

PARENTS' PERCEPTIONS OF THE IMPORTANT CHARACTERISTICS
IN INFANT CAREGIVING

A THESIS

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CHAPTER I

INTRODUCTION

The number of mothers of infants entering or returning to the labor force has increased dramatically over the last decade. It is now a comparatively common practice for pregnant women to continue in their employment until shortly before childbirth and to return to work when their infants are about six weeks old. The result is that many parents turn to some form of day care for their young infants, frequently conducting the search for acceptable services during pregnancy and finalizing arrangements soon after the baby is born.

Parents have traditionally shown a preference for care in a family day home, or, to a lesser extent, care by someone in the child's own home, over group facilities for infants and young toddlers (Divine-Hawkins, 1981). Very little research has been completed on the criteria by which parents choose caregivers for their infants, or on the kinds of caregiver-infant interactions they may view as important. This research will be discussed in Chapter II.

The care of infants is distinct from that of children over three years of age (Travers & Ruopp, 1978). Mother-infant interaction research has established the importance of the quality and nature of

caregiver-infant interaction to the successful later development of the child (Jacobson, 1979). A review of these findings is found in Chapter II.

Jacobson (1979) has synthesized categories of maternal attributes which longitudinal research has shown to foster infant well-being and optimal development, and has developed an instrument based on this synthesis, the Important Characteristics in Infant Care Scale (ICIC) (Appendix C). This scale elicits degrees of agreement with those caregiver-infant interactional competencies which have been established by empirical evidence as promoting optimal infant development. A fuller explanation of the ICIC Scale is presented in Appendix D. Prior to the present study the ICIC Scale was administered to day care center directors and infant caregivers in order to verify the extrapolation of research findings of mother-infant research to infant day care research.

Purpose of the Study

It was the purpose of this study to examine the perceptions of expectant parents as to the interpersonal characteristics and behavioral traits which they considered important attributes in caregivers for their infants. The ICIC Scale and an author-developed Parent Information Form (PIF), both self-report measures, were used. The responses to the ICIC Scale were compared on dimensions of sex, age, educational achievement, social position, number of children in the family and anticipated need of day care services.

Hypotheses

The following null hypotheses were analyzed by means of t tests for independent cases or anova:

- HO₁: There will be no significant difference in mean ratings of the ICIC between male and female respondents.
- HO₂: There will be no significant difference in mean ratings of the ICIC between respondents aged 28 and above and those under 28.
- HO₃: There will be no significant difference in mean ratings of the ICIC between respondents who are college graduates and those who have less formal education.
- HO₄: There will be no significant difference in mean ratings of the ICIC between respondents having higher social position, as estimated by the Two Factor Index of Social Position (Hollingshead, 1965) (Appendix G), and those having a lower social position.
- HO₅: There will be no significant difference in mean ratings of the ICIC between respondents who are expecting their first child and those who have a child or children in different age ranges (three years and younger, four through six, seven to 14 and 14 and older).
- HO₆: There will be no significant difference in mean ratings of the ICIC between respondents who plan to use regular day care services for the forthcoming child and those who do not.

Assumptions

It was a basic assumption of this study that couples who were expecting a baby would have opinions and beliefs about the importance of daily care and teaching routines in the growth and development of the child. It was further assumed that they would be able to identify those behaviors they would prefer in relation to the expected infant according to their individual knowledge bases.

Delimitations

This study was delimited in the following ways: (1) Subjects were expectant parents attending an organized childbirth education program in Denton, Texas during September, 1982. This population was not assumed to be representative of all expectant parents; thus, findings were not expected to be generalized beyond this group. (2) The study was attitudinal; the responses given may not be assumed to reflect the actual behavior of subjects in selecting day care services.

Definition of Terms

Caregiving--functioning of an individual or a group for the purpose of gratifying the needs and making possible the attainment of certain goals in relationship to the recipient of care (Beller, 1971).

Expectant (parents)--expecting the birth of a child (Merriam-Webster, 1975). For the purposes of this study, expectant parents were a pregnant woman and her husband or committed partner.

Infant--a child under 18 months of age (Texas Department of Human Resources, 1976).

Summary

Research has revealed that infancy is a crucial period in human development and that certain caregiving characteristics and behaviors are significantly related to the healthy development of the infant. Many mothers return to work soon after the birth of their infants and place their children for care with a caregiver. Little is known of the

importance parents place on the caregiving behaviors of the persons chosen. This study sought to identify certain interpersonal behaviors which expectant parents reported that they considered important, and compared parents' perceptions of these behaviors according to sex, age, educational attainment, social position, number of children in the family and the anticipated need for day care for the expected infant.

CHAPTER II

REVIEW OF THE LITERATURE

Certain maternal interactive behaviors have become associated with healthy social, emotional and cognitive development of the infant. Findings of many studies have suggested that these behaviors lead to high infant competencies and to competencies exhibited in later childhood. A review of these findings is presented, followed by a discussion of recent research related to parents' attitudes toward caregivers.

Importance of Maternal Behaviors

Brazelton, Koslowski and Main (1974) noted that habituation and withdrawal are basic elements of the healthy mother-infant dyad and that infants control the amount of direct stimulation from their mothers by engaging in cycles of close eye-to-eye contact and looking away, breaking contact. It was observed that sensitive mothers cooperated with these cycles, and that such mothers' behaviors were reinforcing and contingent upon their infants' demands, reflecting awareness of the child's capacity to utilize stimuli.

The importance of face-to-face interaction was also emphasized in a study by Blehar, Lieberman and Ainsworth (1977). Face-to-face interaction initiated by the mother determined largely whether the baby smiled, vocalized and moved in response, or whether the child merely gazed. In

a study of mother-child interaction in the first year of life, Tulkin and Kagan (1972) found that middle class mothers are more likely to engage their infants in face-to-face interaction than are lower class mothers.

