

미국 저소득층 가정의 보육형태의 생애사적 연구*

Child Care Histories of Low-Income Families in the U.S.

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<Abstract>

This study used qualitative data to examine how low-income families confront the child care needs of their children in the midst of changes in public policy. The data were drawn from in-home interviews conducted every 6 months with 22 mothers who were welfare-dependent at the start of the research. This research depicted several life stories of the circumstances of poor children that have not had much previous attention in the literature: the general flows and the special conditions of child care among the low-income families with or without a disabled child were reported. The results in this study suggested that enabling families, through both social support and public funding, find affordable and quality child care would be one pathway to foster self-sufficiency in these families.

본 연구는 복지개혁이후 어떻게 저소득층 가정이 그들의 보육요구에 대응하고 있는 가를 질적 접근을 통하여 연구하였다. 본 연구는 연구 초기 생계지원금을 받던 22명의 저소득층 가정의 어머니들을 6개월마다 가정방문하여 인터뷰를 한 장기적 연구 자료를 토대로 본 연구는 이전 연구에서 잘 다루어지지 않았던 빈곤아동들의 삶을 생애사적 접근으로 조명하였다. 일반적인 보육사용의 흐름, 저소득층 아동이 갖게 되는 보육과 관련된 특별한 조건들에 관한 심층적인 분석과 함께 저소득층 장애아동의 보육과 관련된 요인들도 심층적으로 분석하여 제시하였다. 본 연구의 결과는 공적지원과 더불어 사회적 지원망을 통한 비용부담이 적고 양질의 보육서비스를 제시하는 접근방법이 저소득층 가정의 자생력을 키우는 하나의 좋은 방안이 될 수 있음을 보여주었다.

주제어(Key Words): 질적 연구(qualitative study), 장기적 연구(longitudinal studies) 저소득층 가정 (low-income families), 보육(child care), 자생력(self-sufficiency), 장애아동 보육 (child care of the families with a disabled child)

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* 본 연구는 중앙대학교 2008년 교내 연구비의 지원으로 이루어 졌습니다.

I. Introduction

During the last decade, the welfare reform has brought dramatic changes to low-income families in the U.S. Major fiscal reform, which was initiated in federal fiscal year 1997, emphasizes work participation and self-sufficiency more than ever (Auh, Cook, Crull, & Fletcher, 2006) and the subsequent Deficit Reduction Act(DRA) of 2005 reauthorizes the welfare reform (Lippman, Vandivere, Keith, & Atienza, 2008), drawing a shadow on the low-income families. Recipients of Temporary Assistance to Needy Families (TANF), the block grant to the state that replaces Aid to Families with Dependent Children, are required to work at least 20 hours per week or participate in a work program to receive further assistance after two years of TANF receipt (Blank, 1997). Moreover, a family cannot receive cash assistance from TANF longer than 60 months during its life time. Indeed, welfare reform has pushed parents in welfare families to work (Auh et al., 2006; Lippman et al., 2008). These changes in welfare policies have increased the number of working parents and the demand for child care.

The increasing number of working parents caused by welfare policy changes and the large number of female-headed families among the welfare population suggest the need for child care programs. A majority of children in low-income families had (a) parent(s) who is/are employed during the entire prior year in 2003 (78%, Lippman et al., 2008) and in 2006 (67%, National Center for Children in Poverty, 2007). Hence, according to the data from American Community Survey in 2005, 30% of poor families in the United States are headed by females (U.S. Bureau of the Census, 2007). In single-mother families, children who were cared for by their mothers before welfare reform may be cared for by someone else because of their mother's employment. If a single mother lacks available child care, she may have great difficulties participating in the labor market. In addition to single mothers, poor dual-working families have great demands for child care. Because of the lifetime limits of welfare, in addition to the low earning power, parents who used to care for their child at home may have to work outside the home. Thus this transition creates the acute needs for child care in low-income families.

Two major purposes of child care are supporting maternal employment and promoting child development (Hofferth, 1992; Scarr, 1998). Hence, child rearing is the most important parental task. According to Hertz (1997), dual earner parents believe that providing love, caring, and nurturing by parents is critical to rearing a child to become a successful adult. Most parents give priority to child rearing and construct their lives to meet the needs of the child. Parents attempt to schedule their work to maximize the time the mother is at home even when they need additional income (Glass, 1998; Hertz, 1997). Increasing the working hours of the father is the most common strategy employed to solve economic hardships, whereas increasing working hours of the mother is the least employed strategy (Hertz, 1997).

As for the preferences of child care, the most common care provider for both families of mothers working for pay and mothers not working for pay is the mother, followed by the father and a sibling or relative at home (Kim & Kim, 2009; Kuhlthau & Mason, 1996; Smith, 2002). The preference for child care in welfare families is not different from those of other families. Fuller, Holloway, Rambaud and Eggers-Pierola (1996) portrays the vivid pictures in child care choices: in their qualitative study based on cultural models, possible preferred adult providers include mother herself, a partner, kin member or friends and the welfare parents, especially the mothers, wish to stay at home or work part time to spend more time with their young children.

However, despite the parental wishes in low-income families, the post Personal Responsibility and Work Opportunity (PROWRA) implementation research reported depressing results on child care realities of those families: (a) more than half of children younger than 6 in low-income families are regularly in early care settings, (b) more than a third of all children in low-income families in this age group are in such settings more than 15 hours a week, and (c) the most of children are in more than one arrangement regularly (Adams, Tout, & Zaslow, 2007; Zaslow, Acs, McPhee, & Vandivere 2006).

