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Latina Women in the United States: Child Care Preferences and Arrangements

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Latina Women in the United States: Child Care Preferences and Arrangements

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Introduction

Child care has become an important setting for children to learn new language and social skills as well as to become familiar with a structured environment in order to ease the transition to formal schooling.¹ Although research examining the relationship between formal child care and behavioral outcomes has shown mixed results,²⁻⁵ studies have demonstrated that formal child care is associated with positive cognitive²⁻⁶ and social-emotional^{2,5,7} outcomes in young children.

More specifically, immigrant children (i.e., children who are foreign-born or native-born with one or both parents being foreign-born), who comprise roughly one-quarter of the American population under age 6, can derive benefits from formal child care, such as preparing for formal schooling,⁸ learning English,⁹ and gaining an understanding of American culture.^{1,6,10,11} However, immigrant families are less likely than nonimmigrant families to utilize formal child care for their young children.^{10,12} Latino families may be particularly unlikely to utilize formal child care,^{13,14} but it is unknown whether this choice differs between immigrant and nonimmigrant Latino families. Thus, the aim of the current study was to build on exploratory research and fill a gap in the existing literature through the use of a large sample in order to determine the child care preferences of immigrant and nonimmigrant Latina women and whether social and internal factors contribute to these preferences and arrangements.

Literature Review

Types of child care arrangements. Child care can vary in type and quality of arrangement. Formal child care focuses on learning and child development and includes *family child care* (i.e., home-based child care) and *center-based child care* (e.g., preschool). Center-based child care is provided in nonresidential facilities by a licensed child care provider (with Idaho being an exception¹⁵). Family child care is provided in the home of a licensed provider, and children can often attend into their teenage years. Informal child care is provided by an unlicensed caregiver, such as a relative, neighbor, or friend. This child care is not regulated by the state and may be provided in the home of the child or the caregiver.¹⁶

Child outcomes related to child care. Over the past few decades, child care use has rapidly increased in the United States, particularly for children under age 2. Center-based child care, where caregiver education is often higher than in family child care, is the most oft-used child care type for young children²; thus, many studies have assessed child

outcomes specifically related to center-based child care. For example, a study by Loeb and colleagues (2004) found that participation in center-based child care positively predicted cognitive, language, and school-readiness scores at age 4 compared to children who participated in informal (kith and kin) child care.²

Quality, which is often measured based on whether a caregiver meets basic professional guidelines, such as caregiver training and education,¹⁷ has also been studied as it relates to child outcomes. For example, Love et al (2003) found that quality of center-based child care was positively associated with children's cognitive and language scores through 36 months of age.³ Moreover, the Cost, Quality, and Child Outcomes (CQO) in the Child Care Centers Study found that higher caregiver ratings of closeness with the child were related to higher sociability ratings through kindergarten and that there were fewer teacher-reported behavior problems in second grade, particularly for children of less-educated mothers.¹⁸ Although formal child care quality has been examined in a multitude of studies,¹⁹ quality of informal child care may be difficult to assess due to the fact that informal child care is unregulated and that it may be provided by individuals with a wide range of professional and educational backgrounds.¹⁶

Characteristics of the US immigrant population. Please note that throughout this paper, parents who were born outside of the US (including US territories) will be referred to as immigrant parents or immigrants and that children of at least one immigrant parent will be referred to as immigrant children, regardless of whether they are themselves native to the US. Likewise, their families will be referred to as immigrant families. Conversely, parents who were born in the US will be referred to as nonimmigrant parents or nonimmigrants, their children will be referred to as nonimmigrant children, and their families will be referred to as nonimmigrant families.⁶

According to the 2010 American Community Survey (ACS), the approximately 40 million foreign-born immigrants living within the US comprise 12.9% of the total US population. More than half of these individuals were born in Latin America, 25% of whom are from Mexico specifically. More than half of the immigrant population resides in just 4 states: California, Florida, New York, and Texas; and 44% of immigrants are naturalized American citizens.²⁰ The population of immigrant children in the US is growing rapidly; it is estimated that by 2020, nearly 30% of all children in the US will have at least one foreign-born parent.²⁰

Importantly, roughly one-third of immigrants currently living in the US arrived after the year 2000 and are therefore relatively new to the country,²⁰ a factor that is associated with lower income, education, and English proficiency.⁸ These risk factors (i.e., demographic variables that may negatively impact health and well-being) associated with recency of arrival may have repercussions for children: research focusing on lower-income children shows that poverty is associated with decreased educational success and decreased earnings in adulthood.²¹ This has serious implications for children of immigrants, as nearly half of young immigrant children are living below 200% of the federally defined poverty threshold.²²

Immigrant children are much more likely to experience at least 1 risk factor as compared to nonimmigrant children (67% versus 35%), and many immigrant children experience multiple risk factors; for example, 65% of immigrant children of Mexican origin experience 2 or more risk factors.²² Accordingly, the current study statistically accounted for some of these factors, such as income and education.

Benefits of formal child care for immigrant children. As many immigrant families are living in poverty, center-based child care may be particularly beneficial for preparing for formal schooling and overcoming other challenges associated with poverty.⁸ As many first-generation immigrant families enter the US with few socioeconomic resources, education presents an important opportunity for upward mobility; thus, intervention efforts should begin in the early years of life to prevent the compounded effect of early learning differences.²³ For example, Oklahoma's universal preschool program showed that children who were born in Mexico or whose parents spoke Spanish experienced the most significant gains in school readiness as compared to children of English-speaking parents.⁶

Formal child care may also help immigrant children improve their English-language skills. While English is typically the primary language in American schools and other institutions, about 24% of immigrant children live in households where no one over age 13 speaks English fluently—termed “linguistically isolated households”—and 42% of immigrant parents are not English-proficient.²¹ Immigrant children enrolled in preschool have shown greater improvements in language proficiency as compared to their nonimmigrant counterparts, indicating a differential advantage of immigrant children to early education⁹ and a possible ceiling effect for nonimmigrants.

