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# Attitudes of Mothers of Preschoolers Toward Government Regulation of Day Care

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EXTRAORDINARY INCREASES in the labor force participation rates of women, particularly of those with preschool children, occurred during the 1970s. In 1950, 13.6 percent of the women with children under age 6 were in the labor market. By 1980, the figure rose to 43 percent, almost triple that of 1950 (1). In the past decade, the proportion of one-parent families has grown substantially; the greatest increases have been among families with children under 6 years old (2). The labor force participation rates are higher for single-parent mothers than for mothers in two-parent families. In 1979, approximately 56 percent of the single-parent mothers and 43 percent of the mothers in two-parent families were employed or looking for employment (2). Thus, the evidence indicates that in the 1980s women will continue to enter the marketplace in ever-increasing numbers. Moreover, according to projections based on birth rates and trends of participation in the labor force by women, by 1990 an estimated 10.4 million children under age 6 will require some form of substitute care while their mothers work (3).

Historically, the Federal Government's role in day care has been limited almost exclusively to the develop-

ment and support of nonprofit centers. Some child care planners argue that all preschool children in substitute care, not only the economically disadvantaged, can profit from organized day care programs (4). Yet fewer than 4 percent of the preschool children in day care in 1975 were in centers (5). Although this figure is higher for preschool children of working mothers (10–15 percent), survey results consistently indicate that most families make child care arrangements in their own homes or in the homes of relatives, neighbors, or friends (6–9).

Family day care, or the care of a child in a private home other than his own, is the most prevalent mode of substitute child care for preschoolers and for school-age children with working parents (10). Informal, unregulated care by relatives, neighbors, or friends is likely to be replaced by more formal, licensed forms of family day care in light of the decline in numbers of multigenerational households and in the availability of mothers who choose to remain in the home rather than seek employment.

Studies of day care have identified costs, convenience, and availability factors associated with child care but have largely neglected parental attitudes (6–8). This neglect stems, in part, from limited questionnaire space allotted day care in most national surveys and from the emphasis researchers have placed on economic and demographic factors. Yet, it would be a mistake for child care planners to ignore consumer attitudes in setting day care policies. How do consumers view the government's role in day care? How receptive would parents who use care in their own home or out-of-

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home family day care be to the setting of standards for child care or for licensing care providers? Do parents who use these forms of home-based care support Federal subsidization of day care?

A 1975 national study provided a large probability sample of child care consumers with preschool children in which to investigate attitudes toward government intervention in licensing, regulating, and funding day care. This data source is particularly rich in that it allows comparisons between consumers who use child care services in their own homes and those who rely on family day care.

## Methods

**Data source.** Our data were obtained from the National Child Care Consumer Study's stratified national probability sample of households with children ages 14 or younger and with telephones. This telephone survey was conducted in 1975 under the auspices of the Office of Child Development, Department of Health, Education, and Welfare. Extensive information was gathered on child care use in the U.S. civilian, noninstitutionalized population. A 3-stage sampling procedure was used in which 24,000 randomly selected households within 4 census-defined areas—Northeast, North Central, South, and West—were contacted by telephone to identify those with eligible children. Nonwhite and low-income households were oversampled to assure adequate representation.

The data were collected by the field staff of Chilton Research Services, who were subcontracted to do the interviewing for the study (5). The interviews lasted

about 1 hour. The resulting 4,609 interviews represented a 67 percent completion rate; refusals accounted for 14 percent and failures to locate eligible respondents, 19 percent.

Our analysis pertains to a subset of 1,430 households having at least 1 child under 6 years old, in which the mother was the survey respondent and able to name a main or most important method of day care. Since our interest was in the attitudes of mothers of nonhandicapped children, households with handicapped youngsters were eliminated from the analysis.

**Measures.** Child care, the criterion measure, was characterized as either home-based or center-based care. Four types of home-based care were identified: in-home care by a relative, in-home care by a nonrelative, out-of-home care by a relative, and out-of-home care by a nonrelative. Center-based care users were those mothers who stated that their children were enrolled in day care. All mothers were asked to identify a main or most important method of child care, regardless of the number of types of child care they used. This main method was used to classify child care in the analysis.

Mothers' overall attitude toward licensing was elicited by a single item on a 5-point Likert-type scale ("I think that everyone who takes care of children should be licensed: where 1 = strongly agree and 5 = strongly disagree").