Research conducted before and after the PROWRA has explained influencing factors on child care choices or arrangements: parental beliefs about child rearing and the

existence of an available adult in the family are the major factors (Adams et al., 2007; Glass, 1998; Hertz, 1997) and/or special conditions (Edin & Lein, 1997; Fuller et al., 1996) in the choice of child care arrangements among working families. In general, parents, especially mothers, do not want to leave their children with strangers. They want their children in the care of someone they see as trustworthy, such as relatives or friends (Edin & Lein, 1997; Fuller et al., 1996; Hiebert-Murphy, Trute, & Wright, 2008). The father plays a great role in replacing the mother. Among the families of mothers working for pay, fathers cover 72% of the work hours of part-time working mothers and 50% of the work hours of full-time working mothers (Glass, 1998). When parents work opposing shifts or the mother works part time, the father's involvement in child care and his coverage during the mother's working hours increase (Glass, 1998; Hertz, 1997) and the father's support reduces maternal parenting stress (Hiebert-Murphy et al., 2008).

In addition to the father, grandparents, especially grandmothers, often serve as trustworthy child caregivers. In 1994, 15.4% of the children who had a mother working for pay were cared for primarily by their grandparents (U.S. Bureau of the Census, 1998) and, in 2002, the percentage of the children cared for by their relatives such as grandparents is almost doubled for the low-income families (Zaslow et al., 2006). According to the National Survey of Black Americans, grandmothers are nominated as someone to go to for child care assistance and parental guidance (Hunter, 1997). Especially when the family has a non-normative transition, such as single parenthood or poverty, African-American grandmothers play a critical role. In addition to the father and grandparents, siblings or non-relative adults often take care of children when the mother is working outside the home for pay (Kuhlthau & Mason, 1996; Zaslow et al., 2006).

In addition to the families' preferences and some special conditions, child care arrangements in low-income families are determined by various situational factors such as economic constraints and accessibility (Adams et al., 2007). The economic constraints in child care are related to the cost of child care, parental income, the number of children in a family and a age of children.

Scarr (1998) suggests that the primary problem in child care for low income-families is a poorly funded child care market because of both limited parental income and low state subsidy. Low-income communities have fewer child care providers than more affluent ones because of the parents' inability to pay for care.

The affordability issue is the cost in relation to income. Low-income families have great difficulties in finding quality care because of the high cost in relation to their incomes (Kontos, 1995) and are more likely to arrange relative care than school-based care compared to their middle-income or upper-income counterparts (Adams et al., 2007). The number of children in a family has a significant influence on the cost of child care and the choice of the arrangements because more children meaning the parent has to pay more money for child care. Thus, families with large numbers of children are likely to choose a relative as a caregiver because this option is likely to be less expensive than other care forms (Kimmel, 1995).

Increasing body of Post PRWORA research suggests that child care subsidy may reduced the financial burden for mothers with low incomes and those who are former welfare recipients while it promotes parental employment or economic self-sufficiency (Baker, Gruber, & Milligan, 2005; Michalopoulos & Robins, 2001; Tekin, 2005). Baker et al.(2005) reported the significant effects on maternal employment where child care fees in Quebec were decreased to \$5 a day. However, the receipt of any child care subsidy appears to be a relatively rare and uncertain event despite increased public spending in the U.S. (Meyers, Heintze, & Wolf, 2002).

Age is the other influential factor for child care arrangements. The parent of infants or toddlers prefers relative care over the other care settings and is more likely to array it in regular child care arrangement (Hiebert-Murphy, Trute, & Write, 2008). In addition to the relative care, the parent of older child (age 3 plus) prefers school-based care because high-quality child care is potentially beneficial to participating child's cognitive, social, and physical development (Adams et al., 2007). Older preschool children are more likely than infants and toddlers to be left in school-based care and also, arranged in multiple child care settings. In 2002, 24% of low-income

children younger than 6 are arranged in school-based care (Zaslow et al., 2006) which was static from the 23% in 1994 (Scarr, 1998). Compared to younger children (age 0-2), older preschoolers (age 3-4) are more likely to be in multiple arrangements (Capizzano & Adams, 2000).

Accessibility to child care is also an important determinant in parental choices in child care arrangements, including geographic proximity of child care settings. Most relatives who provide child care live within 10 miles of the child's house (Scarr, 1998). On the average, the JOBS mothers in California commuted 15 minutes between home and their children's care, and 30 minutes between care and work or school (Meyers, 1995). For welfare mothers in rural areas, the long distance to an available quality child care setting such as school-based care is reported as one of the hardships of child care arrangements. The distance may prompt mothers to choose a relative care setting instead of a school-based setting (Edin & Lein, 1997). Among African-American families, family proximity may increase the possibilities of parenting support from a grandmother (Hunter, 1997). More recently, Coohy (2007) depicts the difficulties in child care and adequate supervision among the low-income mothers who lack the reliable family members living nearby, confirming that geographic location also influences the choice of child care among welfare mothers.