Ainsworth and Bell (1972) studied infant crying during the first year. Maternal unresponsiveness was found to prolong the infant's crying as a means of primitive signalling, whereas infants whose mothers responded promptly and consistently to their crying developed more variety, subtlety and clarity of non-crying communication. Yarrow, Rubenstein and Pederson (1975) reported that contingent responsiveness to the infant's vocalizations facilitates positive vocalizations and rapid response to crying and fretting is associated with fine and gross motor development and to certain cognitive and motivational variables. Sensitivity to infant signalling combined with floor freedom for the child was found to produce relative acceleration in psychomotor development (Ainsworth & Bell, 1972). This finding was supported by Beckwith (1971) who noted a positive, highly significant relationship between high maternal verbal and physical contact with low restrictiveness of exploration and high infant scores on the Cattell Intelligence Test ($R = 13.8$, $p < .01$). Bell (1971) reported that babies who had harmonious relationships with their mothers and who had developed normal attachment behaviors tended to develop person permanence in advance of object permanence. Further, Donovan and Leavitt (1978) studied early cognitive development in relation to maternal responsiveness and found that object

concept in the infant is associated with the mother's behavioral sensitivity. Smith and Pedersen (1981) studied the relationship of maternal responsiveness to mother-infant interaction and reported that infants of the most responsive group of mothers scored significantly higher on positive dimensions of interactive behavior than infants of the least responsive mothers. Responsiveness was measured by vocalizations with proximity contact.

In a study of the healthy-unhealthy interaction continuum, Stern, Caldwell, Hersher, Lipton and Richmond (1969) examined nine factors associated with mothers' needs and behaviors and their one-year-old infants' needs and behaviors. The ideal mother-infant dyad was operationally defined in terms of maternal behaviors rather than inferred personality needs. The behaviors consisted of loving involvement, high vocal and visual contact and skillful care. These extremely effective, "ideal" mothers were seen as individualistic and appeared to be rearing individualistic infants, for the infants all evidenced accelerated development. The authors suggested a causal sequence of related behavior characteristics of mothers and the development of their infants. As the degree of maternal self-reference increased, psychopathy in both mother and child increased.

A longitudinal study of infants from nine to 18 months of age (Clarke-Stewart, 1973) revealed that the children's optimal secure attachment to their mothers was significantly related to maternal scores on measures of affection, stimulation and responsiveness. Mothers'

vocal stimulation and the amount of time they spent playing with the infants using toys and materials significantly influenced the children's intellectual development, particularly the comprehension and expression of language. Congruent with previous research (Bell, 1971; Ainsworth & Bell, 1972), Clarke-Stewart's study disclosed positive emotion in the mothers to be associated with enhanced performance on intellectual and motivational measures by their infants. Mothers' physical contact with their children corresponded with the children's physical attachment to their mothers.

The amount of time spent by adults and other children in play with infants near the end of their first year of life in combination with the availability of toys and objects to play with was highly correlated with infant IQ (Bell, 1971). In an interpretation of contemporary findings, Clarke-Stewart (1977) wrote that the quality of stimulation, and especially the adaptation of stimulation to a level appropriate to the child's stage of development, is even more closely related to infant IQ than the total amount of stimulation given. Variety of stimulation provided by interpersonal contact predicts infant IQ and exploration better than the degree of enrichment of the physical environment or the number of toys available. Contingency of the maternal response upon the child's behavior significantly increases exploration (Clarke-Stewart, 1973; 1977).

In a study of long term effects of the principal caregiver on development, Bayley and Schaefer (1964) found that certain maternal

behaviors were intercorrelated over 18 years, and that the impact of maternal behaviors was more persistent for boys than for girls. In general, boys' intelligence was related to love versus hostility in their mothers. Intelligence scores tended to become fixed during the third year of life and to persist until the age of 18 years. Girls who had loving, controlling mothers were happy and responsive with high mental scores up to age three, after which time little relation was shown to maternal variables.

Dimensions of maternal care at six months was related to WISC scores at age 10 in a study by Yarrow, Goodwin, Mannheimer and Milowe (1973). Maternal variables were positive and significant for boys and positive for girls. Physical contact, stimulation appropriate to the child's developmental level, responsiveness to the child's communication attempts, the mother's individualization of the child, her emotional involvement with and positive affect toward the child were the variables studied. Lewis and Goldberg (1969) wrote that the mother's love is as essential to healthy emotional development of the infant as is her stimulation.

In a study concerned with obedience and maternal behavior, Stayton, Hogan and Ainsworth (1971) found an intercorrelation of mothers' sensitivity, acceptance and cooperation. Their infants' compliance was found to be correlated with all three. This suggests that infants in a responsive, accommodating environment are more disposed to obey.

Yarrow, Rubenstein, Pederson and Janowski (1972) reported findings in support of the view that cognitive motivational factors are amenable to environmental influences in early infancy. Citing Lewis and Goldberg's "generalized expectancy model" (1969), they agreed that an infant brings about reinforcement by his actions. Thus it is not only desirable but necessary for infants to gain a sense of affecting their mothers' behavior, of exerting a certain amount of control, in order to build up confidence in their own abilities to exert influence in new experiences and explorations. Predictable positive interactions with familiar others leads to positive anticipatory attitudes toward novel persons and situations, a part of the broad general definition of competence.

In a study which examined differences in styles of responding between middle and lower socioeconomic class mothers, Lewis and Wilson (1972) found that touching and rocking appear to play a facilitative role in early prerepresentational thought. Yarrow, Rubenstein and Pedersen (1975) found that kinesthetic stimulation is associated with scores on the Bayley Psychomotor Index.

Early infant vocalization is linked, especially in girls, to later verbal proficiency. Clarke-Stewart (1977) suggested that this may be related to the fact that their mothers talk to them more and respond with speech to their vocalizations, perhaps helping establish early sensitivity to language. Emphasis is consistently placed on time spent in satisfying interaction apart from time spent in routine caretaking.

An extraordinary degree of flexibility is required for mothers to respond appropriately to the different cues of infants as they are at birth and as they grow and change (Korner, 1974). A balance between giving attention and giving autonomy, or between interacting and leaving the infant to play alone some of the time was related to the later coping capacity of preschool age children (Murphy, 1973). Those interactive intellectual experiences in which the adult played an active role in structuring the child's experience was assessed to be predictive of the young child's disposition to create intellectually valuable experiences in solitary play (Carew, 1980). Teaching, playing with and talking to the infant combined with positive affect, social stimulation and prompt and regular contingent responses positively correlate with cognitive test scores at age three.

