

bring the child safely with them to work.” But they don’t know how often it happens. This chapter will report findings from my research team’s in-depth studies of more than 1,000 parents, childcare providers, and employers worldwide, as well as findings from our analysis of survey data from 55,000 households in seven countries and five regions.

Who Is Caring for Preschool Children around the World?

Extended Family: An Answer for a Minority, Absent or Insufficient for a Majority

Before presenting findings from our interviews of families in Botswana, I explained to an audience at the largest teaching hospital in Gaborone why we were looking at the conditions that working families face. A hand went up. “Those issues don’t affect us here. Everyone has extended-family members they can rely on so they never have any problem getting care for their children.” Though the belief was satisfying, the problem was that the experience of the families we had interviewed in Botswana belied it. We interviewed many families in which parents had no choice but to leave young children home alone, pull older children out of school to provide free care, or take children to the workplace even when doing so threatened the children’s health and development or the parents’ jobs. But before I could respond to the fantasy the first speaker relayed by sharing the experiences of some of the 250 families we had already interviewed, a Motswana¹ surgeon raised his hand and interjected: “A lot of parents have no one they can rely on. I see the children who, because of that, end up being left home alone when they come into the emergency room or into my operating room with broken bones and burns.”

When we began our work in Russia, one of our colleagues, who was otherwise knowledgeable about many of the problems challenging Russian families, explained, “You won’t find any parents to interview in Moscow who don’t have extended-family members they can rely on. Everyone in Russia has a babushka. Problems may arise in other countries, but not here. Russia is different. Everyone has a grandma who helps.” But once again, that was not the reality.

What, then, is the global reality? There is no doubt that both having two parents in a nuclear family and having extended family can make an enormous

difference to children's care. Among families we interviewed, 33 percent of single parents had left their young children home alone compared with 22 percent of parents living with a spouse or partner.² When single parents have no other adult caregivers in the household, young children are even more likely to be left home alone (56 percent versus 23 percent). When extended-family members outside the household are also unavailable, the increased risk of being left home alone is dramatic: 67 percent versus 23 percent.

But the myths that extended families alone solve the problem are mistaken in at least three ways. First, many working parents and their young children have sporadic, limited, or no contact with extended-family members they might ever turn to for help. Worldwide, with urbanization and the increasing mobility required to get and keep jobs, the number of working adults who live near enough to their own parents to be able to turn to them for regular assistance is rapidly declining. Second, even among those who continue to live near their children's grandparents, many cannot rely on them for help. Grandparents themselves may need to work and may be as constrained as parents in their ability to provide routine care or even to take time off to care for a grandchild who is sick. Third, all too often those adult family members who might be able to help—because they are close by and are not working themselves or already caring for a full house—face physical and mental health constraints. In fact, when extended-family members are close, they are as likely to be in need of care as to be able to assist with it.

In situations where extended-family members are in need of care, preschool children often get less care than if no extended family were nearby. When mothers or fathers are caring for other sick family members, children are twice as likely to be left home alone. Forty percent of working parents caring for a sick spouse and 41 percent of parents caring for extended family had to leave a child home alone (see figure 2-1). When extended-family members don't require assistance, they may still be too physically limited, frail, or sick to provide adequate care for their grandchildren, nephews, nieces, and other dependents because the same constraints on age and health that limit extended-family members' ability to work affect the quality of the care they can provide. Motshamiki Tshwaragano's experience provided an example. She worked in Botswana cleaning churches, and she relied on her niece to care for her disabled grandchild, Bagitle, who was paralyzed on his left side. Her niece was available because she couldn't work for pay—partly because she had a significant mental disability. Motshamiki explained:

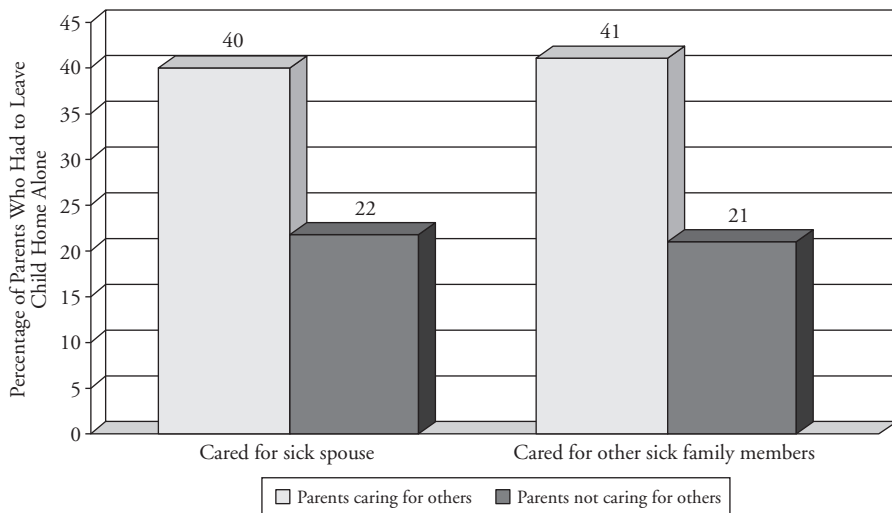


Figure 2-1
Parents with Other Caregiving Responsibilities Are More Likely to Have to Leave Their Preschool Children Home Alone.

Note: Data from Project on Global Working Families’ in-depth interviews with working caregivers. Analyses in the above figure are based on households with a zero- to five-year-old child.

She helps, but she’s very forgetful. She takes a long time to learn things, too, so you have to remind her all the time how to do things. She gets tired easily and she forgets easily, so every day you have to tell her what to do and how to do it. She can cook, but sometimes she’ll cook something for ten minutes and then take it off the heat for no reason and start dishing it. I have to help her all the time. I can’t leave her alone for a long time because she’ll mess everything up while I’m gone. . . . When I’m at work, I can’t come back and guide her, so there may be times in which she gets very little done. . . . The problem is that Bagtile is paralyzed and can’t do things for himself. He comes home at lunch and that’s when he needs help. I get worried because my niece gets his medication confused at times, too. He’s supposed to take two pills, three times a day. Sometimes she gets confused and gives him three pills, twice a day.

While the extent may vary, similar problems of family members being unable to provide adequate care because of poor health arose in every society we examined. Grandparents, in-laws, aunts, uncles, and other relatives who, at one point in time, are able to provide help often cannot continue to do so as they age. While these natural life transitions occur under all economic conditions, the timing of transitions is another way in which those who are in greatest need face the greatest obstacles. The poor develop chronic and disabling conditions at younger ages.³

Worldwide, it is the poorest parents in the poorest countries who because of a lack of any other options end up needing extended-family members the most to provide childcare. Yet while poor families have the greatest need, they are also the least likely to be able to rely on extended family for help as their extended-family members are the most likely to have to work or to be in need of care themselves. While less than a third of low-income parents can rely on extended family for help without needing to provide assistance, nearly half of low-income parents are providing assistance to extended family (see figure 2-2).

Taking Preschool Children to Work

After “grandparents care for all the preschoolers in need,” the most common myth is that parents can care for their children well, if need be, while working. While some policy makers acknowledge the improbability of such safe care in factories and the unlikelihood that parents will be given permission to bring children to work elsewhere in the formal sector, they assume it is not only possible but a decent solution in the informal sector. The image conjured up is of a parent—nearly universally a mother—working with an infant swaddled tenderly on her back or a toddler playing happily at her side as she sells goods in a market or cleans a home.

In our studies, we met many women who had lost formal sector, decent-paying jobs in order to care for their children. At times, they subsequently found informal sector jobs which allowed them to bring their children. But even those women, who had the better experiences of the lot, did not have any romanticized fantasy of their children’s lives spent at their mother’s side while they worked. Most shared a bleak view of children at work with their mothers who had started in the informal sector because of lack of education and job choices and had never been able to leave because of caregiving responsibilities.