Often lost in the statistics on poor families are the experience of children. Qualitative studies offer insight into the daily struggles of low-income women and the types of coping mechanisms used to provide their families' needs (Auh et al., 2006, p. 97). Research on child care of the low-income families have emphasized the determinant factors that affect the child care choice and regular arrangements (Adams et al., 2007; Baker et al., 2005; Capizzano & Adams, 2000; Coohy, 2007; Glass, 1998; Hertz, 1997; Hiebert-Murphy et al., 2008; Hunter, 1997; Johansen, Leibowitz, & Waite, 1996; Kimmel, 1995; Kontos, 1995; Meyers, 1995; Michalopoulos & Robins, 2001; Presser & Cox, 1997; Scarr, 1998; Smith, 2002; Tekin, 2005; Wolf & Sonenstein, 1991; Zaslow et al., 2006), whereas approaches within a family context such as cultural aspects or special conditions related to child care arrangements are rare (Edin & Lein, 1997; Fuller et al.,

1996). Hence, parental decision in child care arrangements cannot be depicted in a simple explanation. Rather, it should be observed or analyzed within the family dynamics. These rationales point to the need for studying child care practices through the eyes of parents. By studying child care with a qualitative approach, the child care practices of the low-income families after the implementation of PRWORA may be understood within the family context and social context. The goal of this research is to highlight low-income parental child care concerns as they try to move from welfare dependency to self-sufficiency. The mother's accounts highlight the barriers faced and strategies employed to child care arrangements in their families. By employing the life story analysis, the research questions guiding this inquiry include: What are the child care experiences in welfare families, including the general flows and the special conditions of child care? What situations of context are related to child care arrangements in welfare families? What kinds of social supports are available for child care among welfare families? To answer these questions, qualitative interviews with 22 families were analyzed. Several themes emerged from the data and they are united and thick described in the three stories.

II. Method

This qualitative research employed an in-depth analysis of how and the extent to which children's child care needs were met. Data for this study were drawn from the *"Family Well-being and Welfare Reform in Iowa"* project that was conducted by Iowa State University Extension and the Iowa State University Center for Family Policy between 1997 and 2004. The initial purpose of the project was to evaluate welfare reform (Fletcher, Winter, & Gaddis, 1998). Seven communities were selected across the state and families in each of the seven communities were randomly selected from a list of Family Investment Program (FIP, the cash welfare benefit program of the state) participants provided by the Iowa Department of Human Services (DHS) (Auh et al., 2006). During the project period, 60-to-90 minute interviews with 35 families were conducted at six-month intervals¹⁾.

The interviews were audio-recorded and transcribed.

1. The Participants

Of the thirty-five original participants, families who had at least one child under the age of 11 and who had information on child care were included in this analysis because the purpose of this study was to explore child care in welfare families. Twenty-seven families from the original project met the first criterion; among them, five lacked information regarding child care. Thus, only 22 families were used for analysis in this study.

The characteristics of the 22 families used in this study are presented in the table in the Appendix 1²⁾. Respondents were not asked their race and ethnicity. Data on race and ethnicity were drawn from the interviewers' description in the first interview. Among the 22 families, one was Latino, two were African-American, and one couple was interracial. The remainder were assumed to be Euro-American. Seven families were headed by a married couple, whereas 15 families were headed by a single mother. Eight of the 15 single mothers were cohabiting with partners; some of them were the child's biological father. The mothers' ages ranged from 22 to 41 years of age at the time of the first wave. Five families reported that they received Supplemental Security Income (SSI): three eligible families had a child with special needs, one family received SSI for a mother's disability, and one family reported that the mother's partner received SSI for his disability. At the time of the first interview, 13 mothers were not working outside the home for pay, whereas, at the time of the third interview, eight mothers were not working outside the home for pay.

Among the 22 families, eight families included a child under two years of age. The average number of children

in a family was 1.9. At the time of the third interview, ten families reported they used early childhood programs; three families used kindergarten programs, four families used a preschool program, and four families used a Head Start program (one family used two different programs).

2. Data Analysis

The data analysis procedure for this research was adopted from Auh and her colleagues (2006). From the scripts and learning journals on the interview data, "tentative categories were developed based on the frequency of events, comments, and emphasis of the respondents, which then evolved into a coding scheme. A review of previous research was examined to assess the validity of the categories and coding³⁾ as an effort in triangulation" (Auh et al., 2006, p. 102). A computer assistant program, QCR NUD*IST was employed in coding and data analysis processes. Co-investigators analyzed data and identified emerging themes, related to child care histories among the low income families; for example, general flows of child care, low amount of mother care and special conditions for child with special needs.

For reporting the analysis, thick descriptions and verbatim quotes from the data were selected to represent each of the themes. Three families' child care histories were described at the results and participants' information were replaced with pseudonyms.

III. Results

The ultimate goal of this study is to understand diverse child care experiences in these families; therefore, 22 cases were used for analysis to find out the general

1) The each interview was conducted with semi-structured and open-end questions by 2 interviewers at the informant's home. Observation notes, interview logs and check list were completed on the date of the family interview. Attempts were made to interview the original 35 families every six months over the following years. The first interview probed various domains with an emphasis on general difficulties in living on welfare. The second wave of interviews focused on employment including current employment information and employment history. The third wave of interviews focused on experiences of child rearing and the fourth wave focused on current housing and housing histories of participant families. The fifth interview explored families' experiences with the welfare system. The sixth wave of interviews assessed child well-being.

2) Since family member changed throughout the waves in some families, characteristics of participating families were described based on the third wave where the child rearing information was focused.

3) The coding schemes are presented in the Appendix 2.

flow of the changes in child care over time. Among the 22 families, one family changed child care arrangements five times and one family changed them four times, whereas two families had no change in their child care arrangements. Nine families changed child care arrangements less than three times: three families changed once, four families changed two times and two families changed three times.