White and Watts (1973) cited child-rearing practices which were found among mothers classified as the most effective in their longitudinal study of infants and young children: (1) Talking to the child at a level appropriate to the child's development, (2) providing a range of objects and situations to stimulate the child, (3) using imagination in play with the child, (4) giving help and encouragement most, but not all the times, when the child signals for it, (5) setting consistent, firm limits and imposing them with confidence, (6) strengthening the child's motivation to learn, (7) helping the child feel secure, (8) demonstrating respect for doing things well and (9) evidencing a high energy level. The mothers in the study who were judged effective did

their teaching in very small increments of time (three minutes or so), mostly in response to the child, rather than making a conscious effort to engage in teaching as such. A strongly intuitive approach is noted as a trait all these mothers had in common. These mothers placed fewer restrictions on their child's freedom as they grew, whereas mothers of less competent children increased restrictions. This study also revealed that the effective mothers engaged the children in activities judged to be highly intellectual in relation to the children's age, and encouraged the children's explorations. Further, White and Watts have suggested five categories of optimal caretaking characteristics which they believe apply to day care givers as well as to mothers: (1) positive attitude about life, (2) positive attitude about infants, pleasure in being with them, (3) a relaxed attitude about household possessions and priorities which place the child's development as more important, (4) housekeeping that is less than fastidious and (5) absence of such a concern with safety as would reduce normal curiosity and development.

Clarke-Stewart (1977) writes that the most mature and comprehensive social behavior of children aged three to nine is independent yet friendly, self-confident and assertive, but conforming to group standards when appropriate. A child who exhibits such behavior is likely to have parents who show warmth and attentiveness, discipline firmly and fairly, punish gently and define limits beforehand, who respect the child's freedom and treat the child like an independent, relatively

mature person. Such parents model positive social behaviors and reward independent achievement and cooperation. These are the universal dimensions of caregiving. Clarke-Stewart also writes that these dimensions have the same effects when shown by other adults with the qualities of warmth and attentiveness as when shown by the permanent mother figure, even in the first year of a child's life.

Parents' Attitudes Toward Caregivers

Caregiving characteristics of 242 day home mothers and 360 natural mothers were examined by Willner (1966, 1969) in a study of informal day care arrangements. The information obtained showed caregivers to be older and less well educated than natural mothers and more likely to have intact marriages. Housing conditions were found to be similar among the two groups, as were ethnic backgrounds. Mothers generally reported they used family day care because no group care was available; 80 percent said they would switch to group care if it became available because it was seen as more reliable. The mothers tended to select a caregiver they already knew or who was recommended by friends or relatives. Approximately 90 percent said they got along well with the caregiver. Those mothers who preferred family home care cited love, reliability, proximity to the home and the homelike atmosphere as the reasons for their preference. Only 25 percent mentioned intellectual or social advantages; none mentioned intellectual stimulation as a reason for their preference.

The caregivers were described by Willner as warm, liking children, preferring to remain at home and do what they felt they did best, namely care for children. More than half the children were less than one year old when they entered care.

The National Day Care Study (Divine-Hawkins, 1981) indicates that parents are inclined to choose the more "experienced" caregiver, and prefer caregivers who are themselves parents. More than half the parents responding listed cost of care, possibility of special attention for their child or unavailability of group care as reasons for choosing a day care home. A strong tendency was noted for parents to choose care in the child's own home for infants less than one year old, family day care for children ages one to three and center care for older pre-schoolers. Forty-three percent of black parents perceived center care as preferable because of educational advantages, while 17 percent of whites and 13 percent of Hispanics responded in this way. Reasons given for choosing a particular home were caregiver reliability first, followed by linguistic and cognitive skills, emotional support for the child, nutrition, and finally, safety and cleanliness of the environment. Black and Hispanic parents and those using homes sponsored by a social service agency cited teaching children skills and concepts in preparation for school, and were concerned that children learn to obey, have planned activities and be kept neat and clean. The most-often mentioned caregiver qualification was experience with children, especially parental experience, followed by training and education. Sixty percent of

parents mentioned social growth as an advantage, while linguistic and cognitive skills and homelike atmosphere were mentioned. Seventy-five percent said their children had loving feelings for the caregiver, fewer than five percent reported their children as indifferent, and none reported dislike for the caregiver. The level of interaction between parents and caregivers was found to be high, and there were indications of friendships between parents and their children's caregivers. A small number of parents reported that the caregiver's personality had had a beneficial influence on their child. Parents tended to agree with the caregiver on the important aspects of childrearing.

In a study of the amount and type of care used by parents, Moore (1980) reported that the choice of care was determined by values rather than economics, and that parents in his study placed more emphasis on the individual who provided care than on the location of care. The cost of care was found to be highly related to amount and type of care chosen. He concluded that the decision making is complex and subject to a host of household and individual characteristics.

Anderson (1980) studied attachment in daily separations of mothers and their children, and concluded that involvement and stability are the two most important dimensions of relationships in care, both at home and in day care. Children with highly involved caregivers showed higher levels of relevant behaviors.

Travers and Ruopp (1978) focused upon the caregiver in relation to day care variables in the Infant Day Care Study, a substudy of the

National Day Care Study, and found that in low-ratio infant groups, infants exhibited more crying and caregivers spent less time in teaching. Large group size was also related to less social interaction, less talking to and teaching of infants. Higher frequencies of social interaction, more teaching of verbal and language concepts and less distress was related to greater education and more specialization of caregivers.

Ruderman (1968) studied child care arrangements of working mothers and found that the mothers' most common criticism was that caregivers' discipline was too lenient. Mothers seemed to feel that housework and the presence of other children reduced the amount of time the caregiver could spend supervising the children in care. They stressed supervision when they used care provided by non-relatives, but custodial care seemed the only demand made on grandmothers as caregivers. Low socioeconomic status mothers stressed formal academic training available at day care centers and the trained personnel who taught educational and social skills. High socioeconomic status mothers emphasized overcrowding, lack of individual care, excessive structure and regimentation as disadvantages of care in centers. Sixty-five percent of black mothers reported they would prefer a child care center, while 47 percent of white mothers did. Convenience was often given as a reason for care of children in day homes.

Summary

Mother-infant interaction research has established the importance of certain broad and specific caregiving behaviors to the healthy emotional, social and cognitive development of infants. Little research has been done on parents' attitudes toward caregivers as models of these important behaviors. Whenever specific personality factors of caregivers have been addressed, experience with children, reliability, discipline and supervision have been found to be important to parents.

CHAPTER III

PROCEDURES

This chapter is discussed in four parts. The population from which the sample was drawn is described, and the instruments used, the collection of data and the statistical analysis of the data follows.

Population

There are three main lines of influence affecting the demography of Denton, Texas: Historically, the town is a commercial center serving farms and ranches in the surrounding agricultural area; it is the location of two state universities, which suggests an academic influence and a relatively large young adult population; and its proximity to the Fort Worth-Dallas Metroplex has influenced growth in population and economic opportunity. This was the population matrix from which a sample of volunteer respondents was solicited.