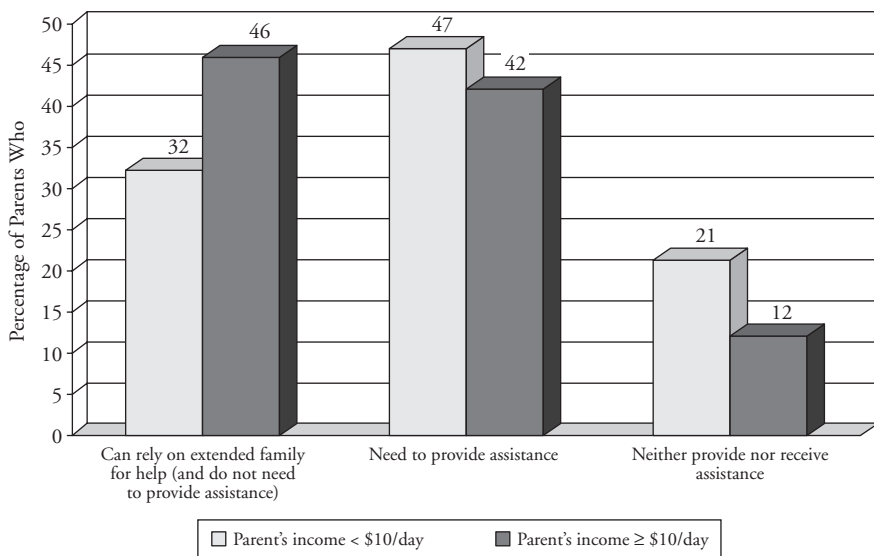


Figure 2-2

Low-Income Parents Are Less Likely to Receive Help from and More Likely to Need to Provide Caregiving Assistance to Extended Family.

Note: Data from Project on Global Working Families' in-depth interviews with working caregivers. Analyses in the above figure are based on households with a zero- to five-year-old child and represent family help and needs over the life course. Income data from each survey have been converted to a common currency using the World Bank's purchasing power parity (PPP) conversion factors.

Even when children taken to work are not at high risk of sustaining sudden life-threatening injuries, their opportunities for normal growth are often degraded daily. Amalia Montoya, born and reared in Cancun, Mexico, was raising her son as a single mother. She had been cleaning houses since age fifteen and never had the chance to finish school. Living far from her family, she had no one to turn to for help. Without sufficient publicly supported slots available, childcare was far beyond her economic reach. Amalia took her infant son to work with her because she had no other choice. "It was really difficult because it's not the same as being in your own house. When he began to cry because he was hungry, I couldn't tend to him at the same time as work-

ing.” For example, when her employer’s family wanted to eat at the same time that her son was hungry, she had to leave her crying infant—who, like all other infants, needed more frequent meals than did the adults—and serve her employer. She went on to describe how she grew depressed over the situation and her son’s consequent malnutrition.

Beyond Amalia’s inability to feed her son regularly, she couldn’t care for him adequately when he was sick. She explained how, during the first year of his life, he became ill often (which was not surprising for an inadequately nourished child). “I had to take him [to work] as he was—sick—because I didn’t have anyone else to leave him with.” However, she couldn’t care for him adequately while working. Like any other sick infant, hers needed extra attention—far more than she could provide. When Amalia gained access to a childcare center, perhaps the most telling summary of her son’s experience was her delight in the most basic elements: “I dropped him off at seven-thirty in the morning and picked him up at five o’clock in the afternoon. He ate there and everything.” She was grateful even for care that consisted of the most fundamental features: enabling her to work, providing her son with adult supervision, and ensuring that he could eat.

Among Mexican parents we interviewed, nearly one-half reported that they had to take their preschool-aged children to work either regularly or occasionally. Some parents had to bring their young children with them every day because they lacked any other care options. For other parents, taking children to work served as a stopgap when childcare fell through or when a child was sick and not allowed to attend childcare.

