 13			ery satisfied comewhat satisfied	☐ 15-1 ☐ -2	Somewhat dissa Very dissatisfied		.3 -4
E. THIS CHILD IS:		A boy		P	DURING WHAT CHILD USUALL HERSELF?		THE DAY DOES OR HIMSELF OF		
		TO VISIT A FRIEND E CARES FOR SELI No		A	forning (before nooi liternoon (between i vening (after six)		six)	16	5-1 2 -3

Q.			IGHBOR YOUR CHIL	D CA	N	E. YOU ARE:	
_	CALL ON WHEN				_	Single, never married	26-1
Ye	5	17.1	No		-2	Married, living with husband	□ ·2
	HOW MANY HOL	IDC DEE	WEEK DOES YOUR	CHIL	n	Married, husband absent Widowed	
n.	HISHALL Y CARE	FOR HII	MSELF OR HERSELF	?	_	Separated	□ 4 □ -5
		10/11/11	HOLLI OTTICIOLEI			Divorced	
	s than two hours	· four					□ •
	o hours to less thar ir hours to less tha			ä	·2 ·3	F. WHAT REGION OF THE COUNTRY	DO YOU LIVE IN?
	ren hours to 10	i seven		ă	-4	Northeast	□ -3
	re than 10 hours			ñ	-5	Central	
			•	_	-		
S.	HOW WELL DO Y	OU ANI	YOUR CHILD GET			G. WHAT KIND OF COMMUNITY DO A large city—over 250,000 population	OU LIVE IN?
Vei	v well	19-1	Not too well		3	Suburb of a large city	☐ ·2
	rly well	□ .2				A small city—under 250,000 population	
	•					A small town—under 10,000 population	
T.	HOW DOES YOU	R CHILE	GET ALONG WITH			A rural area	□ -5
_	FRIENDS?				_		
Ve	y well	20-1	Not too well		-3	H. DO YOU LIVE IN:	
	rly well	□ -2				A mobile home 29-1 An apar	ment 🔲 -3
	-					A house 🔲 2	
U.	DO YOU GIVE YO						
			WHAT TO DO OR WI			I. DO YOU OWN OR RENT YOUR HO	IE?
_			R SHE CARES FOR S		_	Own 🗆 30-1 Rent	□ -2
Ye	6	21-1	No		-2		
	(ORTIONAL VIEW	OII AND		465		J. HOW MUCH EDUCATION DO YOU	HAVE?
V.			WER YES TO U, PLE SHEET TELLING US		_	Some high school or less	31-1
	THE SPECIAL IN			WUM	•	High school diploma	□ -2
_	THE SPECIAL IN	SINGU	IONS ANE.		_	Some college	□ 3
•40	(OPTIONAL) ON	4 0004	DATE CHEET TELL			College degree	
₩.			RATE SHEET TELL (Some graduate or professional school	_ s
			INGS OR BAD THING WHILE YOUR CHILE		•	Graduate or professional degree	-6
_	CARING FOR HI				, —	K. DURING THE SCHOOL YEAR, DO PAY?	YOU WORK FOR
							time 🛭 3
	•					No 🗍 32-1 Yes, par Yes, full time 🗍 -2	time □ -3
						103,101101110	
	RT II	A 112				L. DURING THE SUMMER (SCHOOL	/ACATION), DO
	HOW OLD ARE Y					YOU WORK FOR PAY?	
	ter 21	☐ 22·1	35 to 39		-5	No ☐ 33-1 Yes, par	time 🔲 -3
	o 24	☐ ·2	40 to 49		-6	Yes, full time	
	o 29 o 34		50 or over	ш	-7		
30 1	034	□ 4				M. WHAT IS YOUR OCCUPATION?	
В.	YOU ARE:					Student	34-1
Wh		□ 23·1	Hispanic		-4	Clerical worker or secretary	□ 2
Bla		23.1	Other (specify):		-	Executive or manager	□ 3
	ental		Other (specify).		-5	Professional	□ 4
U	Jinu.	3			-5	Salesperson	□ -5
C.	WHAT IS YOUR F	RELIGIO	US AFFILIATION?			Supervisor or skilled worker	□ •
_	testant		Other (specify):		_	Semiskilled, service or general worker	_ ·7
	holic	2	Omer (specify).		4	Homemaker	
Jev				_	_	Other (specify):	0
						N HOW BO VOILERE ABOVE THE	VODY VOLLDOS
D.						N. HOW DO YOU FEEL ABOUT THE	
		YOU AT	TEND RELIGIOUS				
	HOW OFTEN DO SERVICES?	YOU AT	TEND RELIGIOUS			Like it very much 35-1 Dislike i	a little 🔲 -3
Nev	SERVICES?	YOU AT	TEND RELIGIOUS	<u> </u>	 5-1	Like it very much 35-1 Dislike i	
Nev	SERVICES? ver out once a year or l		TEND RELIGIOUS		 15-1 -2	Like it very much 35-1 Dislike i Like it fairly well 35-1 Dislike i	a little 📙 3 very much 🔲 4
Nev Abo	SERVICES? ver out once a year or le veral times a year	ess	TEND RELIGIOUS			Like it very much Like it fairly well Dislike i Like it fairly well Dislike i Like it fairly well Dislike i	a little 📙 3 very much 🔲 4
Nev Abo Sev One	SERVICES? yer out once a year or liveral times a year ce or twice a month	ess 1	TEND RELIGIOUS		-2 -3 -4	Like it very much	a little very much vou usually
Nev Abo Sev One Abo	SERVICES? yer put once a year or liveral times a year ce or twice a month put three times a m	ess 1	TEND RELIGIOUS		·2 ·3 ·4 ·5	Like it very much Like it fairly well O. HOW MANY HOURS A WEEK DO WORK FOR PAY? Do not work for pay \[\begin{array}{cccccccccccccccccccccccccccccccccccc	a little 3 very much 4 VOU USUALLY hours 3
New Abo Sev One Abo	SERVICES? yer put once a year or liveral times a year ce or twice a month out three times a m ary week	ess onth	TEND RELIGIOUS	00000	·2 ·3 ·4 ·5 ·6	Like it very much Like it fairly well O. HOW MANY HOURS A WEEK DO WORK FOR PAY? Do not work for pay One to nine hours Dislike it pislike it	a little
New Abo Sev One Abo	SERVICES? yer put once a year or liveral times a year ce or twice a month put three times a m	ess onth	TEND RELIGIOUS		·2 ·3 ·4 ·5	Like it very much Like it fairly well O. HOW MANY HOURS A WEEK DO WORK FOR PAY? Do not work for pay One to nine hours Dislike i Dislike i 20 to 29 00 20 30 to 39	a little 3 very much 4 OU USUALLY nours 24

