Grandmothers as Child Care Providers for Rural, Low-Income Mothers
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The most frequent choice of child care arrangement for low-income women is within the family system.

- Parents as sole caregivers
  In a recent national survey, 38% of children under 3 and 23% of preschoolers in low-income families were cared for by their parents. Strategies that mothers use to keep care within the home are:
  - “tag teaming” care between parents by working different shifts
  - working at home
  - relying on spouse’s/partner’s income only until children are in school
  - once children are in school, working part-time during school hours

- Relatives as caregivers
  In 1999, 7.5 million children under 13, and nearly 1/3 of children birth to five, were being cared for exclusively by a relative while parents were working.

- Grandmothers as caregivers
  By far the most frequent choice among relatives is the mother’s mother.

A number of factors help predict mothers’ use of relatives as child care providers.

- Mothers are more likely to choose a relative for child care if they:
  - are living in poverty
  - live in a rural area
  - are single
  - have more than one child
  - have young children
  - work non-traditional and/or variable hours
  - don’t receive child care subsidy assistance
  - are Hispanic or African-American

Personal preference and perceived relational benefits influence low-income, rural mothers’ choice of their own mothers as child care providers.

- “Because she’s my mom and I trust her:” trust emerges as a key motivation for mothers’ choice. Conversely, mothers also express a mistrust of group care or care by “strangers.”
- Mothers express the perception of grandmothers as safe, reliable, loving, and always available.
- For some mothers, especially those without partners, grandmothers are seen as co-parents.
- Mothers view the caregiving arrangement as a way of strengthening the bond between grandmother and grandchild and, for some women, as strengthening their own relationship with their mother.

Practical benefits also influence mothers’ choice of grandmother care.

- Grandmothers’ flexibility in providing care at nearly all times, in all circumstances, is highly valued and appreciated by mothers.
- Grandmothers’ willingness to provide care during non-traditional hours, on short notice, and when children are ill reflects a degree of flexibility that no formal, regulated care would.

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Family education and support programs must understand the unique features of child care embedded in an adult daughter – older mother relationship in order to be effective in reaching and providing relevant assistance to this unique population.

- Program staff should have a firm grounding in family theory and understanding of family dynamics and communication.
- Programs should build upon the strong family bonds within the arrangement and appeal to grandmothers’ long-term desire that grandchildren do well when the focus of the program is on enhancing children’s development and learning.
- Programs should include both mothers and grandmothers and provide mutual support for navigating through areas of conflict that result from shared caring for children.
- Programs should include a component focused on grandmothers’ physical, social and emotional needs from a life-span development perspective.
- Programs should help families connect with other community services and supports that could improve their well-being while still acknowledging the value of support within the family system.

References:


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