The same stories echoed among the parents we interviewed in Botswana and Vietnam. What differed across national borders and economic circumstances was not the nature of the problem but the level of parents’ desperation. Preschool children in the poorest families were taken to work under the worst circumstances because their parents, who faced more hazardous conditions at work, had fewer alternatives to fall back on when no childcare was available. One in four parents earning less than \$10 per day have to take their children to work regularly, as do one in four parents who have just a primary or middle school education themselves. Parents who work in the informal sector are the least likely to have access to formal childcare. As a result, half of the parents we interviewed who worked in the informal sector needed to bring their children regularly (see figure 2-3).

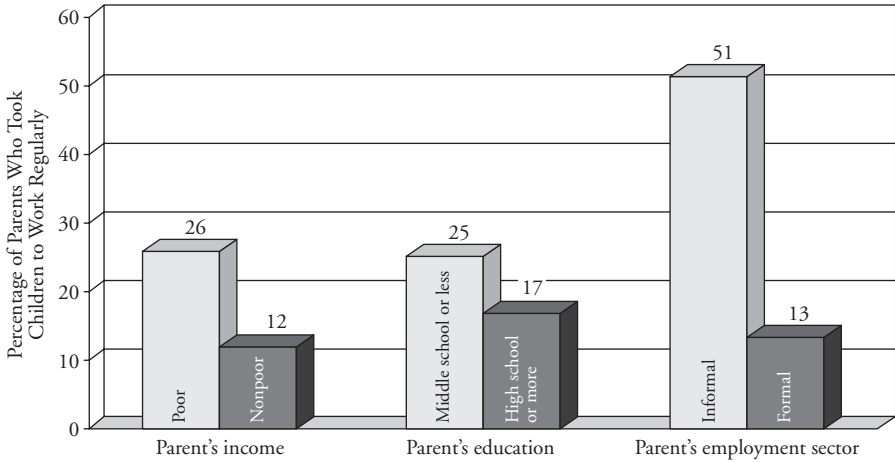


Figure 2-3
Parents with Fewer Resources and Those in the Informal Sector
Are More Likely to Lack Formal Childcare and Bring Child to Work.

Note: Data from Project on Global Working Families' in-depth interviews with working caregivers. Analyses in the above figure are based on households with a zero- to five-year-old child. *Poor* was defined as having an income below \$10 per day. Income data from each survey has been converted to a common currency using the World Bank's purchasing power parity (PPP) conversion factors.

Informal Care: When Quality Formal Care Is Unaffordable

The final fiction about preschool childcare is that inexpensive informal care is a viable solution. It's clear that low-income families and many middle-income ones cannot currently afford or find space in childcare centers for all of their children. But it's also clear that there is a large and apparently less expensive informal sector market for care. Public policy makers often ask, without beginning to examine the double standard implied as they support early childhood care and education centers in higher-income countries, "Isn't informal care the solution for young children in poor countries?" These experts argue that it is less expensive and assume it is as good as formal care. Our experience is that, in the majority of cases, parents reported only that it was cheaper.

In Botswana, Mmapula Sikalame had five children, aged six months to

thirteen years. Like others who could barely afford informal childcare, she had little choice about whom to hire. She told us:

Initially, I didn't want to hire a small child. I tried a very old woman who was even older than myself. Then my husband was in an accident, and he was admitted at [a major hospital in the capital, Gaborone]. He had a head injury, and I had to spend the majority of my time in Gaborone, and this old woman was left to care for my kids. Apparently, she was drinking and left my kids alone to go and drink. I came back from Gaborone to find she was no longer with my children.

After that experience, Mmapula hired a thirteen-year-old girl, who it seemed at first could at least be taught what was important in caring for the children. But the girl, like many others her age, failed to care well for young children. Mmapula explained, "Sometimes I spend a lot of time at work, and I find that my children don't have any food, there is no water, and all sorts of problems have come up."