Research shows that programs beginning within the first 5 years of life and continuing through the second or third grade are most successful and that 1 year of preschool is simply not enough to combat the risk factors that many immigrant children face.²⁴ Thus, while beginning school in kindergarten may not be sufficient for immigrant children to catch up to their nonimmigrant peers, higher-quality early child care and education may help to close this achievement gap earlier in life: formal child care providers are often trained to recognize developmental disabilities, and they are then able to connect families with services that meet their specific needs, such as early intervention.²⁵

Comparison of immigrant and nonimmigrant usage of child care. Child care arrangements differ between immigrant and nonimmigrant children; for example, although center-based child care is the most common child care arrangement for all children between the ages of 3 and 5¹⁰ and although center-based child care is the preferred child care arrangement for most mothers,²⁶ immigrant children are less likely than nonimmigrant children to be enrolled in center-based child care (17% versus 26%).⁸

More specifically, studies have shown that Latino families are less likely to utilize center-based child care as compared to white and black families, regardless of income or household structure.^{13,14} Although few studies have examined differences in child care decision-making between immigrant and nonimmigrant Latino families, one study found that children of immigrant Latina mothers were most likely to be cared for by their mothers' spouses, though children of nonimmigrant Latina mothers were typically cared for by another relative.²⁷ Another study found that among working Latina mothers, nonimmigrant Latina mothers and immigrant Latina mothers who had lived in the US for more than 10 years were more likely to use center-based child care than were recently immigrated Latina mothers.²⁸

Thus, while formal child care participation may be particularly beneficial for the academic success of immigrant children,²³ most immigrant families appear to be missing out on the social capital that formal child care can provide their children,¹ suggesting that there may be other factors that influence child care preferences, such as perceived benefits related to other types of child care. Differences in child care preferences and arrangements between immigrant and nonimmigrant Latino families appear to exist²⁸ but are unclear. The large proportion of immigrant Latino families in the US,²⁰ combined with the scarcity of research examining their child care decision-making process, indicated a

great need for the current study.

Child care decision-making. It has been hypothesized that child care decisions are made based on 4 influential factors: 1) sociodemographic characteristics of the mother, such as income and education level; 2) characteristics of the child, such as age; 3) characteristics of the family and neighborhood, such as availability of nearby child care; and 4) maternal preferences regarding how her child is cared for.²⁹ Moreover, cultural influences regarding child care should not be overlooked; these beliefs and preferences may be so deeply entrenched in a family that parents may not even realize other options exist or consider them to be possibilities for their own family.³⁰ Thus, all of these factors were included in the current study.

Research regarding the availability of child care without considering the preferences of parents has cast an inflated view of available child care options.³¹ Alternatively, gaining an understanding of the child care decision-making process and the constraints families face can inform policy makers in adapting child care programs to meet various needs.³⁰ For example, in order for resource and referral agencies to effectively reach families with child care information, they must understand the communities in which they are located and which they strive to serve.²⁶

Concrete factors related to child care decision-making of immigrant women. Prior research has examined several concrete factors that may apply to the decision-making process of Latina immigrant women. Lack of comprehensive information regarding the American child care system may contribute to a limited understanding of Latino immigrant families' child care options.¹¹ Although many Latino immigrant families may be eligible for child care subsidies, a lack of English proficiency may make the application process more confusing, deterring some families from pursuing formal child care.³² Neighborhood and employment characteristics of Latino immigrant families may further limit available child care options, as flexible child care providers may not have available slots.^{6,11} Public transportation to available child care options may be difficult to traverse for those who do not speak English well.³² Finally, the cost of formal child care may be prohibitive for lower-income Latino immigrant families,¹¹ and this may be particularly true for parents who are undocumented.⁶ Thus, these concrete factors may particularly contribute to the decreased use of center-based child care of recently immigrated Latina mothers as compared to nonimmigrant Latina mothers and Latina mothers who have been living in the US for more than 10 years.²⁸

Social and internal factors related to child care decision-making of immigrant women. Importantly, the aforementioned factors do not singularly influence the child care decision-making process of immigrant families. More realistically, in addition to concrete factors, social and internal factors (i.e., attitudes and beliefs) influence child care decision-making. The social and internal factors involved can vary by immigrant group as well as by age of the child, and there is a scarcity of research exploring these processes.⁶ Based on the tenets of ecocultural theory, Vesely poignantly called for research to include cultural factors (i.e., shared beliefs and values) in the decision-making equation.¹¹

As Weber suggested, deeply engrained cultural influences may exert a strong impact on child care preferences and arrangements. Research supports the notion that the preference for relative child care is culturally influenced.^{1,11} Many cultures—particularly Latino cultures—endorse familistic values, which may lead parents to prefer that their child be cared for by a trusted relative in a home setting rather than by a stranger in a formal environment. Yoshikawa found that Dominican and Mexican immigrant mothers were more hesitant to utilize nonrelative child care than were African American mothers.³³ Other studies have found that immigrants who espouse collectivist values avoid formal child care programs that may focus on American individualist values.^{11,14} Altogether, these findings indicate that child care preferences and arrangements may be culturally influenced.

The degree to which an individual is integrated into the surrounding culture may also affect his or her child care decision-making. Psychological acculturation reflects changes that occur as people are exposed to a new culture and as their beliefs and attitudes are altered to reflect the influences of these new experiences.³⁴ Liang and colleagues found that Spanish-speaking Latino families were less likely to utilize center-based child care than were English-speaking Latino families.¹⁴ However, few studies assess the impact of acculturation or even generational status as these factors relate to child care preferences and arrangements.³⁵ Thus, Buriel and Hurtado-Ortiz called for future research to assess the influence of acculturation on child care decision-making.²⁷ This factor was therefore included in the current study.