Couples who were awaiting childbirth and who were attending recognized childbirth preparation classes in Denton were invited to participate. One series of classes was held at the local general hospital and consisted of three consecutive evening sessions. Films, lecture-discussion and relaxation exercises were featured. The processes of labor and delivery, standard procedures with regard to anesthesia in childbirth were discussed, and care of the newborn infant was explained. This series was held twice per month for all couples planning to use the

hospital who expected childbirth during the following month. A fee of \$10 per couple was charged.

Private classes for which a fee was charged by the instructor were taught in homes or public buildings by instructors qualified in the Lamaze and Bradley methods of prepared childbirth. These classes were six or seven sessions in length, one session per week, and concentrated on minimizing the discomforts of labor through exercise and breathing techniques. Types of anesthesia are discussed, as is Caesarian birth and care and feeding of infants.

These classes could not be expected to present a random sample of the expectant parent population. However, it was anticipated that a cross section of this population living in and around Denton, with the exception of the most disadvantaged, would be represented. It was expected that about 90 questionnaires would be distributed and that at least 30 would be returned completed.

Instruments

Subjects were asked to answer two questionnaires: A Parent Information Form (PIC) to provide information on the respondent's sex, age, occupation, educational level, number of children and anticipated need for day care for the expected infant; and the ICIC, a 50-item Likert-type scale, designed to elicit the respondent's attitudes about the relative importance of various caregiving behaviors. The ICIC was developed as part of a study whose main objective was to construct valid research instrumentation for assessing interpersonal care of infants in day care. Findings from mother-infant research were analyzed to

identify interpersonal competencies in infant caregiving. These analyses established content validity for the items. The items reflect a wide range of both broad and specific factors in infant care which research has shown to be related to optimal functioning and development in infants. The ICIC was completed by 45 directors and 101 infant caregivers in 62 centers in order to verify the value of the items. Thus, content validity and field evidence provided assurance of the appropriateness of the scale as an instrument in day care research.

In the present study it was planned to use a scoring system in which each Very Important response would be scored 5, Important would be scored 4, Undecided would be scored 3, Little Importance would be scored 2 and No Importance would be scored 1. Thus, the strongest possible agreement with the values represented by the items would be a score, or rating, of 250; the strongest disagreement would be 50.

Data Collection

The researcher attended one session of six childbirth preparation classes during September, including one hospital class of 14 couples and five private classes attended by a total of 31 couples. The oral presentation used each time is given in Appendix A. A total of 90 sets of questionnaires were handed out, accompanied by stamped, addressed envelopes. Participants were requested to complete the questionnaires at home, without sharing answers until after mailing, and to mail their completed responses within a period of one week. Participation was

anonymous and voluntary and thus was not subject to review by the Human Subjects Review Committee.

Analysis of Data

Upon return of the questionnaires, the PIF was analyzed in relation to responses on the ICIC. The null hypotheses to be analyzed by means of t tests for independent cases or anova were:

- HO₁: There will be no significant difference in mean scores on the ICIC between male and female respondents.
- HO₂: There will be no significant difference in mean scores on the ICIC between respondents aged 28 and above and those under 28.
- HO₃: There will be no significant difference in mean scores on the ICIC between respondents who are college graduates and those who have less formal education.
- HO₄: There will be no significant difference in mean scores on the ICIC between respondents having higher social position, as estimated by the Hollingshead Two-Factor Analysis of Social Position and those having a lower social position.
- HO₅: There will be no significant difference in mean scores on the ICIC between respondents who are expecting their first child and those who have a child or children in different age ranges (three years and younger, four through six, seven to 14 and 14 and older).
- HO₆: There will be no significant difference in mean scores on the ICIC between respondents who plan to use regular day care services for the forthcoming child and those who do

The Two Factor Index of Social Position (Hollingshead, 1957) was used to estimate the social class level of the respondents. In order to accurately categorize dual wage earner families, the couple was assigned to the highest level attained by either partner. This procedure was suggested by Haug (1973) as being the most appropriate to

This procedure was suggested by Haug (1973) as being appropriate to current structural realities regarding sexual equality and women's work roles in the measurement of the social class of a family.

Summary

The subjects of this study were Denton area expectant parents who were attending childbirth education classes. Ninety persons were asked to complete a Parent Information Form and an Important Characteristics in Infant Caregiving Scale and to return them by mail in stamped, addressed envelopes. The 62 complete responses were analyzed in terms of their degree of agreement with the ICIC. Respondents were grouped for comparison according to sex, age, educational background, social position, number of children in the family and anticipated need for day care services. Statistical tests used in the analyses were the t test for independent means and the one-way analysis of variance.

CHAPTER IV

FINDINGS

A total of 90 persons received questionnaires for completion. Sixty-six questionnaires (73 percent) were returned to the researcher; of this number, 62 questionnaires (68.8 percent) were complete and usable in the analysis. These data are discussed in three parts. First, an analysis of the data from the Parent Information Forms (PIF) is presented. Second, the results of the computer analysis of the hypothetical groupings of participants in relation to their ratings of the Important Characteristics in Infant Care Rating Scale (ICIC) is discussed. Third, the mean ratings of specific items of the ICIC are discussed.

The Respondents

Table 1 presents a comparison of those respondent characteristics which relate directly to the hypotheses of the study. Other data helpful in characterizing this group of respondents was revealed by the PIF responses: Fifty-five respondents (88.7 percent) were Caucasian, four (6.5 percent) were Hispanic, two (3.2 percent) were Oriental and one (1.6 percent) was Persian. The main source of income of the families was reported by 23 respondents (37.1 percent) to be hourly wages, piecework or weekly check; 28 respondents (45.2 percent) reported salary, commission or monthly check; nine respondents (14.5 percent)

Table 1.

Distribution of Respondent Characteristics

Category	Characteristic	Number	Percentage
Sex	Male	31	50
	Female	31	50
Age	28 and older	25	40.3
	Younger than 28	37	59.7
Education	College degree	26	42
	No college degree	36	58
Social position	Higher (I or II)	24	38.7
	Lower (III or IV)	38	61.3
Number of children	None	47*	75.8
	One or more	15	24.2
Anticipated need for day care	Yes	35	56.5
	No	26	41.9
	Undecided	1	1.6

* One spouse who had no children was married to the parent of one child.

cited profits, royalties, or fees from business or profession; two respondents (3.2 percent) listed savings and investments as the main source of family income. Eleven respondents (17.7 percent) had a child younger than school age and three were parents of school age children. Of the 14 who were already parents, eight respondents (57 percent) had previously had the experience of using day care services. Twenty-four (68 percent) of the 35 respondents who answered that they intended to use day care indicated that full-time care would be required.