Attitudes concerning government regulation of care were measured by a single item regarding setting standards for individual care givers ("Do you think

**Table 1. Unadjusted and adjusted percentages of mothers with children under 6 years old who oppose the licensure of all care givers, according to selected demographic characteristics by type of child care**

Demographic characteristics	In home, by relative <sup>1</sup>			In home, by nonrelative <sup>2</sup>			Out of home, by relative <sup>3</sup>		
	Unadjusted percent	Adjusted percent	Adjusted with covariates	Unadjusted percent	Adjusted percent	Adjusted with covariates	Unadjusted percent	Adjusted percent	Adjusted with covariates
<b>Employment status:</b>									
Full time	.63	.60	.58	.66	.56	.54	.59	.63	.63
Part time	.86	.92	.93	.87	.82	.82	.79	.83	.82
Not employed	.75	.75	.75	.82	.85	.85	.70	.68	.68
<b>Education:</b>									
< High school	.81	.86	.86	.62	.65	.64	.69	.66	.66
High school graduate	.69	.69	.69	.77	.77	.77	.68	.69	.69
> High school graduate	.76	.70	.70	.75	.76	.75	.67	.68	.68
<b>Age of oldest child:</b>									
< 3 years	.69	.69	.69	.76	.77	.77	.74	.74	.74
3-5 years	.77	.78	.78	.81	.81	.81	.65	.64	.64
<b>Poverty:</b>									
Below poverty	.69	.61	.56	.64	.64	.61	.83	.83	.85
At poverty	.75	.75	.75	.80	.83	.83	.62	.62	.62
200 percent or more	.76	.80	.83	.81	.81	.81	.67	.67	.67
<b>Amount paid for care per week:</b>									
< \$10	.66	.64	.64	.80	.74	.74	.71	.70	.70
\$10-\$20	.70	.73	.74	.89	.91	.91	.58	.61	.62
\$21 or more	.70	.73	.73	.75	.91	.91	.70	.69	.69
<i>R</i>	...	.149	.157	...	.212	.213	...	.151	.153
<i>R</i> <sup>2</sup>	...	.022	.025	...	.045	.046	...	.023	.023

<sup>1</sup> Average = 74 percent, N = 316.

<sup>2</sup> Average = 80 percent, N = 250.

<sup>3</sup> Average = 68 percent, N = 462.

<sup>4</sup> Average = 88 percent, N = 214.

<sup>5</sup> Average = 57 percent, N = 75.

NOTE: Marital status and race are covariates (married = 1 and not married = 0; white = 1 and black = 0).

there should be personal qualifications set for nonrelated people who care for children in the children's home? In other words, should sitters be required to pass health examinations, educational requirements or meet some other kind of standard if they were providing care in your home? yes = 1, no = 0.") Two multi-item measures asked respondents if they agreed or disagreed with the regulation of nine aspects of child care provided in someone else's home and then to evaluate the same aspects of care given in a center. The nine aspects were fire and building safety, cleanliness and sanitation, number of children per responsible adult, training and qualifications of staff, food and nutrition, program content and activities, space per child, counseling and referral services, and health conditions of staff and children. In addition, the respondents were asked if they thought that any standards should be set for care in a private home or center.

Perceptions concerning the government's role in financing child care were measured by a single 5-point Likert item ("I would be willing to have my taxes raised in order to support child care activities; 1 = strongly agree and 5 = strongly disagree"). Government's overall role in child care was measured by the following item: "The government should not be in-

involved in programs to take care of children; where 1 = strongly agree and 5 = strongly disagree."

**Statistical methods.** Initial comparisons of the distributions of sociodemographic characteristics for child care arrangements were tested by the chi-square statistic. Multiple classification analysis (MCA) was performed to determine the relative influence of selected demographic variables on mothers' attitudes toward the licensure of care providers. We were interested in observing whether certain demographic variables that show an association with negative attitudes toward licensure would differ by the type of child care arrangement used. MCA permits an assessment of the ability of each independent variable to explain variation in the dependent variable both before and after adjustment for the effect of the other predictors. The multiple classification analysis was run separately for each type of child care arrangement by use of the ANOVA program from the Statistical Package for the Social Sciences (SPSS).