Having a social support network can be particularly pertinent for immigrants arriving in a new country by providing immigrants with information that can help ease integration, such as information related to employment and housing.³⁶ However, many immigrant families may not have a large social support network in the US. For example, research has

shown that Latino immigrants often do not have relatives living nearby, particularly if they have recently arrived in the US.²⁷ Although many immigrants may prefer relative child care, they may have few—if any—relatives living nearby who may provide this type of instrumental social support.^{12,33} One study found that immigrant mothers who arrived in the US as children were far more likely to utilize relative child care as compared to immigrant mothers who arrived in the US as adults, indicating that social support networks may increase with length of time in the country.^{29,33} Indeed, the use of relative child care among immigrant Latina families has been shown to increase from first generation to second generation, indicating a greater availability of relatives nearby.²⁷

Parental beliefs regarding child-rearing and maternal employment are likely to affect child care decision-making, and much of the research assessing the maternal role of ethnic minority groups has focused on Latino populations. For example, research has indicated that while both immigrant and nonimmigrant women of Mexican heritage may embrace ideals of motherhood that discourage women from working or attending college, these beliefs were most conservative among immigrant Mexican mothers.³⁷ A study of African and Latina mothers found that the primary reason for utilizing formal child care was because women in the US are expected to work, although due to cultural norms and concrete factors, they would not have been working in their native countries. Latina mothers in particular said that if they had been employed in their home country, their relatives would have cared for their children.¹¹ In order to add to this body of literature, the current study sought to determine whether beliefs about maternal employment differentially influence the child care decision-making of immigrant and nonimmigrant Latina women.

In transitioning to life in the US, many immigrant mothers have described feelings of trust or distrust regarding who should care for their children. Several studies have shown that most immigrant parents named trust as the main characteristic they hoped for in a caregiver.^{16,38,25} While trust has emerged as a major influence on child care decision-making in small, qualitative studies of immigrant mothers,³⁸ trust in a caregiver remained to be assessed in a larger, quantitative study of immigrant women prior to the current study.

Based on the aforementioned research findings, it is possible that there are social and internal factors that influence child care decision-making. Overall, it appears that these social and internal factors may differentially influence the child care preferences and arrangements of Latino immigrant and nonimmigrant families, a possibility that the current study assessed.

Preferences versus arrangements. Although some immigrant parents may know what they are looking for in a child care arrangement, they may be unable to find or attain their preference.¹⁶ For example, Buriel and Hurtado-Ortiz hypothesized that Latina immigrants' preferences for relative child care are constrained by the lack of relatives available to provide child care²⁷; therefore, many are forced to utilize the next best option.³⁹ As a result, while nonimmigrant mothers confirmed that their child care arrangements matched their preferences, immigrant Latina mothers expressed lower levels of satisfaction with their child care arrangements as well as a desire to increase their use of relative child care.²⁷ Although previous research has identified some of the concrete reasons that Latina mothers may choose a child care arrangement, little is known about what their actual child care preferences are and what elements inform them. Understanding social and internal factors that influence preferences may shed more light on the ultimate child care selections of Latina women. Altogether, there is a great need to understand the preferences that Latina immigrant and nonimmigrant women espouse for child care arrangements, the factors that influence these preferences, and which factors may contribute to a mismatch between preferences and arrangements.

Purpose/Rationale

More than half of immigrants presently residing in the US are Latino,²⁰ indicating that Latino immigrant families may represent the largest immigrant group in need of child care in this country. While it should not be assumed that the child care decision-making process of nonimmigrant Latino families is comparable to that of immigrant Latino families, few studies have assessed potential differences between these groups.²⁸ More research is needed in order to fully understand factors that affect the preferences and child care arrangements of immigrant Latino families,^{29,40} as evidenced by findings that while formal child care providers were aware of the concrete factors influencing immigrants' child care decisions, they were unaware of the more internal factors.²⁵ Further, studies of immigrants' child care have often focused on center-based child care and children ages 3 to 5 and have excluded relative child care and children from birth to age 2.^{12,29} No known studies have included pregnant women along with women parenting young children, despite the possibility that pregnant women are considering their impending decision to either care for their children themselves or seek a child care provider.

Thus, due to the paucity of research comparing child care decision-making between immigrant and nonimmigrant Latina women specifically,

the current study sought to fill this literature gap by exploring child care decision-making of these populations. Previous research has demonstrated that while center-based child care may be particularly beneficial to immigrant families,⁶ these families often prefer relative child care.²⁵ As this child care option has rarely been included in studies of immigrants' child care decision-making, the current study focused on factors influencing the preference for and utilization of center-based and relative child care arrangements.

In order to assess potential differences in child care decision-making between immigrant and nonimmigrant Latina women, the following research questions were addressed:

- 1) How do immigrant status and social and internal factors influence child care preferences and arrangements of Latina women?
- 2) How do social and internal factors influence the child care preferences and arrangements of Latina women differently by immigrant status?

Conceptual Hypotheses

This study expected to find the following conclusions regarding the aforementioned research questions:

- 1) It was hypothesized that immigrant status and social and internal factors (e.g., trust, views about child care quality and type, beliefs about maternal employment, perceived social support, and acculturation) would predict likelihood of preference and type of current child care arrangement. Specifically,
 - a. nonimmigrant status, perceived importance of quality features related to center-based child care, stronger beliefs in the benefits of maternal employment for children, higher degree of acculturation, and fewer perceived available sources of social support for child care would predict greater likelihood of center-based child care preference;
 - b. immigrant status, importance of trust in the caregiver, perceived importance of quality features related to relative child care, greater number of perceived available sources of social support for child care, and lower degree of acculturation would predict greater likelihood of relative child care preference;
 - c. nonimmigrant status, perceived importance of quality

features related to center-based child care, stronger beliefs in the benefits of maternal employment for children, higher degree of acculturation, and fewer perceived available sources of social support for child care would predict greater likelihood of utilizing center-based child care;

- d. immigrant status, importance of trust in the caregiver, perceived importance of quality features related to relative child care, greater number of perceived available sources of social support for child care, and lower degree of acculturation would predict greater likelihood of utilizing relative child care.
- 2) It was hypothesized that immigrant Latina women who rank trust in the caregiver as the most important factor influencing their child care preferences, have more available social support in the form of child care, and are less acculturated would be more likely to prefer and utilize relative child care as compared to nonimmigrant Latina women.