P. WOULD YOU CO				IF IT		
Yes No	☐ 37·1 ☐ ·2	Do not wor	k for pay		-3	
Q. DO YOU PROVI FAMILY?	DE THE N	AAIN SUPPO	RT FOR	YOUI	R	
Yes	[] 38-1	No			-2	
R. DOES YOUR HL	ISBAND	WORK FOR	PAY?			
Yes, full time Yes, part time	☐ 39-1 ☐ -2	No			-3	
res, part lime	□ .2					
S. YOUR PERSON TAXES:	AL INCOI	ME IN 1979,	BEFORE			
Less than \$5,000 \$5,000 to \$7,999	40-1 2	\$13,000 to \$16,000 to			.5 .6	
\$8,000 to \$9.999		\$20,000 or		ä	-7	
\$10,000 to \$12,999						
T. TOTAL FAMILY	INCOME	IN 1979, BEI	FORE TA	XES:	_	
Less than \$5,000	41-1	\$20,000 to			-5	
\$5,000 to \$9,999 \$10,000 to \$14,999	☐ 2 ☐ 3	\$25,000 to \$35,000 or		H	-6 -7	
\$15,000 to \$19,999			•	_		
U. HOW MANY TIN	IES HAVE	YOU MOVE	D IN THE	PAS	T	
Never	42-1	Three times			-4	
Once Twice	☐ ·2 ☐ ·3	Four times	or more		∙5	
	_					
V. HOW LONG HA						
Under a year	43·1	Three to fiv			-4	
One to two years Two to three years] 2	Five to 10 y 10 years or			·5 -6	
·		•				
W. IN GENERAL, HOW DO YOU FEEL ABOUT THE GOALS OF THE WOMEN'S LIBERATION MOVEMENT?						
Very positive	44-1	Somewhat			-3	
Somewhat positive	.2	Very negati	Ve	u	-4	
X. IN GENERAL, WHAT ARE YOUR VIEWS ON:						
Husband and wife sh	aring child		Ambivalent	Agai	nst	
care equally	•	<u> </u>	□ ·2		-3	
Abortion Legalizing marijuana		☐ 46-1 ☐ 47-1	[] ·2 [] ·2	님	·3 ·3	
Requiring people to r		e 65 🔲 48-1	☐ ·2	₫	-3	
Government support Sex education in scho		1FB	□ ·2 □ ·2		-3 -3	
Husband and wife sh		ا عن عل	<i>د</i> . ت	ت		
housework equally	-	☐ 51·1	.2		-3	
Y. HOW DID YOU	ET THIS	MAGAZINE	?		_	
By subscription Bought it at a newsstr	and			 	2-1 -2	
From a friend					·3	