The most important issues in changes in child care arrangements are the child's characteristics such as child's age or health, cost, the mother's job and funding availability. The stories of three families are provided in this section to illustrate the interplay of these contextual factors. The child care history of the first family provides structural and contextual explanations about the general flow of child care arrangements. The first story gives some lessons about reasons for child care arrangements and changes in these arrangements; the remaining two stories provide an in-depth understanding of the hardships in child care these low-income families face. Child care cost is a burden, especially for the families who do not have child care subsidies. The second story describes also how a family managed to maintain its child care without a social support network or public funding and/or services.

Among the families in this study, three families reported they had a child with health problems. The third story is about the family who has a child with special needs. The child care of children with health problems may be different from those of children without health problems. The third story provides a detailed story about the child care for special needs children and the difficulties related to the providing of care.

1. The First Story: The General Flow of Child Care Arrangement Changes

Betty (Case 2) is a single mother who has a 7-year-old daughter, Kim. Her child care history shows she changed Kim's child care arrangements because of her employment status and available resources for child care.

Maternal care plus school-based care. Betty chose maternal care plus school-based care when child care was provided as a part of her education in high school. Betty was a teenage mother when Kim was born. When

Kim was an infant, she went to a day care center located in the high school Betty attended. Even though Kim was very young, Betty used the day care center because it was available, free, and very convenient. At that time, she had no one who could offer child care in her family because her mother had her own young children who needed care. Betty was satisfied with the arrangements. The day care center also provided parent education as well as child care. The parents of children attending the center had to participate in the center's activities once a week. Betty enjoyed the parent education program immensely.

Maternal care only. After Betty graduated from the alternative high school program, the child care arrangement changed to maternal care. Because Betty did not work outside the home, she cared for Kim. It is not clear how long she was not working outside the home.

Maternal care plus relative care. Later, Betty participated in the job training program and worked part time. The child care arrangements of this family then became maternal care plus relative care. She chose that option because it was convenient as well as available and affordable. She worked 20 hours per week, making \$8 per hour. While Betty worked outside the home, her mother, who lived just downstairs, took care of Kim. The child care was a reciprocal exchange between Betty and her mother. Betty's mother also had her own young children, so Betty often cared for her younger brother and sister. Kim had stable child care and Betty was satisfied with it.

Maternal care and relative care plus school-based care. When Kim was three and a half years old, she began attending the Head Start Program. Kim's child care arrangement changed to a combined arrangement of maternal care and school-based care plus relative care as she continued to be cared for by her grandmother. Betty was informed about the Head Start program by the Job Training program. Kim went to a succession of preschools for three years and those experiences helped her prepare for elementary school.

Maternal care plus in-home care. When Kim entered elementary school, the child care arrangement was adjusted because of changes in family composition and mother care availability. At the time of the first interview,

Betty was attending college and was juggling two jobs to keep her eligibility for FIP.

"I get home from school. at 4:00 p.m. and I go to work at five I work from five [until] nine or ten...She[Kim] gets home and she can't find [me], you know I don't see her."

While Betty was working outside her home at the time of the first interview, two friends provided after school care for Kim. A girl friend provided free child care and dinner for Kim while Betty worked. In addition, Betty's boy friend came to her house on Monday, Wednesday and Friday and provided child care. Thanks to these social support networks, Betty could have affordable child care arrangements even though she was not receiving a child care subsidy; she was on the waiting list for the subsidy because she did not have enough hours of work to be eligible for child care support. The decreasing number of hours of mother care, however, produced guilt for Betty and dissatisfaction for Kim. Betty was really sorry not to have enough time with her daughter. Kim also showed stress, and behavior changes were reported by her teacher. That was a very difficult time for Betty because she did not have child care support and her mother was not available any more because she was pregnant.

Maternal care plus father care. At the time of the third interview, Betty was working full time as a Certified Nurse Assistant and was pregnant. Her boy friend, who provided child care for Kim before, was now living with her. Because he was working at night, he was available during the day, and care by him was the best option for this family; it was free and dependable. This family still is experiencing economic hardship even with Betty's full-time job. Thus, this free and dependable child care option was very attractive and was the only affordable option for this family.

Interviewer : "if you didn't have [your boyfriend], where would you go to look for child care?"

"I wouldn't be having a baby."

In this family, from one situation to another, the child care arrangements changed according to the available resources. This mother combined available resources for child care from the child's birth onward. When the infant day care setting was available at no cost, Betty utilized it; when the Head Start program was available, she did not

miss the opportunity. In addition to the availability of formal supports provided by the government, another factor in her decision-making about child care arrangements was the availability of the informal support from family and friends. She was fortunate to have no-cost child care arrangements that enabled her to have a job. If she did not have these social support networks for free child care, she would have had a difficult time working outside the home for pay. However, even though the free child care was beneficial for Betty, it might be a burden for the family and friends who provided the free child care. Thus, if she had child care support, it might lessen the burden to her as well as for her family and friends. These decision-making processes of this family about child care demonstrate the importance of child care support for the family making the transition from welfare to employment. The increasing number of the mother's employment hours produced both the increased numbers of child care hours and the increased cost for child care. In addition to the importance of child care support programs, the child care history of this family may show the importance of maternal care. When there was a low number of maternal care hours, both the mother and the child expressed frustration and stress in their relationship. As outlined by Kim, the child's behavior at school may be influenced by the low amount of mother-child interaction. While Betty was fortunate to be able to find available free or low cost child care, the next history of child care arrangements presents a less fortunate situation for a mother without available social support networks and an extreme example of low amount of maternal care.