Methods

Participants and Procedures

This study utilized a cross-sectional design to examine and compare the decision-making processes of immigrant and nonimmigrant Latina women. Participation for this study was restricted to Latina females of at least 18 years of age who reside in the US and are fluent in English. Additionally, participants were also required to be either currently pregnant and in their second or third trimester (hereafter referred to as “pregnant women”) or raising at least 1 biological child in their home who is under the age of 5 and does not have a known developmental disability (hereafter referred to as “parenting women”). The final sample comprised 278 participants, 88 of whom were pregnant (31.7%) and 189 of whom were parenting a young child (68.0%). Of the 278 participants, 119 (42.8%) reported that they were born in the US, with the remaining 159 (57.2%) reporting having been born outside of the US (including US territories). Of those born outside the US, most participants were born in Mexico ($n = 58$, 20.9%), Venezuela ($n = 15$, 5.4%), Puerto Rico ($n = 13$, 4.7%), the Dominican Republic ($n = 11$, 4.0%), and Colombia ($n = 9$, 3.2%). The mean amount of time that immigrant participants had been living in the US was 121.69 months ($SD = 94.07$). The mean SASH score of all participants was 11.72 ($SD = 4.19$, $range = 4-20$), indicating a moderate level of acculturation.⁴³

Participants were recruited via Offerwise's Hispanic Panel, which was selected because it is the largest and most representative panel of Hispanic individuals living within the US. Offerwise has recruited over 300,000 Hispanic panelists and continues to recruit panelists via advertisements on popular English and Spanish television networks, such as CNN and Telemundo. Advertisements on different television channels at different times allows Offerwise to target specific age, gender, and ethnic groups; for example, to target young adult women, Offerwise may advertise a panel on MTV or BET during a television show that targets this demographic. This recruitment strategy is unique to Offerwise and has resulted in a panel that is representative of Hispanic individuals across the country.

Offerwise panelists are rewarded for participation through the receipt of points, where 1,000 points translates to a reward of \$20, which can be redeemed by check or cash (via PayPal). Demographic information of panelists is similar to those reported by the US Census regarding age, gender, nativity status, and income. Offerwise calculates acculturation for each panelist based on years they have lived in the US, the degree to which they speak English and/or Spanish at home, how closely they identify with Hispanic versus US culture, and the degree to which they prefer English or Spanish media. Panelists represent a range of acculturation levels, with 25% being unacculturated, 53% being bicultural, and 22% being acculturated. Additionally, 51% of the panel is US-born, with the remaining 49% being foreign-born.

Measures

Demographic information. All participants were asked to complete demographic information. This questionnaire asked questions regarding maternal marital status, maternal parenting status, maternal age, youngest child's age in months and years (converted to years), maternal race/ ethnicity, household income, maternal education, and maternal employment status. Participants were asked in which country they were born. Information on legal status was not requested, due to the sensitive nature of immigration information.

Child care preferences. Due to the current lack of a validated measure assessing child care preferences and arrangements, this information was gathered through original questions. Both pregnant and parenting women were asked to rank on a scale of 1 to 5 how likely they would be to prefer each type of child care arrangement in an ideal situation: "if there were no financial, language, or transportation barriers,

and all of the following options were available to you, which arrangement would you most like to use?" Higher scores indicated the most ideal preference for child care arrangement. Mean scores for each child care type were computed for each participant.

For child care arrangements that were considered ideal by the respondent (i.e., arrangements that were scored as a 4 or 5), participants were asked to rank why this arrangement would be ideal for them (e.g., "I trust the caregiver"; "This arrangement is convenient"). Participants could choose up to 3 reasons and rank them based on order of importance (e.g., 1, 2, 3), with 1 indicating that the listed reason is most important to their child care decision-making. Frequencies of these ranks were computed for immigrant and nonimmigrant Latina women.

Current child care arrangements. Additionally, parenting women were asked which child care arrangement they were currently using, and they were asked to rank why they were utilizing this arrangement (e.g., "I trust the caregiver"; "This arrangement is convenient"). Participants could choose up to 3 reasons and ranked them based on order of importance (e.g., 1, 2, 3), with 1 indicating that the listed reason was most important to their child care decision-making. Frequencies of these arrangements and frequencies of ranks were computed for immigrant and nonimmigrant Latina women.

Trust. Due to the current lack of a validated measure examining trust as it relates to selecting child care, this information was gathered through original questions. Participants were asked about the degree to which they would prefer each possible child care arrangement in an ideal situation (i.e., a situation where there are no financial, language, or transportation barriers, and all of the options are available). In selecting their top 3 reasons for preferring a type of child care, a potential option was the response "I trust this caregiver." Thus, trust was coded as a dummy variable, with 0 indicating that trust was not selected as the most influential reason for preferring a child care arrangement and 1 indicating that trust was selected as the top reason.

Views about child care quality and type. Due to the current lack of a validated measure examining views related to various types of child care, this information was gathered through original questions. Participants were given a list of 17 features of child care that are important to some parents (e.g., "Giving attention to every child" and "Reading books often"). They were asked to indicate whether each feature is

important to them when making child care decisions (e.g., “No, not much,” “Yes, somewhat,” or “Yes, a lot”), thus attributing a score of 0 to 2 to each feature, with higher scores indicating greater importance. Finally, participants were asked to indicate which type(s) of child care they most associate with each feature. Each type of child care was then given a score based on the number of times that the participant indicated that the type of child care provides a feature multiplied by the score they attributed to that feature. Scores ranged from 0 to 34, with higher scores indicating a belief that that type of child care is most likely to provide quality features that are important to the participant.