Because there was no public support for childcare and because she earned so little, Mmanko Chikopo similarly wrestled first with low-quality care and then with the lack of any childcare. Mmanko, a cleaner, earned \$46 a month, so she struggled to provide enough food for her four children. Hiring somebody to care for her children in her home was her only childcare option, since she could not afford a childcare center at \$52 per month: the center care would cost more than she earned. So she hired a young girl to help her at home and care for her children during the day. But she knew that her children were receiving inadequate care:

I'm not satisfied with the care that this girl provides. Sometimes I come home and she's not there. There was a time when I forgot the keys at home. When I got there, she wasn't home. She had gone with her friends. That was around ten o'clock in the morning. It looked like she hadn't cooked anything. Until that time, this child [of mine] hadn't had anything to eat.

Her daughter who had been left home alone was three years old. "I do have very serious problems with [the baby-sitter] because she leaves the child alone and she doesn't even lock up the house. She just goes. I just have to keep moving on because I can't afford any better help. I've always had problems

with household helpers because of the amount of money that I can afford to give them.”

In the countries we studied, many parents reported that they had to leave their young children in the “care” of other children. In Vietnam, 19 percent of the working parents we interviewed had to leave children home alone or in the care of an unpaid child, and 4 percent relied on a paid child for childcare. In Mexico, 27 percent of the parents we interviewed had to leave children alone or in the care of an unpaid child, and 9 percent left their sons and daughters with another child who was paid as a provider. While Botswana had a nearly identical GDP per capita to Mexico and one that was more than seven times as high as Vietnam’s, Botswana families had the highest rate of leaving children home alone. With next to no publicly supported childcare, 48 percent of working parents in Botswana had to leave a child home alone or in the care of an unpaid child (see figure 2-4).

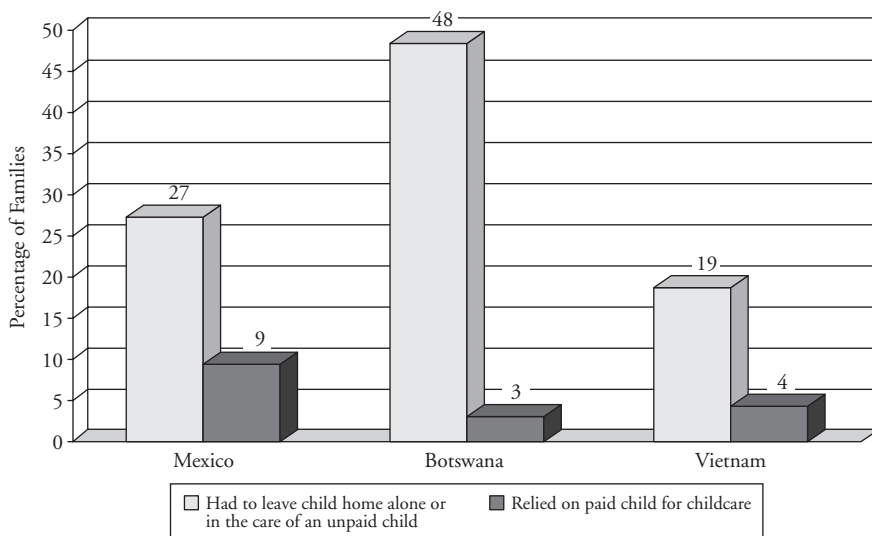


Figure 2-4
Frequency That Children Are Left Alone or in the “Care” of Other Children.

Note: Data from Project on Global Working Families’ in-depth interviews with working caregivers. Analyses in the above figure are based on households with a zero- to five-year-old child.

There was a clear social class gradient in informal care. Parents who were poor and parents who had the least educational opportunities themselves were the most likely to have to leave their preschool children in the care of another child. Parents with a middle school or less education were twice as likely (22 versus 9 percent) to have to leave their children in the care of other, unpaid children as parents with a high school education or more, who as a result earned more money.