APPENDIX B

1982 QUESTIONAIRE

Now Children Take Care of Themselves

Phase II

May, 1982 Survey

Family Research Center

University of North Carolina at Greensboro

Greensboro, NC 27412

INSTRUCTIONS

When parents are working, or have to be away from the house for some other reason, most of them occasionally or regularly leave children to care for themselves. Two years ago you answered some questions in <u>Working Mother</u> about your child or children who cared for themselves. We now want to clear up some gaps in the information we collected two years ago. Please answer the questions in <u>Part I</u> in terms of your situation as it existed <u>two years ago</u>, when you replied to our first questionnaire. (Please check one box for each question.)

Part I

1.	Two years ago, how many children ur	nder 14 years old were living with you?
	One Two Three	Four or More
2.	Two years ago, how often did you loold to care for themselves?	eave your child or children under 14 years
	Five or more days per week	1 or 2 days per week
	3 or 4 days per week	Less than 1 day per week
3.		ild? (If you left more than one child to r for the child who was nearest to eight
	Three or younger	Eight
	Four or five	Nine
	Six	Ten
	Seven	Eleven
		Twelve or 13 .
4.	This child is:	A boy
5.	Two years ago, was your child usua	11y home alone when he or she cared for self?
	Usually alone	
	Usually with someone else	
	5a. If your child was usually with	h someone else, please tell us (a) person's
	relationship to child:	
	and (b) person's age:	years
6.	Two years ago, how often did you to was caring for self?	alk to your child by telephone when he/she
	Never	Almost every day
	Once every 3 or 4 days	Once each day
	About every other day	Hore than once per day

7.	Two years ago, if you spoke with your child by telephone while he/she was caring for self, who usually telephoned whom?
	I always phoned my child Child usually phoned me
	I usually phoned my child Child always phoned me
	Sometimes I phoned child, sometimes child phoned me
8.	Some working parents have difficulty in getting access to a telephone to talk to their child at home, and some do not. Please tell us if it was easy or difficult for you, and why: Easy Difficult
	Briefly explain why it was easy or difficult:
9.	Do you know of any working parents who had difficulty in getting to a telephone to talk to their child at home? Yes No
	If yes, tell us why it was difficult and what they did about it. (If you know of several examples, tell us about the one that you know best.)
10.	Some parents leave their children to care for themselves because they prefer it to other child-care arrangements. Others do it because they feel they don't have any choice. How about yourself (two years ago)?
	I preferred it
	I had no choice
11.	Please explain your answer to 10: that is, please tell us why you preferred it or why you felt you had no choice.
12.	Two years ago, how many people altogether were living in your household. (Include yourself; include spouse and all children living with you; include all others living with you, whether related or not. Do not include children living away from home, e.g., living away at college.)
	Total

13.	In the chart below, please tell us who the people were who lived together
	with you two years ago. Start with yourself, and then list everybody else,
	afulan up and nerganic 100 per and relationship to your