Perceived availability of social support for child care. Due to the current lack of a validated measure examining views related to various types of child care, this information was gathered through original questions. Participants were provided with a list of child care types (e.g., center-based child care, family child care, friend/neighbor child care, relative child care, nanny care). They were then asked how many providers of this type are available in their neighborhood, which was defined as the area within 30 minutes of their home (e.g., “About how many family day care providers do you think there are in your area?”), with scores ranging from “None (0)” to “Many (more than 10).” The number of providers for each type of child care was computed.

Beliefs about maternal employment. The *Beliefs about the consequences of maternal employment for children (BACMEC)*⁴¹ scale is comprised of 24 items assessing both perceived positive and negative outcomes of children related to maternal employment, including psychosocial outcomes, health and safety, independence, academic performance, and adaptability, among others. Responses to each question are rated on a Likert scale from 1 (“Disagree Very Strongly”) to 6 (“Agree Very Strongly”). The Benefits Subscale comprises 13 items, with higher sum total scores indicating greater perceived benefits of maternal employment for children. The Costs Subscale comprises 11 items, with higher sum total scores indicating stronger beliefs in the negative consequences of maternal employment for children. This measure has yielded high Cronbach’s alpha coefficients of .89 to .94 for the total measure, .88 to .94 for the Costs Subscale, and .83 to .91 for the Benefits Subscale, indicating strong reliability overall.⁴¹ The BACMEC total scale demonstrated good internal consistency in the current study ($\alpha = .94$), as did the Costs subscale ($\alpha = .91$) and the Benefits subscale ($\alpha = .93$).

Acculturation. Acculturation was measured using an abridged version of the *Short Acculturation Scale for Hispanics (SASH)*,⁴² which utilizes 12 items to assess acculturation of multiple immigrant and nonimmigrant Hispanic subgroups. The abridged version of the SASH uses 4 of the original items regarding language use (e.g., “What language do you usually speak at home?”). Responses range from 1 (“Only Spanish”) to 5 (“Only English”). This abridged scale has demonstrated psychometric properties comparable to those of the longer acculturation scale. The scale has demonstrated strong reliability ($r = .90$), and scores have shown to be correlated with generational status ($r = .67$) and length of time in the US ($r = .56$).⁴³

In order to allow for a more nuanced assessment of acculturation in the current study, all participants received this acculturation measure. This allowed for potential variation in acculturation scores between first- and second-generation immigrants and nonimmigrants. The SASH demonstrated good internal consistency in the current study ($\alpha = .94$).

Pilot Study

Due to the lack of psychometric data regarding the previously mentioned measures for child care preferences, current child care arrangements, trust, views about child care quality and type, and perceived availability of social support for child care, these measures were piloted with a sample of pregnant and parenting women ($N = 29$; $n = 9$ pregnant women; $n = 20$ parenting women). Of all 29 pilot participants, 17 (58.6%) identified as white/Caucasian, two (6.9%) identified as black/African American, one identified as multiracial (3.4%; “white & black”), and one identified as other (3.4%; unspecified). Women were invited to participate via email by the study researchers, and participants were then encouraged to invite a friend to participate. The survey was conducted via Qualtrics.com. At the end of each set of questions, participants were asked to give written feedback on the clarity of the questions and response options. This information was recorded with the survey data.

Pilot data assisted in determining the interpretability of the questions, the adequacy of the provided response options, and the variability of responses. For example, the original questions regarding child care preferences asked participants to rate the degree to which each child care type would make them “happy.” Pilot participants noted that the word “happy” made the process sound simplistic and that the ideal arrangement was about more than their personal and general happiness; thus, the final question was changed to ask about their “ideal”

arrangement. Another participant also offered insight into the way trimesters are incremented based on weeks. The response options for child care preferences and trimesters were edited in the final survey to improve response clarity. The scale of questions regarding perceptions of child care quality were also refined to clarify directions for completing the scale and to decrease the number of questions by combining questions that were very similar, with the intention of decreasing survey fatigue. Based on information collected from the pilot, the final survey was modified to clarify child care quality question wording and response options before being administered to the full sample.

Results

Descriptive and Preliminary Statistics

Data screening. Descriptive statistics of major demographic and main study variables were initially conducted in order to characterize the sample. Means, standard deviations, and ranges were calculated for all continuous variables, and frequency counts and percentages were calculated for all categorical variables. SPSS 23.0 was used to conduct all analyses. Data regarding main study variables were assessed in order to ensure that assumptions of linear regression were met, and any violated assumptions were addressed accordingly. Independence of observations, outliers, linearity, normality, homoscedasticity, and normality of residuals were examined for each main study variable. Data of participants who did not complete the survey were excluded from analyses, as were data of one participant who appeared to be entering random data based on her write-in responses. Thirty-three participants were then removed because they did not identify as Hispanic/Latino.

Descriptive statistics for study variables. The preferred arrangement for this sample was child care provided by a relative ($M = 3.95$, $SD = 1.25$; see Table 1). The most common current arrangement among participants was to care for their child themselves (37.9%, $n = 72$), followed by utilization of center-based child care (19.5%, $n = 37$). Trust was frequently reported to be the most important factor influencing child care preferences, particularly regarding a preference for a relative to provide child care (86.4%, $n = 121$). Participants attributed higher quality scores to relative child care ($M = .40$, $SD = 3.82$) than to center-based child care ($M = 2.93$, $SD = 3.46$). Participants reported a mean social support score of 2.71 ($SD = 1.09$), indicating a relatively low level of perceived availability of social support for child care. Participants

attributed greater benefits ($M = 51.78$, $SD = 12.49$) than costs ($M = 40.27$, $SD = 12.01$) of maternal employment for children.

Preliminary Analyses

In order to determine which demographic characteristics would be included as covariates in the main analyses, bivariate correlations and t -tests were conducted to assess relationships between demographic characteristics as well as whether study variables differed between demographic groups. Results indicated that 4 demographic variables should be included as covariates, as they demonstrated small, statistically significant relationships with study variables. Level of education was positively correlated with a preference for center-based child care ($r = .17$, $p < .01$; see Table 2) and perceived benefits of maternal employment for children ($r = .14$, $p < .05$). Income was positively correlated with social support ($r = .14$, $p < .05$). Child's age was positively correlated with a preference for center-based child care ($r = .15$, $p < .05$).