## Results

Various reports (5-8) support systematic differences in the types of families with children under 6 years old

Table 1. (continued)

Out of home, by nonrelative <sup>4</sup>			Day care <sup>5</sup>		
Unadjusted percent	Adjusted percent	Adjusted with covariates	Unadjusted percent	Adjusted percent	Adjusted with covariates
.94	.98	1.00	.47	.47	.49
.65	.72	.67	.71	.77	.68
.89	.82	.82	.79	.75	.74
.71	.62	.60	.66	.55	.51
.93	.90	.91	.56	.58	.46
.88	.93	.92	.55	.57	.48
.80	.84	.83	.46	.51	.47
.93	.91	.91	.59	.58	.59
.56	.66	.78	.83	.78	.88
.58	.53	.48	.39	.39	.51
.78	.75	.72	.56	.56	.55
.61	.78	.72	.69	.55	.56
.66	.63	.66	.41	.46	.48
.95	.96	.95	.65	.73	.70
...	.280	.297	...	.228	.320
...	.078	.088	...	.052	.103

who select home-based versus center-based child care. In our study, users of home-based care (all four types) were more likely to be white, married, employed, have a high school diploma, and to have a family income 200 percent above the poverty level than were users of center care ( $\chi^2$  significant at  $P < .001$ ). Home-based and center users did not differ significantly in their average number of children ( $\bar{X} = 2$ ,  $SD = .96$ ) nor in the distribution of the ages of their children ( $\bar{X} = 2$ ,  $SD = .92$ ).

Although the four groups of home care users did not differ significantly by race, marital status, maternal educational attainment, and family income level, a far greater proportion of mothers using out-of-home care (51 percent by relatives and 63 percent by nonrelatives) were in the labor force than were mothers using in-home care (25 percent by relatives, 39 percent by nonrelatives).

**Licensure of care providers.** Unregulated family day care accounts for more than 90 percent of all family day care in the United States (10). State efforts to identify and license such care providers have been relatively unsuccessful. Although most States report that they require licensing of family day care, few have the

fiscal capabilities to enforce requirements (9). It has been estimated that only 6 percent of the children in out-of-home care arrangements receive services from a licensed provider (10).

In table 1, we compare the attitudes of mothers who use different forms of care toward the licensure of all child care providers. We dichotomized the distribution of responses to the licensure item so that the mean represents the percentage of mothers who disagree or strongly disagree with licensing.

Overall, mothers who rely on relatives for care were less likely to oppose licensure than were mothers who use nonrelated providers. Licensure may not represent a salient concern for women who have family assistance with child care.

Compared with mothers who use home-based care, center users were least likely to oppose licensure. However, more than one-half of these center users did not support licensing all providers.

The MCA adjusted percentages illustrate differences among the home-based users. Reported incomes of 200 percent above poverty line were associated with increased percentage opposition to licensing among in-home users, whereas mothers with family incomes below the poverty line who used out-of-home family day care were more likely to oppose licensure. For those middle-class women (as defined by family incomes 200 percent above the poverty line) who can afford to employ someone to take care of their children in their own homes yet do not want to be burdened with withholding taxes, social security contributions, and workman's compensation, licensure poses the threat of government surveillance and regulation.

Since the price of child care services is negotiated on an individual basis in unregulated care settings, the licensing of out-of-home providers would have cost implications. Regulation of those providers would certainly include the regulation of price structures, thus potentially increasing the costs of child care. The impact of price standardization would be experienced more acutely by the poor than by the middle-class consumer of child care, perhaps accounting for the greater opposition to licensure by the poor in this study.

In general, full-time employment was related to stronger support of licensing, users of out-of-home nonregulated care were the exception; 100 percent of these mothers did not support licensing of child care providers.

Educational attainment was directly related to a high percentage of opposition to licensing among mothers who used out-of-home care by nonrelatives. Of the mothers who had more than a high school education, 92 percent opposed licensing.

**Table 2. Attitudes of 1,271 mothers toward government licensure of nonrelative providers of child care, by type of care**

Type of care	Agree		Disagree	
	Number	Percent	Number	Percent
In home, by relative . . . . .	173	55	144	45
In home, by nonrelative . . . .	96	36	170	64
Out of home, by relative . . . .	261	55	211	45
Out of home, by nonrelative . .	94	44	122	56

NOTE:  $\chi^2 = 31.75$ , 3 df,  $P < .001$ .

Negative attitudes toward licensing were also associated with costs. Mothers who paid more than \$20 per week for child care by nonrelatives were the least supportive of licensing. Since relatives are likely to receive minimal reimbursement for their services, it is not surprising that the licensing attitudes of the mothers who rely on relatives were not affected by variations in child care payments. Although there was somewhat less opposition to licensure among mothers of children under

3 years old than among those whose children were ages 3-5, the differences were minimal and not consistent across all types of child care.