Analysis of Hypotheses

Below are the hypotheses of this study together with the results of the statistical analysis of each.

H_{01} : There will be no significant difference in mean ratings of the ICIC between male and female respondents.

Analysis of data resulted in an obtained $t = -1.07$, $df\ 60$, $p = .29$ (nonsignificant) ($p > .05$). The analysis resulted in failure to reject the null hypothesis.

H_{02} : There will be no significant difference in mean ratings of the ICIC between respondents aged 28 and above and those under age 28.

Analysis revealed an obtained $t = .34$, $df\ 60$, $p = .74$ (nonsignificant) ($p > .05$). The analysis resulted in failure to reject the null hypothesis.

H_{03} : There will be no significant difference in mean ratings of the ICIC between respondents who were college graduates and those who have less formal education.

Analysis revealed an obtained $t = 1.44$, $df\ 60$, $p = .16$ (nonsignificant)

($p > .05$). The analysis resulted in failure to reject the null hypothesis.

H_{0_4} : There will be no significant difference in mean ratings of the ICIC between respondents of higher social position and those of lower social position, as estimated by the Two Factor Index of Social Position.

Analysis revealed an obtained $t = .89$, $df\ 60$, $p > .05$) The analysis resulted in failure to reject the null hypothesis.

H_{0_5} : There will be no significant difference in mean ratings of the ICIC between respondents who are expecting their first child and those who have a child or children in different age ranges (three years and younger, four through six, seven to 14, and 14 and older).

A one-way analysis of variance resulted in $F = 3.06$ (3,57), $p = .03$. ($p < .05$). The Neuman-Keuls multiple comparison method disclosed no significant difference between other means. The null hypothesis was rejected.

H_{0_6} : There will be no significant difference in mean ratings of the ICIC between respondents who plan to use regular day care services for the forthcoming child and those who do not.

Analysis revealed an obtained $t = -1.60$, $df\ 58$, $p = .12$ (nonsignificant) ($p > .05$). The analysis resulted in failure to reject the null hypothesis.

This sample of expectant parents exhibited no significant differences in their ratings of the ICIC when grouped according to sex, age range, educational background, estimated social position or anticipation of placing an infant for day care. However, couples who had one

or more children aged seven or older expressed a significantly higher degree of agreement with the positive values of the ICIC than did those having younger children or expecting their first child.

Other Findings

The strongest possible agreement with the positive caregiving values that comprise the ICIC would have yielded a mean of 5 (Very Important); the strongest disagreement would have yielded a mean of 1 (No Importance). Statistical analysis revealed a mean rating of 4.32. The item which received the highest mean rating was No. 4. "Provide activities which help infants learn and achieve," which yielded a mean of 4.87.

Only five items yielded a mean lower than 4 (Important). These were "Let infants bring social exchanges to a close," (mean 3.92), "Dress in comfortable, easy-to-care-for clothes," (mean 3.53, the lowest for any item) "Carry or move infants around," (mean 3.60) and "Cooperate with activities and exploring begun by infants" (mean 3.87). The variance was 1.33. Appendix F presents the mean and standard deviation for each of the 50 items of the ICIC.

Two of the respondents rated the ICIC at 249, only one point short of the highest possible agreement. The respondents in this study expressed preferences that were in agreement with research findings regarding optimal caregiving behaviors as described in this criterion referenced instrument. The greatest number of No Importance ratings given by any respondent was five; only one respondent marked this many.

The smallest number of combined Very Important and Important ratings was 33 out of a possible 50; again, only one respondent marked so few. The absence of any ratings of No Importance or Little Importance was noted in the responses of 25 persons. Two respondents' total ratings of the ICIC scored 249, only one point short of perfect agreement (250).

The responses indicate clear opinions on a wide range of caregiving behaviors, as evidenced by the low number of Undecided ratings. Of 3,100 total responses, only 174 (.06 percent) were Undecided. The small variance (1.33) attests to these parents' agreement with one another.

CHAPTER V

SUMMARY, DISCUSSION AND RECOMMENDATIONS

While parents in increasing proportions have utilized the services of day care providers for the care of their infants, allowing mothers to enter or return to the work force after childbirth, there has been little research on the nature and quality of care they demand or the standards by which they judge the adequacy of care. Questions which prompted this study are (1) Do couples awaiting childbirth form opinions regarding the social, intellectual and physical stimulation and teaching that will benefit the expected infant? (2) Do parents who give thought to these issues tend to agree with the findings of infant and early childhood research as to what caregiving behaviors are most likely to promote optimal functioning and development? (3) Do these parents differ in their beliefs about the best caregiving along measurable dimensions such as sex, age, educational background, socioeconomic position, degree of parenting experience or anticipation of the task of placing the expected child in acceptable care?

Summary

This study was conceptualized as an attitudinal survey of expectant parents residing in Denton, Texas who were enrolled in recognized childbirth education classes in Denton. The instruments used

were the author-developed Parent Information Form (PIF) and the Important Characteristics in Infant Caregiving Scale (ICIC). Ninety sets of questionnaires were distributed; of the 66 that were returned, 62 questionnaire sets were complete and provided the data for analysis. No significant differences were found among respondents grouped according to sex, age range, educational achievement, or anticipated need of day care for the forthcoming infant, with the result that five of the six null hypotheses were not rejected. A statistically significant difference was found when couples expecting their first child were compared with couples having children seven years old and older. These parents expressed a higher degree of agreement with the positive values of the ICIC, a criterion referenced instrument, than those with children of preschool age or younger or those expecting their first child.

Discussion

For this sample of expectant parents, the answers to research questions (1) and (2) were strongly affirmative. The sample as a whole appeared very well informed about positive infant care practices and very definite in their opinions. The degree to which this group agreed with the findings of research in the field may be associated with the criterion referenced nature of the ICIC Scale.

Non-randomization of sampling was a delimitation of the study. It was acknowledged that the most disadvantaged segments of the community would not be reached by the methodology employed. Responses from these segments would be expected to yield different results. The researcher

noted that there were no black parents in any of the birth education groups visited. The sample was predominantly Caucasian and native English-speaking.