Table 1. Descriptive Statistics of Main Continuous Study Variables

Variable	Mean	SD	Range	Skewness	Kurtosis
Center Preference	3.18	1.47	1-5	-0.25	-1.31
Relative Preference	3.95	1.25	1-5	-1.04	0.09
Trust	0.89	0.31	0-1	-2.54	4.49
Center Quality	2.98	3.50	0-17	1.51	2.14
Relative Quality	3.50	3.89	0-21	1.72	3.15
Social Support	2.71	1.09	1-6	0.74	0.39
BACMEC Benefits	51.82	12.58	13-78	-0.42	0.91
BACMEC Costs	40.14	12.09	11-66	-0.02	-0.24
BITSEA					
Competence	15.71	4.50	1-22	-0.98	0.68
BITSEA Problem	14.49	14.56	0-62	1.76	2.49
Acculturation	11.72	4.19	4-20	0.24	-0.27

Differences in study variables between participant demographic groups. Preliminary analyses were then conducted in order to assess any potential relationships between main study variables and

demographic variables. Pregnant participants reported having more social support for child care as compared to parenting participants ($t[275] = 2.74$, $p < .01$; see Table 3). As compared to married participants, unmarried participants exhibited a significantly higher mean preference for relative child care ($t[246] = -2.72$, $p < .01$). Unmarried participants were also significantly more acculturated than married participants ($t[255] = -4.19$, $p < .001$), and they perceived significantly fewer costs of maternal employment for children as compared to married participants ($t[245] = 3.32$, $p < .01$).

Table 2. Correlations Among Study Variables and Demographic Variables

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Education												
2. Income	.48***											
3. Child's Age	.04	.14										
4. Center Preference	.17**	-.01	.15*									
5. Relative Preference	-.03	-.04	.01	.06								
6. Trust	.11	.12	.01	.10	.29***							
7. Center Quality	.11	.03	.11	.22**	.05	.03						
8. Relative Quality	-.05	-.00	.00	-.08	-.01	-.08	.16*					
9. Social Support	.04	.14*	.02	-.00	-.04	.15*	-.07	.06				
10. BACMEC Benefits	.14*	.11	-.03	.19**	.18**	.14*	.10	-.08	.12			
11. BACMEC Costs	.10	.10	.02	.05	.09	.01	.10	-.08	.07	.58***		
12. Acculturation	-.05	.00	-.04	.01	.25***	.10	.08	.02	-.06	.06	-.17**	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 278$.

Compared to participants who were not employed, employed participants were more likely to report trust as the most important factor

influencing child care preferences ($t[214] = 2.31, p < .05$). Overall, significant relationships between main study variables and demographic variables indicated the need to include education level, income, child age, parenting status, marital status, and employment status as covariates in regression analyses.

A chi-square test for association was conducted between immigrant status and importance of trust in a preferred caregiver. Groups of immigrant and nonimmigrant participants did not differ significantly in the number of times they listed trust as the most important factor influencing their child care preferences ($\chi^2[1] = .004, p = .95$).

Table 3. Independent Samples T-Tests Comparing Main Variables Between Demographic Groups

Variable	Pregnant vs. Parenting	Married vs. Not Married	Employed vs. Not Employed
Center Preference	0.55	1.18	0.63
Relative Preference	1.10	-2.72**	-1.60
Trust	1.63	-0.71	2.31*
Center Quality	0.77	1.08	0.06
Relative Quality	-0.02	0.70	-1.36
Social Support	2.74**	0.17	0.99
BACMEC Benefits	1.93	0.67	1.07
BACMEC Costs	1.94	3.32**	-0.53
Acculturation	-1.07	-4.19***	1.02
Income	4.59***	5.67***	7.09***
Education	3.82***	5.11***	4.07***
Child's Age		0.86	4.34***

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 278$.

Independent samples *t*-tests were used to compare social support, costs and benefits of maternal employment for children, acculturation, and relative child care quality feature scores between immigrant and nonimmigrant participants. As compared to nonimmigrant participants ($M = 36.37, SD = 10.962$; see Table 4), immigrant participants ($M = 43.27, SD = 11.95$) attributed significantly greater costs of maternal employment for children ($t[254.29] = 4.87, p < .001$). Interestingly, immigrant participants

($M = 53.91$, $SD = 13.41$) also attributed significantly greater benefits of maternal employment for children than did nonimmigrant participants ($M = 49.11$, $SD = 10.69$; $t[253] = 3.10$, $p < .01$). Immigrant participants ($M = 9.94$, $SD = 3.01$) demonstrated significantly lower acculturation scores as compared to nonimmigrant participants ($M = 14.09$, $SD = 4.38$; $t[273] = -9.31$, $p < .001$). Compared to nonimmigrant participants ($M = 3.66$, $SD = 1.74$), immigrant participants ($M = 2.74$, $SD = 1.88$) exhibited significantly lower mean quality feature scores for relative child care ($t[246.23] = -4.08$, $p < .001$).

Table 4. Comparisons of Mean Social Support, Benefits and Costs of Maternal Employment for Children, Acculturation, and Relative Child Care Quality Feature Scores Between Groups of Immigrant and Nonimmigrant Participants

Variable	Immigrant Status		<i>t</i>	<i>df</i>
	Immigrant	Nonimmigrant		
Social Support	1.63	1.59	0.97	275
BACMEC Costs	43.27	36.37	4.82**	262
BACMEC Benefits	53.91	49.11	3.18***	253
Acculturation	9.94	14.09	-8.84***	196
Relative Quality	2.74	3.66	-4.04***	258

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 277$.

