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## Child Abuse & Neglect



# Children home alone unsupervised: Modeling parental decisions and associated factors in Botswana, Mexico, and Vietnam<sup>☆</sup>

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### ABSTRACT

**Objective:** This paper examines different child care arrangements utilized by working families in countries undergoing major socio-economic transitions, with a focus on modeling parental decisions to leave children home alone.

**Method:** The study interviewed 537 working caregivers attending government health clinics in Botswana, Mexico, and Vietnam. Analyses involve descriptive statistics, content analysis, and ethnographic decision modeling.

**Results:** In one-half of the families in Botswana, over one-third of the families in Mexico, and one-fifth of the families in Vietnam, children are left home alone on a regular or occasional basis. Moreover, 52% of families leaving children home alone relied on other children to help with child care. Parental unavailability and poor working conditions, limited support networks, inability to afford child care, neighborhood safety, and children's age are critical factors in parents' decisions to leave children home alone. Children also may remain home alone or without quality supervision when informal child care providers fail to provide care. Seldom their preferred choice, parents identified risks (e.g., increasing unintentional injuries, loneliness, and poor behavioral and developmental consequences) and benefits (e.g., strengthening child independence and sibling relations) of this arrangement.

**Conclusions:** Poverty, social integration, local norms, and child development frame parents' decisions of care. Insufficient societal support to working families frequently resulted in unsafe child care arrangements and limited parental involvement in child education and health care. Current, comprehensive data on this phenomenon are needed to inform social services and policies in countries undergoing major socio-economic transitions.

**Practice implications:** Existing attention to children home alone has mostly focused on the associated risks, injuries, and poor outcomes; consequently, this child care arrangement is often assessed as parental neglect. However, understanding why children are left home alone or under the supervision of another child is crucial to the development of suitable interventions. Findings from this study of parental decision-making in Botswana, Mexico, and Vietnam highlight the need to understand the etiology of each case to assess whether parents are seeking the best option among untenable choices, or if it is, indeed, a case of parental, caregiver, or societal neglect.

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## Introduction

Arranging child care for preschool and school-age children poses challenges for working families worldwide (Capizzano, Tout, & Adams, 2000; Heymann, 2000, 2006; Riley & Glass, 2002). Parents need to minimize the gap between the hours that children are in school or in the care of other adults and their own time at work. On a regular basis, children spend a variable amount of time under the supervision of other caregivers in formal and informal settings (e.g., parental care, care by adult relatives and non-relatives, formal day-care, etc.). Routines often need to be changed during school vacations and when children are sick, particularly if they are young or seriously ill. Similarly, when unexpected events occur (e.g., need to attend to an emergency at work or to a sick relative), parents make arrangements to keep their children safe. Still, for a variety of reasons, a substantial number of children have unsupervised self- or sibling/child care on different periods of the day, week or year. A phenomenon scarcely studied in low and middle income countries, this paper analyzes parents' decision-making on childcare and the social forces influencing this process.

### *Children in self-care: Factors and effects*

Past research on what leads to self-care in high income countries suggest a range of factors. There is evidence that children are more likely to end up in self-care when the following circumstances are present: less parental time for childcare, child's greater maturity and sense of responsibility, and perceived neighborhood safety (Casper & Smith, 2002, 2004; Kerrebrock & Lewitt, 1999; Lopoo, 2005; Vandell & Shumow, 1999; Vandivere, Tour, Zaslow, Calkins, & Capizzano, 2003). In the case of young children (under 8 years of age), decreased parental availability tends to be accompanied by sustained or even increased care by relatives and nonrelatives rather than self-care (Casper & Smith, 2004). There is, however, evidence that young children are left in self-care too, displaying worse outcomes particularly in low-income families (Marshall et al., 1997; Pettit, Laird, Dodge, & Bates, 1997; Vandell & Posner, 1999). Among 6- to 9-year-olds, parental poor mental health has been found to increase the likelihood of self-care, whereas the presence of physical or mental disability in children has the opposite effect (Vandivere et al., 2003). The results on the impact of parent's inability to afford childcare, single-parenthood, race, and the absence of other nonparental adults in the household are, however, not consistently related to the use of self-care (Cain & Hofferth, 1989; Casper & Smith, 2002, 2004; De Vaus & Millward, 1998). Some of these conclusions may, however, result from lack of consideration of confounding factors such as family socio-economic status and neighborhood safety.

When compared to children supervised by adults, some studies show higher exposure to accidents and injuries, increased risky and antisocial behavior (e.g., substance use and delinquency), poorer school performance, and negative developmental outcomes for children in self-care (Aizer, 2004; Colwell, Pettit, Meece, Bates, & Dodge, 2001; Galambos & Maggs, 1991; Goyette-Ewing, 2000; Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Kerrebrock & Lewitt, 1999; Mott, Crowe, Richardson, & Flay, 1999; Mulhall, Stone, & Stone, 1996; Posner & Vandell, 1994; Vandell & Ramanan, 1991). Other research has found no significant ill effects (Flannery, Williams, & Vazsonyi, 1999; Galambos & Garbarino, 1983, 1985; Lovko & Ullman, 1989; Rodman, Pratto, & Nelson, 1985; Vandell & Corasaniti, 1988). Some authors even argue that, depending on children's age and conditions, self-care may have beneficial effects, such as to "engender responsibility and self-reliance in children" (Flynn & Rodman, 1989, p. 668). Existing cross-sectional studies, however, cannot always draw causal inferences as these outcomes can result from pre-existing children's attitudes and behavior (e.g., maturity or antisocial behavior) rather than self-care. For parents, the consequences of children being left unsupervised may also include legal responsibility.

### *Work and childcare in Mexico, Botswana, and Vietnam*

Limited as it is, the literature explaining why parents choose unsupervised care for their children has focused primarily on the United States, where more than 7 million children (ages 5 to 14-year-old) care for themselves regularly (U.S. Census Bureau, 2002). There is, nonetheless, evidence that parents leave their children home alone or supervised by other children under a variety of circumstances and for a range of reasons in other countries too, yet information is sparse on its prevalence and impact (Batchelder & Winnykamen, 1995; Calcraft, 2004; Galambos & Maggs, 1991; Tam, 1998; Weiss et al., 2006). This type of information is of particular interest yet greatly missing for low and middle income countries and countries undergoing major social, economic, and political changes, where the number of women entering the formal labor force is on the rise, extended families may not be as available to assist with childcare, and organized support to working caregivers (e.g., access to public childcare centers) is often limited. To represent a broad range of geographic, political, and social circumstances as well as recent transitions having an impact on working families, three countries were selected for this study—Mexico, a country experiencing rapid growth; Botswana, a country where the AIDS pandemic is drastically increasing poverty and caregiving burden; and Vietnam, which has transitioned from a planned to a market economy in the last two decades.

Women have greatly increased their presence in the workforce in the three countries. These countries, nonetheless, differ in their approach to supporting working caregivers. Whereas formal childcare coverage within the social security system in Mexico was primarily in the formal-sector at the time of our interviews, public access to early childhood care and education was widespread in Vietnam, particularly in the urban areas. In Botswana, the government has made substantial investments in health and education, yet less than a quarter of 3- to 5-year-old children are enrolled in school programs (Heymann, 2006). Recent reforms in social security legislation extend access to health insurance and social services in Mexico (Congreso de los

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