Table I illustrates that, as would be expected in a university town, the number of college-educated respondents is high (almost 42 percent). However, the estimated social position of the respondents appears fairly well balanced (38.7 in the higher range, 61.3 in the lower range), especially given the fortunate geographic and demographic factors operating within this community.

Perhaps the attribute of dedication to the parent role that brought these couples to childbirth education is related to their high positive ratings. This dedication might be seen as a motivator to learn about childrearing principles, or as an expression of a deep, affective attachment to the expected infant, giving rise to a desire to utilize the most positive childrearing behaviors. Certainly the high rate of questionnaire return (73 percent) attests to a positive attitude toward child care research.

The obvious skewness of the sample is in the number of children in the family, with almost 76 percent of the respondents being first-time parents. Yet the significantly higher ratings of the ICIC came from the parents of school age children. Can it be that these parents were more positive in their views of infant caregiving when their children were infants, or is it that they have become retrospectively more positive as they have lived through the growth and development of their

children? It is possible that parenthood provides learning experiences that tend to direct the parents' beliefs toward the same conclusions reached by researchers based on their accumulations of findings. The answer suggested by this study to research question (3) is negative except for the dimension of parenting experience, which is correlated with strong agreement with the ICIC.

Recommendations

Four recommendations are made for future study in the area of parents' perceptions of optimal infant care. First, the ICIC in its present scoring format assesses the degree of agreement with established ideals of infant care. In order to identify the priorities of respondents, a ranking or forced choice style of rating the items could be utilized.

Second, it is recommended that random sampling techniques be employed. To reach segments of the population untouched by this study, the questionnaires could be administered orally. Parents belonging to ethnic minorities might be found at day care centers serving low income families.

Third, studies of parents' values in infant caregiving should be done in other geographical areas. It is possible that regional customs in childrearing would prompt different responses.

Last, another measurable characteristic that might show influence on caregiving patterns preferred by parents is religion. Religious

preference, philosophical orientation and the individual view of the nature of human beings and their place in the world may operate to determine the kind of infant care parents believe to be in the best interest of a child.

APPENDIX A

ORAL PRESENTATION OF QUESTIONNAIRES

ORAL PRESENTATION OF QUESTIONNAIRES

My name is Doris Woodruff. I'm a student in child development at Texas Woman's University. I want to learn all I can about babies in the first two years of life. I especially want to learn as much as possible about how to provide good day care for the babies of working parents. It's easy to find out what the experts say about day care because they write many books and articles, but it's not easy to find out what the wishes of parents are about how they want their children to be cared for while the parents are working. So I decided to ask you, the expectant parents, to tell me about how you would want your baby to be taken care of by another person if you were going to be working and having your little one in some kind of day care; even if the person is a family member who takes care of the baby free of charge.

I would like to give each couple an addressed, stamped envelope and two sets of questionnaires, one for each person. The first questionnaire asks for some information about you; the second asks what qualities you think are important for an infant caregiver to have. I will appreciate it if each of you will fill out your sets independently, without sharing answers, put the two sets into the envelope and drop it in the mail. This is an anonymous survey; I won't know anyone's name and you won't put your name on your set, so you are guaranteed complete anonymity.

I'm asking how you really feel about baby care, not how you think the experts think you should feel about it, so your first impulse is probably the best one. Please mail these back to me within a week so they can be counted. I appreciate your time and your opinions. A very HAPPY BIRTH DAY to each of you.

APPENDIX B
PARENT INFORMATION FORM

PARENT INFORMATION FORM

No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

YOUR RETURN OF THIS QUESTIONNAIRE REPRESENTS YOUR CONSENT TO BE A PART OF THIS STUDY. Please check or fill in an appropriate answer to each question.

1. Your sex

- ☐ 1. Male
- ☐ 2. Female

2. Your age range

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. 18-22 | <input type="checkbox"/> 4. 33-37 |
| <input type="checkbox"/> 2. 23-27 | <input type="checkbox"/> 5. 38-42 |
| <input type="checkbox"/> 3. 28-32 | <input type="checkbox"/> 6. Over 42 |

3. Ethnic background

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1. Caucasian | <input type="checkbox"/> 4. Oriental |
| <input type="checkbox"/> 2. Black | <input type="checkbox"/> 5. Other |
| <input type="checkbox"/> 3. Hispanic | |

4. Educational level completed

- | | |
|--|--|
| <input type="checkbox"/> 1. Attended high school | <input type="checkbox"/> 4. College degree |
| <input type="checkbox"/> 2. High school diploma | <input type="checkbox"/> 5. Graduate work |
| <input type="checkbox"/> 3. Attended college | <input type="checkbox"/> 6. Technical or business school |

5. What is your occupation? _____

6. The main source of income for your family is:
- ☐ 1. Hourly wages, piece work, weekly check
 - ☐ 2. Salary, commission, monthly check
 - ☐ 3. Profits, royalties, fees from business or profession
 - ☐ 4. Savings and investments
 - ☐ 5. Private relief, odd jobs, sharecropping, seasonal work
7. Age range of children you have now, if any:
- ☐ 1. No children at present ☐ 4. 7-14
 - ☐ 2. 3 years or younger ☐ 5. Older than 14
 - ☐ 3. 4-6 years
8. If you have a child or children, have you ever placed him or her in day care?
- ☐ 1. Yes
 - ☐ 2. No
 - ☐ 3. Not applicable
9. Do you plan to place the child you are now expecting in some form of regular day care?
- ☐ 1. Yes
 - ☐ 2. No
10. If you answered "yes" to No. 9, please check how often you expect the child to be in day care:
- ☐ 1. One day a week
 - ☐ 2. Two days a week
 - ☐ 3. Three days a week
 - ☐ 4. Four days a week
 - ☐ 5. Five days a week
 - ☐ 6. Other (Please describe)

APPENDIX C

THE IMPORTANT CHARACTERISTICS IN INFANT CARE SCALE

IMPORTANT CHARACTERISTICS IN INFANT CARE SCALE

(Copyright Jacobson, 1979)

As an expectant parent, you may have opinions about what kind of care you want for your baby. Whether you plan to use day care or not, will you please show how important each item is to you. Circle the letter that tells how you believe:

VI - Very Important

I - Important

U - Undecided

LI - Little Importance

NI - No Importance

IT IS IMPORTANT FOR AN INFANT CAREGIVER TO:

Circle One

- | | | | | | |
|--|----|---|---|----|----|
| 1. Talk to infants often. | VI | I | U | LI | NI |
| 2. Offer toys and other interesting objects to infants. | VI | I | U | LI | NI |
| 3. Let infants bring social exchanges to a close. | VI | I | U | LI | NI |
| 4. Provide activities which help infants learn and achieve. | VI | I | U | LI | NI |
| 5. Notice and respond to each infant's communications quickly. | VI | I | U | LI | NI |

IT IS IMPORTANT FOR AN INFANT CAREGIVER TO:

- | | | | | | |
|---|----|---|---|----|----|
| 6. Give infants more and more freedom as they grow older. | VI | I | U | LI | NI |
| 7. Let infants play alone some of the time. | VI | I | U | LI | NI |
| 8. Cooperate with activities and exploring begun by infants. | VI | I | U | LI | NI |
| 9. Give infants undivided and loving attention. | | | | | |
| 10. Be sensitive to infants. | VI | I | U | LI | NI |
| 11. Be relaxed with infants. | VI | I | U | LI | NI |
| 12. Talk to or signal a response to each infant's bid for attention. | VI | I | U | LI | NI |
| 13. Be flexible and adaptable in caring for infants. | VI | I | U | LI | NI |
| 14. Gradually increase the amount of stimulation given to infants. | VI | I | U | LI | NI |
| 15. Help infants learn about objects. | VI | I | U | LI | NI |
| 16. Have a sense of humor | VI | I | U | LI | NI |
| 17. Allow infants to move around and explore. | VI | I | U | LI | NI |
| 18. Let infants begin social exchanges. | VI | I | U | LI | NI |
| 19. Put toys and objects where infants can discover and explore them. | VI | I | U | LI | NI |

IT IS IMPORTANT FOR AN INFANT CAREGIVER TO:

- | | | | | | |
|--|----|---|---|----|----|
| 20. Dress in comfortable, easy-to-care-for clothes. | VI | I | U | LI | NI |
| 21. Carry or move infants around. | VI | I | U | LI | NI |
| 22. Always be where infants can see, hear, or get to. | VI | I | U | LI | NI |
| 23. Not hurt or reject infants who misbehave. | VI | I | U | LI | NI |
| 24. Satisfy infants' needs when they arise. | VI | I | U | LI | NI |
| 25. Like all infants. | VI | I | U | LI | NI |
| 26. React calmly to infants' messiness or destructiveness. | VI | I | U | LI | NI |
| 27. Be spontaneous and open to infants. | VI | I | U | LI | NI |
| 28. Show understanding and accept infants' feelings. | VI | I | U | LI | NI |
| 29. Be child-centered rather than self-centered. | VI | I | U | LI | NI |
| 30. Feel infants are important and valuable. | VI | I | U | LI | NI |
| 31. Smile often at infants. | VI | I | U | LI | NI |
| 32. Adjust to different personalities of infants. | VI | I | U | LI | NI |
| 33. Meet infants' needs before own. | VI | I | U | LI | NI |
| 34. Look eye-to-eye with infants often. | VI | I | U | LI | NI |

IT IS IMPORTANT FOR AN INFANT CAREGIVER TO:

- | | | | | | |
|--|----|---|---|----|----|
| 35. Have a tone of voice which sounds pleasant and positive. | VI | I | U | LI | NI |
| 36. Show pleasure in being with infants. | VI | I | U | LI | NI |
| 37. Watch the infants at all times. | VI | I | U | LI | NI |
| 38. Feel good about life. | VI | I | U | LI | NI |
| 39. Play with infants. | VI | I | U | LI | NI |
| 40. Show patience when infants are un-cooperative. | VI | I | U | LI | NI |
| 41. Care for infants' physical needs with self-confidence and skill. | VI | I | U | LI | NI |
| 42. Have social involvement with infants. | VI | I | U | LI | NI |
| 43. Feel and act happy. | VI | I | U | LI | NI |
| 44. Comfort upset infants quickly and calmly. | VI | I | U | LI | NI |
| 45. Give lots of affection to infants. | VI | I | U | LI | NI |
| 46. Talk to infants about the "here and now" while caring for them. | VI | I | U | LI | NI |
| 47. Cooperate with activities and exploring begun by infants. | VI | I | U | LI | NI |
| 48. Approach infants slowly and gently and give infants plenty of time to respond. | VI | I | U | LI | NI |
| 49. Place valuable items out of infants' reach. | VI | I | U | LI | NI |
| 50. Hold and touch the infants. | VI | I | U | LI | NI |

APPENDIX D

NOTES ON

THE IMPORTANT CHARACTERISTICS IN INFANT CARE SCALE

NOTES ON THE IMPORTANT CHARACTERISTICS IN INFANT CAREGIVING SCALE

The Important Characteristics in Infant Caregiving Scale is a criterion-referenced tool which was developed as part of an effort to construct valid instrumentation for observational assessment of interpersonal characteristics of infant caregivers and caregiver-infant relationships in day care. Findings from mother-infant interaction research led to the identification of discrete variables, which were summarized into a chart categorizing personality factors, attitudes and values, and competencies in interaction with infants. Component parts and meanings were extracted and refined into 50 statements which described general caregiving characteristics more definitively. These statements became the basis for the ICIC.

At this time there is no reliability data on the ICIC. However, field data was provided by administration of the scale to 45 directors of day care centers licensed for infants and 101 caregivers in 62 centers. These data provided tentative inferences as to the validity of empirical mother-infant interaction research findings to caregiver assessment content. These items can thus be used with some assurance as to their appropriateness in infant day care research (Jacobson, 1979).

APPENDIX E

NOTES ON THE TWO FACTOR INDEX OF SOCIAL POSITION

NOTES ON THE TWO FACTOR INDEX OF SOCIAL POSITION

(Copyright Hollingshead, 1957)

The Two Factor Index of Social Position was developed to meet the need for an objective, easily applicable procedure to estimate the positions individuals occupy in the status structure of our society. Occupation and education are the two factors utilized to determine social position. It is presumed that occupation reflects the power and skill individuals possess as they perform maintenance functions in the society. Education is believed to reflect knowledge and cultural tastes. The use of statistical techniques to combine these factors enables a researcher to determine within approximate limits the social position an individual occupies in the status structure of our society.

Hollingshead lists seven levels of occupations in descending order of prestigious manipulation of men, creative use of talents and ideas and the use of skill.