Differences in study variables by center and relative child care utilization. Preliminary analyses were conducted to identify any potential relationships between main study variables and center-based and relative child care utilization of parenting participants ($N = 190$). Participants with greater preference for center-based child care were more likely to utilize center-based child care as compared to participants with lower preference for center-based child care ($t[184] = -5.24$, $p < .001$; see Table 5). Participants who were utilizing center-based child care exhibited a lower preference for relative child care ($t[179] = 2.35$, $p < .05$) and lower quality feature scores for relative child care ($t[175] = 2.10$, $p < .05$) as compared to participants who were not utilizing center-based child care. Participants who attributed higher quality scores to center-based child care were more likely to utilize center-based child care as compared to participants who attributed lower quality scores to center-based child care ($t[173] = -3.49$, $p < .01$).

Table 5. Comparisons of Study Variable Means by Center Utilization

Variable	Using Center (<i>n</i> = 37)	Not Using Center (<i>n</i> = 153)	<i>t</i>
Center Preference	4.11	2.93	-5.24***
Relative Preference	3.44	4.00	2.35*
Trust	0.86	0.88	0.29
Center Quality	3.95	2.64	-3.49**
Relative Quality	2.59	3.34	2.10*
Social Support	1.65	1.56	-1.66
BACMEC Benefits	50.67	50.78	0.04
BACMEC Costs	36.31	40.01	1.46
BITSEA Problem	17.57	13.54	-1.14
BITSEA Competence	14.79	15.99	1.17
Acculturation	12.46	11.77	-0.87

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 190$.

Participants with greater preference for relative child care were more likely to utilize relative child care as compared to participants with lower preference for relative child care ($f[179] = -3.47$, $p < .01$; see Table 6). Participants who attributed higher quality scores to relative child care were more likely to utilize relative child care as compared to participants who attributed lower quality scores to relative child care ($f[175] = -5.04$, $p < .001$). Interestingly, participants with higher acculturation scores were more likely to utilize relative child care than were participants with lower acculturation scores ($f[185] = -2.05$, $p < .05$).

Inferential Statistics

Hypothesis 1a. *It was expected that nonimmigrant status, higher mean quality feature scores for center-based child care; fewer perceived costs and greater perceived benefits of maternal employment for children; higher acculturation scores; and lower levels of social support for child care would predict a stronger preference for center-based child care.* Hierarchical multiple regression analysis of parenting participants demonstrated that participant demographic characteristics accounted for about 7% of the variance in preference for center-based child care ($R^2 = .07$, $F[5, 213] = 3.27$, $p < .05$). Participants with higher levels of education reported a greater preference for center-based child care ($\beta = .25$, $p < .01$; see Table 7).

Table 6. Comparisons of Study Variable Means by Relative Utilization

Variable	Using Relative (<i>n</i> = 23)	Not Using Relative (<i>n</i> = 167)	<i>t</i>
Center Preference	3.09	3.17	0.26
Relative Preference	4.50	3.81	-3.34**
Trust	0.83	0.89	0.83
Center Quality	2.84	2.89	0.09
Relative Quality	4.31	3.06	-5.04***
Social Support	1.63	1.57	-0.82
BACMEC Benefits	50.05	50.86	0.29
BACMEC Costs	35.77	39.78	1.52
BITSEA Problem	10.40	15.34	1.39
BITSEA Competence	15.16	15.79	0.58
Acculturation	13.61	11.67	-2.05*

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 190$.

Inclusion of the independent variables of quality feature scores for center-based child care, perceived costs and benefits of maternal employment for children, acculturation, social support for child care, and immigrant status into the model significantly improved the model fit and accounted for an additional 12.2% of the variance in the dependent variable of center-based child care preference ($\Delta R^2 = .12$, $p < .001$; $R^2 = .19$, $F[11, 207] = 4.51$, $p < .001$). Again, participants with higher levels of education demonstrated greater preference for center-based child care ($\beta = .20$, $p < .01$). Higher center-based quality feature scores significantly predicted higher preference for center-based child care ($\beta = .25$, $p < .001$). Perceptions of greater benefits of maternal employment for children predicted greater preference for center-based child care ($\beta = .28$, $p < .01$), while perceptions of greater costs of maternal employment for children predicted lower preference scores for center-based child care ($\beta = -.21$, $p < .05$). Acculturation, immigrant status, and social support for child care were not significant predictors in this model; thus, hierarchical multiple regression demonstrated partial support for Hypothesis 1a.

Table 7. Multiple Regression Analysis for Prediction of Center-Based Child Care Preference

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Income	-0.05	0.03	-0.15	-0.05	0.03	-0.15
Education	0.12	0.04	0.25**	0.09	0.03	0.20**
Not Married	-0.21	0.13	-0.11	-0.23	0.13	-0.12
Not Employed	-0.02	0.21	-0.01	0.02	0.21	0.01
Currently Parenting	-0.10	0.22	-0.03	-0.02	0.22	-0.01
Center Quality				0.34	0.09	0.25***
BACMEC Benefits				0.03	0.01	0.28**
BACMEC Costs				-0.03	0.01	-0.21*
Social Support				0.09	0.30	0.02
Acculturation				0.02	0.03	0.06
Nonimmigrant Status				-0.27	0.23	-0.09
Adj. R^2		0.05			0.15	
ΔR^2					0.12	
<i>F</i> change R^2		3.27			5.21***	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 219$.

Hypothesis 1b. *It was expected that immigrant status, ranking trust in the caregiver as the most important factor influencing child care preferences, higher mean quality feature scores for relative child care, higher levels of social support for child care, and lower acculturation scores would predict stronger preference for relative child care.* Hierarchical multiple regression analysis demonstrated that participant demographic characteristics accounted for about 8% of the variance in preference for relative child care ($R^2 = .08$, $F[6, 222] = 3.24$, $p < .01$). Participants who were not married ($\beta = .16$, $p < .05$; see Table 8) and participants who perceived greater benefits of maternal employment for children ($\beta = .20$, $p < .01$) exhibited a greater preference for relative child care.