2. The Second Story: Low Amount of Maternal Care

Robin (Case 6), 31, is employed full time outside the home. She has a 9-year-old son, Bobbie, and is living with her husband, Jeff. Jeff is not the biological father of Bobbie. Because Bobbie's father had drug problems and was violent, he and Robin divorced.

Maternal care plus in-home care. When Bobbie was born, Robin was in the Army. Because Bobbie was an infant, he was cared for by a baby sitter in his home until he was 6 months old. But information about the care

provider, cost, and number of hours covered by the provider is not clear.

Maternal care plus father care. After Robin left the Army, she worked full time at a factory in Arkansas. She worked the second or third shift and Bobbie was cared for by his biological father while Robin worked outside the home for pay. But she quit her job because her husband wanted her to stay at home.

Maternal care plus relative care. After Bobbie's father came back from Desert Storm, Robin and Bobbie's father divorced. Robin worked two jobs and went to college while divorcing. When she worked outside the home, her mother-in-law provided child care. But after Robin met Jeff, the relationship between Robin and the mother-in-law became worse and she quit her job to take care of Bobbie.

"So I was cleaning houses, trying to go to school, and working at a pizza place at night. I had my ex-mother-in-law at the time so she would help me take care of [Bobbie]...[but] Everything was getting too chaotic. It wasn't good for [Bobbie]"

Maternal care plus school-based care and in-home care. Soon after Robin left her job, she went back to work outside the home for pay because she needed the money. She did not receive any cash benefits but received Food Stamps and housing assistance. At that time, she worked at a discount store. Bobbie went to Head Start. While Robin worked outside the home, Bobbie was cared for by her boy friend, Jeff. But this arrangement wasn't working, so she quit her job again.

"[Jeff] was doing his own thing. I was having a hard time. We were going through a really difficult time. He wouldn't watch [Bobbie]. I lost the job because I did not have anybody to watch [Bobbie] because I did not have any family around or anybody."

But she went back to work again, and worked the second shift at a convenience store and Bobbie was cared for by Jeff. They decided to move to [State Name] for a better job and for social support networks; her family lives in southeast [State Name].

Maternal care plus father care. After they moved to [State Name], they received FIP cash benefits for three months. At the time of the first interview, Robin and Jeff were married. Jeff worked the first shift, from 8 a.m. until

3 p.m., and Robin worked the third shift (11 p.m. to 7 a.m.), so the parents could take turns caring for Bobbie. By the time of the third interview, the situation had changed. Robin changed her work schedule from the third shift to the second shift (2:30 p.m. to 10:30 p.m.), thus the primary caregiver of Bobbie became the stepfather and not the mother.

Currently, Jeff works from 8.00 a.m. until 3 p.m. but, often, his working hours extend to 6:00 p.m. After coming home, he helps Bobbie with homework and gives him a bath and supper. Jeff shares household duties. On afternoons when Jeff is off at 3 p.m., he picks Bobbie at school and they are home by 3:30 p.m., Bobbie has a snack, does homework and watches cartoons. When Jeff has to work late, Bobbie walks home from school and is not supposed to leave the house until Jeff comes home. He sometimes goes to his friend's house but leaves a message telling where he is.

Robin changed her work shift from the third to the second because she could make more money on the second shift rather than the third shift. She does not think it was a good decision because it is hard on her son. When she worked the third shift, she could see her son at night and in the morning. The care of Bobbie while she works outside the home is, in the current situation, totally in Jeff's hands. For Robin, it is a very stressful situation because she cannot check what her son is doing.

"I am not there to help him as much with the homework. I tell my husband, 'make sure he gets his homework done.' I can't call every single night. Sometimes he doesn't remind him and sometimes it doesn't get done. I have to get on him in the morning. Then it's just an on-going battle."

Actually, stress related to, in part, inadequate child care was the motivation for Robin quitting her job twice in the past as stated above. Even though her work schedule produces problems in this family's life, Robin will probably keep this schedule; they need the money. This family still experiences economic hardship because of the unstable employment of both parents. Jeff's employment changed from full to part time and Robin's current job history is short; thus it is difficult for her to switch her employment to first shift to match Bobbie's school hours. Moreover, a layoff was a concern of this mother. She said *"I've gotten used to the fact that I know*

pretty much when I'm going to get laid off. As time goes on I'm more and more prepared."

This family still depends on financial support from parents. Robin's stepfather owns the trailer in which Robin, Jeff, and Bobbie live, thus they pay minimum rent. When she moved to the current community from another state, Robin's mother and stepfather paid two months' rent for her until she found her job. In addition to financial support, the social network is the supportive back-up for emergency child care. When Bobbie was sick but Robin could not be excused from her work, his grandmother was there helping with child care. The existence of social support networks in the same community may be beneficial for maternal employment.

"But Bobbie had [to go] to the emergency room. He was back and forth with a temperature of 104. I said 'Mom, I can't miss work. I'm on probation. Can you be there?' That's my mama. Getting along great."

The child care history in this family showed that unsatisfactory child care was a motivation for the mother's leaving employment, whereas the economic need of this family made this mother go back to work outside the home for pay. With changes in family structure (divorce and remarriage), the child care arrangements also changed. Robin has been in and out of the labor market; her child care arrangements have changed according to the availability of a dependable care provider. The availability of social networks in the same community that can provide dependable child care has important meaning in this family.