1. Higher executives, proprietors of large concerns and major professionals
2. Business managers, proprietors of medium sized businesses and lesser professionals
3. Administrative personnel, small independent businesses and minor professionals
4. Clerical and sales workers, technicians and owners of little businesses
5. Skilled manual employees

6. Machine operators and semi-skilled employees
7. Unskilled employees

The list of educational levels is also sevenfold in descending order of social prestige:

1. Graduate professional training
2. Standard college or university graduation
3. Partial college training
4. High school graduation
5. Partial high school
6. Junior high school
7. Less than seven years of school

In the present study only the upper five levels in this list were used as items, for the reason of simplicity.

The weights for the occupation and education factors were developed by means of multiple correlation techniques. The factor weights are:

<u>Factor</u>	<u>Factor weight</u>
Occupation	7
Education	4

To calculate the score for an individual, the occupational level is multiplied by its factor weight, education level is multiplied by its factor weight and the two numbers are summed.

Following are the social class groups and the range of scores recommended by the author of the Index for classifying individuals or nuclear families.

<u>Social Class</u>	<u>Range of Computed Scores</u>
I.	11-14
II.	15-27
III.	28-43
IV.	44-60
V.	61-77

The assumption of a meaningful correspondence between estimated class position of individuals and their social behavior was validated by the use of factor analysis. The validation study demonstrated the existence of classes when mass communication data are used as criteria of social behavior.

Haug (1973) suggested that the categorization of dual wage earner families be based on the highest social position held by either spouse. Her reasoning was that the higher position of one partner tends to raise the level of the other, while the lower position of one partner does not operate to diminish the social position of the other.

APPENDIX F

MEANS AND STANDARD DEVIATIONS OF ICIC SCALE RATINGS

MEANS AND STANDARD DEVIATIONS OF ICIC SCALE RATINGS

Items	mn	s	Items	mn	s
1	4.80	0.40	26	4.10	1.02
2	4.48	0.50	27	4.33	0.68
3	3.92	0.76	28	4.65	0.51
4	4.87	0.34	29	4.43	0.64
5	4.42	0.61	30	4.72	0.45
6	4.12	0.78	31	4.55	0.59
7	4.08	0.86	32	4.42	0.64
8	4.33	0.57	33	4.30	0.67
9	4.02	0.93	34	4.60	0.49
10	4.60	0.56	35	4.43	0.62
11	4.60	0.58	36	4.50	0.54
12	3.68	1.10	37	4.08	0.85
13	4.47	0.70	38	4.50	0.57
14	4.20	0.68	39	4.53	0.50
15	4.60	0.59	40	4.32	0.72
16	4.43	0.77	41	4.53	0.53
17	4.43	0.53	42	4.22	0.64
18	4.35	0.68	43	4.42	0.56
19	4.37	0.73	44	4.05	0.89
20	3.53	1.36	45	4.36	0.76
21	3.60	1.06	46	3.87	1.02
22	4.25	1.07	47	4.25	0.73
23	4.17	1.08	48	4.13	0.81
24	4.10	0.88	49	4.31	0.87
25	4.08	0.76	50	4.65	0.63

APPENDIX G

RANK ORDER OF MEAN RATINGS OF ITEMS OF THE ICIC SCALE

RANK ORDER OF MEAN RATINGS OF ITEMS
OF THE ICIC SCALE

Rank	Item	Statement	Mean
1	4.	Provide activities which help infants learn and achieve.	4.87
2	1.	Talk to infants often.	4.80
3	30.	Feel infants are important and valuable.	4.72
4	28.	Show understanding and accept infant's feelings.	4.65
4	50.	Hold and touch the infants.	4.65
5	10.	Be sensitive to infants.	4.60
5	11.	Be relaxed with infants.	4.60
5	15.	Help infants learn about objects.	4.60
5	34.	Look eye-to-eye with infants often.	4.60
6	31.	Smile often at infants.	4.55
7	39.	Play with infants.	4.53
7	41.	Care for infants' physical needs with self-confidence and skill.	4.53
8	36.	Show pleasure in being with infants.	4.50
8	38.	Feel good about life.	4.50
9	2.	Offer toys and other interesting objects to infants.	4.48
10	13.	Be flexible and adaptable in caring for infants.	4.47

RANK ORDER OF MEAN RATINGS OF ITEMS
OF THE ICIC SCALE

Rank	Item	Statement	Mean
11	16.	Have a sense of humor.	4.43
11	17.	Allow infants to move around and explore.	4.43
11	29.	Be child-centered rather than self-centered	4.43
11	35.	Have tone of voice that sounds pleasant and positive.	4.43
12	5.	Notice and respond to each infant's communications quickly.	4.42
12	32.	Adjust to different personalities of infants.	4.42
12	43.	Feel and act happy.	4.42
13	19.	Put toys and objects where infants can discover and explore them.	4.37
14	45.	Give lots of affection to infants.	4.36
15	18.	Let infants begin social exchanges.	4.35
16	8.	Cooperate with activities and exploring begun by infants.	4.33
16	27.	Be spontaneous and open to infants.	4.33
17	40.	Show patience when infants are uncooperative.	4.32
18	49.	Place valuable items out of infants' reach.	4.31
19	33.	Meet infants' needs before own.	4.30
20	22.	Always be where infants can see, hear or get to.	4.25
20	47.	Cooperate with activities and exploring begun by infants.	4.25
21	42.	Have social involvement with infants.	4.22

RANK ORDER OF MEAN RATINGS OF ITEMS
OF THE ICIC SCALE

Rank	Item	Statement	Mean
22	14.	Gradually increase the amount of stimulation given infants.	4.20
23	23.	Not hurt or reject infants who misbehave.	4.17
24	48.	Approach infants slowly and gently, giving time to respond.	4.13
25	6.	Give infants more and more freedom as they grow older.	4.12
26	24.	Satisfy infants' needs when they arise.	4.10
26	26.	React calmly to infants' messiness or destructiveness.	4.10
27	7.	Let infants play alone some of the time.	4.08
27	25.	Like all infants.	4.08
27	37.	Watch the infants at all times.	4.08
28	44.	Comfort upset infants quickly and calmly.	4.05
29	9.	Give infants undivided and loving attention.	4.02
30	3.	Let infants bring social exchanges to a close.	3.92
31	46.	Talk to infants about the "here and now" while caring for them.	3.87
32	12.	Talk or signal a response to each infant's bid for attention.	3.68
33	21.	Carry or move infants around.	3.60
34	20.	Dress in comfortable, easy-to-care-for clothes	3.53

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