	Relationship To You	Age	Sex
Yourself			
		 	
		 	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	-
			ļ
		1	1

14.	. Two years ago, how often was an older sibling at home with your child who cared for self? (If there was no older sibling in the family, check here and go on to Question 15.)						
	Always Coccasionally						
	Most of the time Never (If you answer never, skip to Question 15.)						
	About half the time						
	14a. What was the age of the older sibling, two years ago?						
	14b. Older sibling is: Hale Female .						
	14c. Was the older sibling "in charge"?						
	Yes No						
	14d. Were fights between siblings a problem while they were by themselves?						
	Yes, a serious problem No. not much of a problem						
	Yes, a minor problem No, not a problem at all						
15.	Two years ago, how far away were you (e.g., at work) while your child was caring for self?miles						
16.	Two years ago, about how long would it usually take you to get home?						
17.	Two years ago, in case of an emergency, about how long would it take you to get home?						
18.	Two years ago, how safe did you consider the neighborhood that you were living in?						
	Very safe Fairly dangerous						
	Fairly safe Very dangerous						
	Not too safe						

PART II

In Part II we are asking a	few questions abou	t changes in your	child-care
arrangements through the y	ears.		

	angements through the years.	is about changes in your chira care							
١.	Again thinking about the child you	answered questions about in Part i:							
	A. How old is this child now?								
	B. How old was this child when he or she first started caring for self?								
	C. For how many years altogether with this child?	did you use the self-care arrangement							
2.	Is this child still taking care of	self, either occasionally or regularly?							
	Yes No								
	2a. If yes, about how many hours during the past school term)	per week does your child now (for example, usually care for self?							
	Less than one hour	Four hours to less than seven							
	One hour to less than two hours	Seven hours to 10 hours							
	Two hours to less than four hours	More than 10 hours							
3.	About how many hours per week did first year that he/she was doing i	your child usually care for self, during the t?							
	Less than one hour	Four hours to less than seven							
	One hour to less than two hours	Seven hours to 10 hours							
	Two hours to less than four hours	lore than 10 hours							
4.	About how many hours per week did second year that he/she was doing less, check here and skip to	your child usually care for self, during the it? (If child cared for self for one year or o question 6.)							
	Less than one hour	Four hours to less than seven							
	One hour to less than two hours	Seven hours to 10 hours							
	Two hours to less than four hours	More than 10 hours							
5.		your child usually care for self, during the it? (If child cared for self for two years o to Question 6.)							
	Less than one hour	Four liours to less than seven							
	One hour to less than two	Seven hours to 10 hours							
	Two hours to less than four	More than 10 hours							

6.	Overallthinking.about <u>all</u> of the you have used during the yearshow arrangements?		rent kinds of child-care arrangements sfied do you now feel about these
	Very satisfied		Somewhat dissatisfied
	5omewhat satisfied		Very dissatisfied
	Neither satisfied nor dissatisfied		
7.			ving your child or children care for I do you now feel about the self-care
	Very satisfied		Somewhat dissatisfied
	Somewhat satisfied		Very dissatisfied
	Neither satisfied nor dissatisfied		
8.			ou make more use or less use or the same th your child or children care for them-
	More use Less use		Same use
	8a. Briefly explain why:		
	•		
	•		
	•		
9.	What paid work are you doing nbw?_		
10.	What paid work were you doing two	years	ago?
11.		e las	t two years, did this require a change in
	child-care arrangements?] No
12.	If your paid job changed within the you wanted to change your child-ca		t two years, was this primarily because rangements? Yes No
13.	important details. We are interes care arrangements changed over the child is home alone and caring for home together and caring for thems of another. Please tell us about	year self elves these	tionnaire is the difficulty of getting in detailed information about how childs, particularly arrangements in which a; or in which two or more children are; or in which two or more children are kinds of child-care arrangements and warrangles additional cheers if peaded)

THIS SHEET WILL BE REMOVED FROM THE REST OF THE QUESTIONNAIRE IN ORDER TO KEEP YOUR ANSWERS CONFIDENTIAL. IF YOU PREFER, YOU CAN REMOVE THIS SHEET YOURSELF AND HAIL IT TO US SEPARATELY.

1.	Would you like us to keep you on our mailing list foour study and publications? Yes No	or furt	her information abou	.t
	la. If yes, please give us your name and mailing ac	ldress:		
2.	We plan to interview some parents over the telephon-make for their children's care. Are you willing to telephone? Yes No			10
	2a. If yes, please give us your telephone number:	area code	telephone number	_
3.	If we obtain additional funds to continue our proje establish a national panel of parents who will work by providing us with advice and information about c of themselves. Would you be willing to be part of	with t	sfor example,	