The two covariates, race and marital status, had little effect on the attitudes of home-based care users, but did influence center users. Overall, when the effects of marital status and race were adjusted, the amount of variation in attitudes that could be explained by our set of demographic variables doubled, from 5 to 10 percent. This increase in explained variation can be attributed, in part, to greater variation in race and marital status for center users. Mothers who used home-based care were largely white and married.

**Regulation of care.** Mothers' opinions about setting standards for providers and for specific aspects of child care facilities showed clear differences among home-based users. A smaller proportion of mothers using nonrelatives as child care providers agreed that nonrelated persons should be required to meet health, education, or other standards (table 2). This finding held for mothers who took their children to a nonrela-

**Table 3. Percent agreement to setting standards for child care in someone else's home, by type of care**

Main type of care	Fire and safety				Sanitation and cleanliness			
	Agreed		Disagreed		Agreed		Disagreed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In home, by relative . . . . .	244	70	103	30	297	86	50	14
In home, by nonrelative . . . . .	183	65	98	35	219	78	62	22
Out of home, by relative . . . . .	314	63	185	37	382	77	117	23
Out of home, by nonrelative . . . . .	136	59	96	41	176	76	56	24
Day care . . . . .	64	78	18	22	68	83	14	17
<b>Total . . . . .</b>	<b>941</b>	<b>65</b>	<b>500</b>	<b>35</b>	<b>1,142</b>	<b>79</b>	<b>299</b>	<b>21</b>
Overall $\chi^2$ . . . . .	$\chi^2 = 15.54$ , 4 df, $P < .005$				$\chi^2 = 13.27$ , 4 df, $P < .005$			
$\chi^2$ for home-based users . . . . .	$\chi^2 = 9.22$ , 3 df, $P < .01$				$\chi^2 = 12.46$ , 3 df, $P < .001$			

  

Main type of care	Program content				Space per child			
	Agreed		Disagreed		Agreed		Disagreed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In home, by relative . . . . .	145	42	202	58	181	52	166	48
In home, by nonrelative . . . . .	86	31	195	69	134	48	147	52
Out of home, by relative . . . . .	174	35	325	65	213	43	286	57
Out of home, by nonrelative . . . . .	66	28	166	72	106	46	126	54
Day care . . . . .	35	43	47	57	52	63	30	37
<b>Total . . . . .</b>	<b>506</b>	<b>35</b>	<b>935</b>	<b>65</b>	<b>686</b>	<b>48</b>	<b>755</b>	<b>52</b>
Overall $\chi^2$ . . . . .	$\chi^2 = 15.88$ , 4 df, $P < .005$				$\chi^2 = 16.28$ , 4 df, $P < .005$			
$\chi^2$ for home-based users . . . . .	$\chi^2 = 13.78$ , 3 df, $P < .005$				$\chi^2 = 7.59$ , 3 df, NS			

tive's home for care as well as those who had a non-relative provide care in the child's home.

Mothers who used in-home care arrangements were more willing to have fire and safety, sanitation, and child to staff ratios standards set for care in someone else's home and were less likely to agree that no standards should be imposed (table 3). A greater percentage of mothers who relied on relatives to provide care in the child's home agreed with imposing standards for all nine aspects of care than did mothers using any other home arrangements.

Mothers who took their children to the home of a nonrelative were less likely to agree that standards should be set for six of the nine aspects of care. In general, center users were supportive of setting standards. Data not shown indicate no significant differences among mothers who use different forms of home-based care regarding health, safety, and educational standards for centers. All four groups of mothers using home-based care supported the regulation of center care and strongly disagreed that no standards should be imposed (all responses 95 percent or greater).

**Financing care.** Approximately one-third of the home-based and two-fifths of the center users were willing to have their taxes raised in order to support day care. Analysis of the four groups of home-based care consumers failed to reveal any statistically significant differences in attitudes toward day care subsidization, although a somewhat smaller proportion of in-home nonrelative users were willing to have their taxes raised (table 4).

Users did not differ significantly in their perceptions of the role of government in day care. Mothers using out-of-home arrangements were somewhat less likely to support government involvement (nonrelative 18 percent; relative 16 percent) than were in-home users (nonrelative 14 percent; relative 13 percent).