“You get what you pay for” may be true, but whatever wisdom the old adage contains offers little to those who have no resources with which to pay for decent childcare. When poor families were able to afford informal childcare, the care was often inexpensive because it was provided by a child who was too young or an adult who had too many problems to find another job. Since they could not find a better-paying job, they were willing to accept the minimal pay that parents making very low wages could offer, even when the pay was too low to survive on. Middle-class parents did better in the informal care market, since they could afford to pay more and, therefore, could hire someone who might otherwise have gotten a different job.

The calculus is cruel: 2.7 billion people live on less than \$2 a day, and 1.1 billion live on less than \$1 a day.⁴ Even those who manage to feed their children on less than \$2 a day simply cannot afford to pay, on their own, even for informal care of their preschoolers that will ensure the children’s safety and good health.

Home Alone

In every country where we interviewed families, preschool children were being left home alone or in the care of other children because parents had no choice. When parents were poor and couldn’t afford to pay for childcare, when parents had limited education themselves and therefore fewer job opportunities, and when parents faced costly penalties at work for caring for their children, they were more likely to leave children home alone on either a regular or an intermittent basis. Forty-six percent of those who lost pay because of caregiving responsibilities ended up having to leave children home alone (see figure 2-5). Parents with a middle school or less education were more than twice as likely (39 versus 18 percent) to have to leave their children home alone or in the care of other, unpaid children as were parents with a high school education or more.

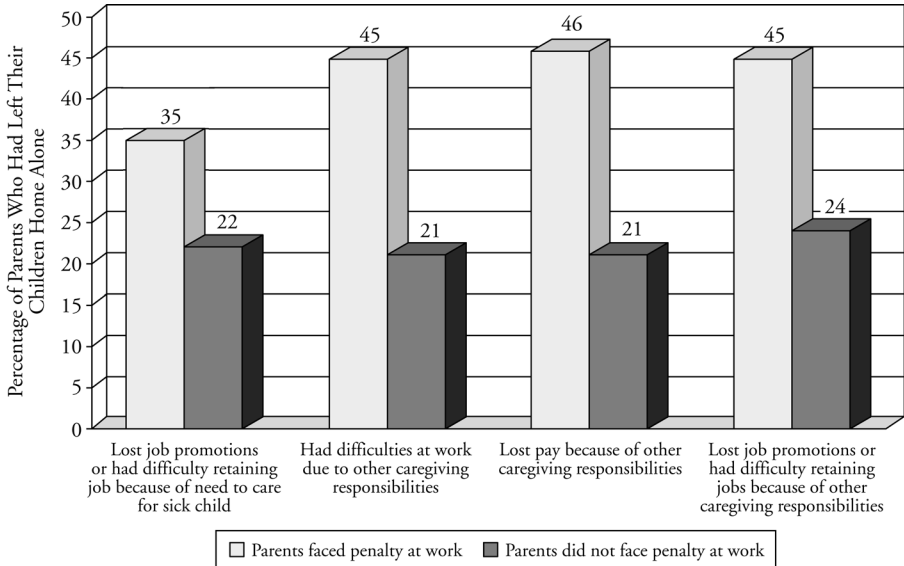


Figure 2-5
When Parents Face Penalties at Work for Caregiving,
Preschool Children Are More Likely to Be Left Home Alone.

Note: Data from Project on Global Working Families’ in-depth interviews with working caregivers. Analyses in the above figure are based on households with a zero- to five-year-old child.

Paucity of Quality Care: Consequences for Children and Parents

Once it becomes clear that parents have few options regarding where to take their young children, that children are not being cared for by a healthy grandmother or grandfather, that informal care is as likely as not to be provided by another child, that children brought to work are not enjoying quality time with their parents but may be tied up for their own safety to protect a parent’s job, some unspoken questions still hang in the air: How do the children fare? Are the circumstances, while less than ideal, nonetheless leaving the children with their basic needs met? What happens to the parents?