Recently, the economic need of this family pushed the mother to work third and second shifts and that decision led to a sacrifice of mother care hours. The low amount of mother care hours is a burden to the stepfather, who has to take care of Bobbie, and for Robin, because she does not know how her son is doing. Stress related to the unsatisfactory child care arrangements made Robin quit her job twice. The child care arrangements were quite different from those of the previous studies on low-income families. According to Glass(1988), families prefer to maximize maternal care hours.

The child care history of this family clarifies that their choices were influenced by their economic hardships and affordability. In some families, however, the

responsibility for child care is more important than their economic hardship. The next child care history shows the choice by a mother with a disabled child when child care and financial needs conflict.

3. The Third Story: A Family with a Disabled Child

June (Case 12) is a 36-year-old mother of two sons, 7-year-old Sam and 5-year-old Nick. The 38-year-old father of the children, John, is a truck driver. June's oldest son, Sam, has autism; thus her life is tied to care for Sam. Because of autism, Sam needs special care and receives Supplemental Security Income (SSI) benefits. He gets 591 hours per year of day care center benefits but the availability and the proximity of the day care service have been difficulties for this family. Moreover, the benefits for the day care are lost if the service is not used.

"I didn't use it [the care service] one month the month of November when we had all the bad weather. I didn't use it one month, so they canceled it. And you have to use it once a month. When he's in school, it's hard to get up there between 4 and 6. So I've had a real problem with that."

The special care demands in this family are related to the high level of parental involvement and also are associated with health care. For the diagnosis for Title 19 eligibility, for example, the parents had to drive for 240 miles round trip. Later the parents found a special doctor 80 miles away, which is closer, but it still has been a problem for the mother to drive such a long way. Because of Sam's special health problems, June often has to drive a long way to provide proper health care for him.

Because Sam was diagnosed with autism when he was three, he had in-home workers before he started preschool, then he had the special care service 15 minutes a week at preschool. However, June said that she needed more information about caring for an autistic child and there was a lack of support groups around her such as a specialist or parent's group of autistic children.

"I should be able to have that same team that comes down to the school. That same team should be able to come in and help mein my eyes."

In addition to the lack of a support group, the unsatisfactory school programs and program aides produced increased parental involvement. She felt she had to be on the school all the time to make sure things

were going well. Because of autism, Sam is very sensitive to any change; thus it is very important to have a person with whom he can form an attachment. He has experienced many changes of his aides; an inexperienced aide sometimes causes stress for him and makes it more difficult to adjust to the school environment.

“He does not know how to tell us he is hurting[He is] getting more frustrated with things that they [aides] are trying to keep going with him. More and more is being pushed on him, so his frustration is high. He looks forward to days when there [is no] school.”

Sam’s autism also influences the other family members; June has been so busy caring and advocating for her autistic son, she does not see how she could hold down a job. Her husband would like her to work for pay because of the family’s needs for additional income. Pressure from him has been stressful for her.

In addition to the responsibility for child care, the neighborhood environment also has been a stressor. She said that her children always cry whenever they use the school bus. The neighborhood kids bothered her children with flying papers, threatened Sam and Nick with a knife, and the boys have been robbed. Her younger son was sexually abused by another child in day care, and the victim and the perpetrator still have to ride the same school bus.

The child care history of this family is an example of the parental responsibility for proper child care for a disabled child. The issues are availability and the difficulties of using the special care services. In addition to the stressful parental responsibility for child care, a lack of social support networks, affordability, and harmful peer and school environments for the disabled child also were stressors for the parents.

For this family, providing proper care for Sam was the main problem in their life, more important than the need for additional income, as in other low-income families. A lack of available professional care facilities in the same community is related to child care availability problems. Special child care settings tend to be located in urban cities; for parents who live in rural areas, their location is a problem.

This family’s child care history may indicate a lack of funding for special care programs and a lack of

investment in human resources, such as training programs for school aides or teachers. Sam has been cared for by someone with minimal training who may be an unqualified care provider. Thus the school itself can be a harmful environment for the child.

The existence of the disabled child in a family has significant impacts on the well-being of other family members. Sam’s mother will have difficulties finding a job that will permit her to care for Sam, especially in a rural area. Like other mothers with a disabled child (Acs & Loprest, 1999; Meyers et al., 1998), the caring responsibility for Sam was a burden to June. This situation has influenced the child care arrangements for the other child in the family. Sam’s younger brother, Nick, used to go to day care because his mother had to take care of his older brother. If June had had quality child care for Sam, Nick might have had more time with his mother.

For this family, child care responsibility is more important and urgent than the financial needs in the family. A lack of special care services in the same community makes it difficult for this family to provide child care for the autistic child. In addition, this family does not have any available social support networks for child care in the same community. The situation also influenced the child care arrangements; if there was an available relative or friend who could care for Nick, he might not have had to go to the harmful day care setting. Sam’s experiences of using special care and his school environments are an indication that the services for families who have children with special needs are far behind the actual needs of the families.

IV. Discussions and Conclusions

The analysis of child care histories showed how the child care arrangements changed across time. Every family has a different story in their child care experiences. In the best interests of their children, parents made decisions about child care arrangements when child care needs conflicted with other family needs. When their economic needs and child care needs conflicted, mothers with young children were likely to

choose their children (Fuller et al., 1998; Glass, 1998; Hertz, 1997). Ann (Case 20), who once worked at night to keep her children out of day care, gave up her full-time job to care for her children. This decision would be difficult for the families who had used up their life time limitation of cash benefits.