### Summary and Discussion

Analysis of data from the 1975 National Child Care Consumer Study indicates that although mothers of preschool children support government involvement in day care, their attitudes differ regarding the regulation of care providers and care settings. Proportionately

Table 3. (continued)

<i>Child to staff ratio</i>				<i>Training and qualifications of staff</i>				<i>Food and nutrition</i>				<i>Total</i>
<i>Agreed</i>		<i>Disagreed</i>		<i>Agreed</i>		<i>Disagreed</i>		<i>Agreed</i>		<i>Disagreed</i>		
<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	
220	63	127	37	117	51	170	49	250	72	97	28	347
179	64	102	36	115	41	166	59	161	57	120	43	281
267	54	232	46	199	40	300	60	333	67	166	33	499
136	59	96	41	86	37	146	63	148	64	84	36	232
68	83	14	17	47	57	35	43	62	76	20	24	82
870	60	567	40	624	43	817	57	954	66	487	34	1,441
$\chi^2 = 30.19, 4 \text{ df}, P < .001$ $\chi^2 = 11.58, 3 \text{ df}, P < .005$				$\chi^2 = 21.65, 4 \text{ df}, P < .001$ $\chi^2 = 14.77, 3 \text{ df}, P < .001$				$\chi^2 = 19.16, 4 \text{ df}, P < .001$ $\chi^2 = 15.60, 3 \text{ df}, P < .001$				
<i>Counseling and referral</i>				<i>Health conditions of staff and children</i>				<i>No standards set</i>				<i>Total</i>
<i>Agreed</i>		<i>Disagreed</i>		<i>Agreed</i>		<i>Disagreed</i>		<i>Agreed</i>		<i>Disagreed</i>		
<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	
117	34	230	66	225	65	122	35	18	5	329	95	347
57	20	224	80	158	56	123	44	39	14	242	86	281
124	25	375	75	281	56	218	44	80	16	419	84	499
44	19	188	81	131	57	101	43	34	15	198	85	232
29	35	53	65	54	66	28	34	4	5	78	95	82
371	26	1,070	74	849	59	592	41	175	12	1,266	88	1,441
$\chi^2 = 25.67, 4 \text{ df}, P < .001$ $\chi^2 = 21.79, 3 \text{ df}, P < .001$				$\chi^2 = 9.47, 4 \text{ df}, P < .05$ $\chi^2 = 7.72, 3 \text{ df}, NS$				$\chi^2 = 29.03, 4 \text{ df}, P < .001$ $\chi^2 = 23.98, 3 \text{ df}, P < .001$				

Table 4. Attitudes of 1,335 mothers toward having taxes raised to support child care, by type of care

Type of care	Strongly agree or agree		Neutral		Strongly disagree or disagree	
	Number	Percent	Number	Percent	Number	Percent
In home, by relative .....	123	36	70	21	146	43
In home, by nonrelative .....	76	27	66	22	140	51
Out of home, by relative .....	163	33	117	24	211	43
Out of home, by nonrelative .....	75	34	53	24	95	43

NOTE:  $\chi^2 = 7.58$ , 6 df, not significant.

fewer mothers using out-of-home or family day care supported licensing of providers than did mothers using in-home or center-based care. These out-of-home users were somewhat more reluctant to have health, safety, and nutritional standards set for home care and more likely to agree that no standards should be imposed. Users of nonrelatives as child care providers did not agree with the recommendation that these providers be required to meet health or educational requirements.

Although we found no consistent relationship between reported family income and opposition to licensure, mothers who paid \$20 or more per week for day care were more likely to object to the licensing of all providers. This relationship between child care expenditures and opposition to licensing was particularly striking for mothers who took their children to the home of a nonrelative for care.

Only an estimated 6 percent of all out-of-home child care is licensed (10). Our findings suggest that consumers may oppose efforts by Federal, State, and local governments to license and regulate the remaining 94 percent of out-of-home care. The invisibility of home-based care has economic advantages for both providers and consumers that are not offset by child care deductions or other tax break incentives. Currently, women who wish to remain at home have the opportunity to generate tax-free income by providing low-cost day care. Clearly, the formalization of such home care arrangements by the setting of standards and the enforcement of licensing requirements would have an impact on the price structures of care, and ultimately on the supply of homes providing child care, by decreasing the economic incentives for babysitting.

According to the findings of the National Day Care Home Study (10), regulated home care is, indeed, more expensive than care provided in unregulated private homes. In our study, the consumers most vulnerable to government regulation, the out-of-home or family day care users, voiced the greatest opposition to licensing and regulation.

Although findings from the national study provide

valuable insights into the types of providers and quality of care given to young children in out-of-home settings, we cannot gain such insights into home-based care so long as it remains largely unlicensed. Any efforts to promote greater government involvement in home-based care, however, should include consideration of the practical consequences of these policies for the cost of home care and the supply of home-based care providers.

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