When a child was seriously ill or needed special care, the parents in this study reported high involvement. They often sacrificed their opportunities for working outside the home for pay. June (Case 12) and Brenda (Case 5), mothers of autistic children, did not think about a job because of the responsibility of the care of their sons. The stories of child care in families with a child with health problems showed the difficulties in their care arrangements as well as difficulties in economic hardships, and also gave the picture of vigilant mothers who tried their best to provide the proper care for their child despite difficulties. The essential lesson from this study is that child care arrangements are decided in the multiple context of the family and the community in which the family belongs.

Finding relatively inexpensive child care was an important task of the working parents in this study (Adams et al., 2007; Kontos, 1995). The families in this study experienced having large shares of their income spent on child care. The number of children and the child's health were related to child care cost in this study; thus a family with a large number of children (Kimmel, 1995) and with a disabled child (Coohey, 2007; Meyers, Lukemeyer, & Smeeding, 1998) had difficulties finding affordable child care arrangements.

Support from social networks for child care such as low cost and/or free child care by a grandmother, father, or father-figure lessened the economic burden of these families, while providing dependable care. In addition to support from private sectors, child care support from the public sector such as child care funding or services were beneficial for the families. The results of this study showed that the family who either lost their eligibility or was not eligible for child care funding had great difficulties in finding and maintaining affordable child care arrangements. The findings are consistent with Edin and Lein(1997) who reported there are some special conditions for child care in welfare families such as the

availability of affordable child care options.

The availability of a reliable care provider had important meaning in these families. If the mother of the family did not work outside the home, families were likely to use maternal care. When the mother was not available, the most frequent care providers were other relatives including grandmothers and fathers or father-figures such as the mother's partner (Coohey, 2007; Hiebert-Murphy et al., 2008; Kulthau & Mason, 1996; Zaslow et al., 2006). These people offered generally dependable care, as well, at free or below-market costs. Lack of availability of a child care center was a problem in the families who lived in rural areas. The results from this study indicate the need to assure community's child care service for meeting the family's needs. Child care service hours also were a problem for parents who worked a nontraditional work schedule such as the second or the third shift and/or weekends. These results imply the need for child care services with extended hours.

The analysis of families with a disabled child in this study showed greater parental responsibility for child care than in those families without a disabled child. Providing proper care was the main task of these parents. Like the results from previous studies, the presence of a disabled child was a family stressor (Floyd & Gallagher, 1997) producing difficulties in care and financial hardships (Meyers et al., 1998; Norton & Drew, 1994). Special care required sacrifices of the mother's time and a high level of parental involvement in care. Thus care decisions influenced parental decisions about employment in this study; like the mothers in the study by Acs and Loprest(1999) and Meyers et al.(1998), mothers with disabled children were not working outside the home so they could take care of their children. The results from the child care history of a family with a disabled child also highlighted problems occurring because of the lack of quality child care facilities within the same community and the difficulties in maintaining eligibility for special care services.

Therefore, the results in this study suggest that enabling families, through both social support and public funding, find affordable and quality child care would be one pathway to foster self-sufficiency in these families (Baker et al., 2005; Meyers et al., 2002; Michalopoulos &

Robins, 2001; Tekin, 2005). Difficulties in maintaining stable child care arrangements were related to parental stress and influenced parental decisions about employment. Supporting the results from the previous study (Belsky & Steinberg, 1979; Galinsky, 1992) in which stable and satisfactory child care were supportive of parental well-being whereas unstable and unsatisfactory arrangements caused parental stress and acted as impediments for parental employment, this study confirmed that stable child care arrangements were the necessary condition for a successful transition from welfare to steady life time employment. The importance of child care in these families was manifest in this study.

The lessons from this study advance the understanding of family choice in low-income families or in families with a child in special needs in Korea. Cultural themes and histories of child care voiced by 23 mothers are salient and thick describe actual family dynamics regarding child care arrangements. Despite the contextual differences, Korean mothers also preferred relative care settings and relied on husband or relatives in their child care arrangement especially for their infants or toddlers (Kim & Kim 2009; Lee, 2008). For older children in rural areas, relative care was the only available option due to the lack of accessibility to school-based care or private institution (Shin, 2008). The key findings of this study, a lack of availability in reliable and affordable child care options is a major barrier of maternal employment and often a major stressor in low-income families, was frequently discussed by presenters in their dialogues to promote the family friendly environments at the joint conference of Korean Home Management Association and Korean Family Resource Management Association (May 29, 2010), emerging the needs of study on the topics and implying the potential contribution of this study in Korea.

For future studies, to broaden the understanding of child care practices of low-income families, integrated methods in the study of child care are suggested. Research that adapts a combined approach of qualitative and quantitative methods will give more opportunities to learn about child care in low-income families in Korea as well as in the U.S. Also, comparative research within and between groups on child care practices of low-income families is

suggested. Comparison research on child care between low-income families who have child care support and who do not is needed. Group comparison studies of child care, such as the comparison between welfare families and low income and/or middle income families, will give more lessons for the current child care policy.

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Appendix 1. Characteristics of 22 Families

Case	Family Composition	Age	Marital Status	Education (Graduate or Years)	Changes in Employment Status	
					1st Wave	3rd Wave
1	Mother	23	Married	12	N	Y(F)
	Father	23	Married	GED	N	Y(F)
	Son1	6		Kindergarten		
	Son2	1				
2	Mother	24	Single	13	Y(P)	Y(F)
	Daughter1	7		1		
	(Partner)	20	Single	14	NA	Y(P)
3	Mother	31	Single	13	N	Y(P)
	Daughter 1	9		4		
	(Partner)	37		10		
	Partner’s Son)	12	Single	7	Y(F)	Y(F)
4	Mother	30	Single	14.5	N	STU
	Son1	12		7		
	Daughter1	10		5		
	Son2	8		3		
	(Partner)	36	Single	12	?	Y(P)
5	Mother	31	Married	2	N	N
	Father	35	Married	16	Y(F)	Y(F)
	Son1	7		2		
	Son2	3.5		Head Start		
6	Mother	31	Married	13.5	Y(P)	Y(F)
	Father	32	Married	11	Y(P)	Y(P)
	Son1	9		4		
7	Mother	23	Single	12+	STU	STU
	Son	3				
	Partner	25	Single	11	N	N
8	Mother	41	Divorced	12	N	N
	Daughter1	18		11		
	Daughter2	6.5		1		

Characteristics of 22 Families

Case	Family Composition	Age	Marital Status	Education (Graduate or Years)	Changes in Employment Status	
					1st Wave	3rd Wave
9	Mother	26	Divorced	GED	N	N
	Son1	2				
	Brother of M. Partner	20 24	Single Single	15 GED	Y(P) N	Y(F) Y(F)
10	Mother Son1	24 2	Divorced	14	Y(P)	N
11	Mother	26	Single	14 Preschool	Y(F)	Y(F)
	Daughter1	4				
12	Mother	36	Married	12	N	N
	Father	38	Married	11	Y(F)	Y(P)
	Son1	7		1		
	Son2	5		Preschool		
13	Mother	24	Divorced	15	N	Y(P)
	Daughter1	6				
	Son	1.5				
	Grandmother	48	Divorced	12		.
14	Mother	22	Divorcing	12 Head Start	N	*LOST
	Son1	4.5				
	Son2	2.5				
15	Mother	28	Married	GED	N	*LOST
	Father	34	Married	GED	Y	
	Daughter1	10		5		
	Daughter2	8		2		
	Son1	4		Head Start		
16	Mother	32	Single	14 7 2	STU	Y(F)
	Daughter1	12				
	Daughter2	8				
17	Mother	22	Single	8	N	N
	Daughter1	1.1				
	Son1	0.6				
	Partner	36	Divorced	14	?	Y(F)
18	Mother	33	Single	13 Kindergarten Head Start	N	N
	Daughter1	6				
	Daughter2	4				
19	Mother	22	Single	12 Preschool	N	Y(F)
	Daughter1	5				
	Daughter2	1.1				
	Partner	35		14	?	Y(P)
	StepSon1	7	Single	2		
20	Mother	26	Married	12+	Y	N
	Father	24	Married	12		
	Daughter1	6		Preschool		
	Daughter2	2				
	Son1	0.1				
21	Mother	24	Married	11	Y(F)	Y(F)
	Father	22	Married	12	Y(F)	Y(F)
	Daughter1	5		Kindergarten		
	Son1	0.4				
22	Mother	33	Divorced	GED 2	Y(F)	Y(F)
	Daughter1	8				
	Daughter2	4				
	Partner	34	Divorced	12	Y(F)	Y(F)

Note: Employment, Y= employed, N= unemployed, F= Full time, P= Part time, and STU = Student

NA means the individual was not in the household in that wave.

GED means the general equivalency degree.

Changes between the 1wave and the 3rd wave are presented in this research because the 3rd wave was focused on the child rearing experiences of the families.

Appendix 2. Examples of Coding Schemes

1. Choice of Child Care

- 1.1 Settings
 - 1.1.1 Maternal Care (MC)
 - 1.1.2. Father Care (FC)
 - 1.1.3 Relative Care (RC)
 - 1.1.4 Family Day Care (FDC)
 - 1.1.5 School Based Care
 - 1.1.5.1 Day Care Center (DC)
 - 1.1.5.2 After School Care (ASC)
 - 1.1.6. Self Care
- 1.2. Arrangements-Combinations
 - 1.2.1 MC Only
 - 1.2.2. MC +FC
 - 1.2.3. MC + RC
 - 1.2.4. MC+DC and so on.
- 1.3. The Reason of the Choice
 - 1.3.1 Cost
 - 1.3.2 Child Characteristics
 - 1.3.2.1. Age
 - 1.3.2.2. Health
 - 1.3.2.3. Child's Reaction
 - 1.3.3. Availability
 - 1.3.4. Proximity
 - 1.3.5. Parental Appraisal
 - 1.3.5.1. Satisfaction
 - 1.3.5.2 Reliability
 - 1.3.5.3. Stability

2. Child Care Experiences

- 2.1. When it started?
- 2.2. Source of Information
- 2.3. Parental Preference on CCS
- 2.4. Problems/difficulties
- 2.5. satisfied?
- 2.6. Why changed?

3. Child Care Qualities

(7 subsequent codes included)

4. Parental Advocate Activities about Child Care

(2 subsequent codes included)

5. Social Support Networks

(3 subsequent codes included) ...

6. Financial Support

(2 subsequent codes included)

7. Public Service

(6 subsequent codes included)

8. Child Care Influence

(5 subsequent codes included)

9. Child Care Need

9.1 Ideal Child Care

Note: For the category 3 through 8, the subsequent codes are not presented due to the page limitation.

접 수 일 : 2010년 4월 30일
 심사시작일 : 2010년 5월 3일
 게재확정일 : 2010년 6월 4일