Inclusion of the independent variables of importance of trust in a preferred caregiver, quality feature scores for relative child care, social support for child care, acculturation, and immigrant status into the model significantly improved the model fit and accounted for an additional 14.4% of the variance in the dependent variable of relative child care preference ($\Delta R^2 = .14$, $p < .001$; $R^2 = .22$, $F[11, 217] = 5.70$, $p < .001$). Parenting participants were less likely to prefer relative child care ($\beta = -.13$, $p < .01$). Greater perceived benefits of maternal employment for children predicted

greater preference for relative child care ($\beta = .18, p < .05$). Participants with higher relative quality feature scores exhibited greater preference for relative child care ($\beta = .32, p < .001$). Interestingly, higher acculturation scores predicted a greater preference for relative child care ($\beta = .16, p < .05$). Immigrant status, social support, and trust in the preferred caregiver were not significant predictors in this model; thus, Hypothesis 1b was partially supported by these analyses.

Table 8. Multiple Regression Analysis for Prediction of Relative Child Care Preference

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	<i>B</i>
Income	0.01	0.02	0.02	0.00	0.02	0.00
Education	-0.01	0.03	-0.02	0.01	0.03	0.02
Not Married	0.24	0.10	0.16*	0.12	0.10	0.08
Not Employed	0.29	0.17	0.12	0.27	0.16	0.11
Currently Parenting	-0.32	0.18	-0.12	-0.35	0.17	-0.13*
BACMEC Benefits	0.02	0.01	0.20**	0.02	0.01	0.18**
Relative Quality				0.21	0.04	0.32***
Trust				0.38	0.25	0.10
Social Support				-0.01	0.24	-0.00
Acculturation				0.05	0.02	0.16*
Nonimmigrant Status				-0.05	0.18	0.02
Adj. R^2		0.06			0.18	
ΔR^2					0.14	
<i>F</i> change R^2		3.24			8.03***	

Note. * $p < .05$. ** $p < .01$. *** $p < .001$; $N = 247$.

Hypothesis 1c. *It was expected that nonimmigrant status, higher mean quality feature scores for center-based child care, fewer perceived costs and greater perceived benefits of maternal employment for children, higher acculturation scores, and lower levels of social support for child care would predict greater likelihood of utilizing center-based child care versus utilizing any other type of child care.* Hierarchical logistic regression of parenting participants demonstrated that participant demographic characteristics significantly predicted the binary dependent variable of utilizing center-based child care ($\chi^2[5] = 20.91, p < .01$). This model explained 20.7% (Nagelkerke R^2) of the variance in the dependent

variable and correctly classified 78.8% of cases. The odds of utilizing center-based child care increased by a factor of 1.41 per year increase in child age (Exp[B] = 1.41, $p < .05$, 95% CI[1.08, 1.83]), and unemployed participants' odds of utilizing center-based child care were .35 times smaller than those of employed participants (Exp[B] = .35, $p < .05$, 95% CI[.14, .89]).

Table 9. Logistic Regression Predicting Current Center-Based Child Care Utilization

Variable	B	SE	Wald	df	p	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Child Age	0.43	0.17	6.50	1	0.01	1.54	1.11	2.15
Income	-0.04	0.07	0.35	1	0.55	0.96	0.84	1.10
Education	0.09	0.10	0.83	1	0.36	1.10	0.90	1.33
Not Married	-0.73	0.42	3.06	1	0.08	0.48	0.21	1.09
Not Employed	-1.34	0.57	5.52	1	0.02	0.26	0.09	0.80
Nonimmigrant	-0.84	0.63	1.77	1	0.18	0.43	0.13	1.50
Center Quality	0.38	0.15	7.00	1	0.01	1.47	1.11	1.95
BACMEC Benefits	0.01	0.03	0.11	1	0.74	1.01	0.96	1.06
BACMEC Costs	-0.06	0.03	4.06	1	0.04	0.94	0.89	1.00
Acculturation	0.07	0.08	0.79	1	0.37	1.07	0.92	1.26
Social Support	2.00	0.86	5.39	1	0.02	7.39	1.37	40.00

Note. $N = 151$

Inclusion of the independent variables of immigrant status, quality feature scores for center-based child care, perceived benefits of maternal employment for children, acculturation, and social support resulted in a model that predicted the likelihood of utilizing center-based child care versus any other child care arrangement ($\chi^2[6] = 21.35$, $p < .01$). This model explained 39.1% (Nagelkerke R^2) of the variance in the dependent variable and correctly classified 82.1% of cases. The odds of utilizing center-based child care increased by a factor of 1.54 per year increase in child age (Exp[B] = 1.54, $p < .05$, 95% CI[1.11, 2.15]; see Table 9), and unemployed participants' odds of utilizing center-based child care

were .26 times smaller than those of participants who were employed (Exp[B] = .26, $p < .05$, 95% CI[.09, .80]). The odds of utilizing center-based child care increased by a factor of 1.47 per unit increase in quality feature scores for center-based child care (Exp[B] = 1.47, $p < .01$, 95% CI[1.11, 1.95]), and the odds of utilizing center-based child care increased by a factor of 7.39 per unit increase in social support (Exp[B] = 7.39, $p < .05$, 95% CI[1.37, 39.98]). The odds of utilizing center-based child care decreased by a factor of .94 per unit increase in perceived costs of maternal employment for children (Exp[B] = .94, $p < .05$, 95% CI[.89, 1.00]). Immigrant status, acculturation, and perceived benefits of maternal employment for children were not significant predictors in this model; thus, Hypothesis 1c was partially supported.

Hypothesis 1d. *It was expected that immigrant status, ranking trust in the caregiver as the most important factor influencing child care preferences, higher mean quality feature scores for relative child care, higher levels of social support for child care, and lower acculturation scores would predict greater likelihood of utilizing relative child care versus utilizing any other type of child care.* Hypothesis 1d was analyzed using hierarchical logistic regression of parenting participants. Participant demographic characteristics, such as age of youngest child, employment status, education level, marital status, and annual household income were entered into the first block. The independent variables of immigrant status, importance of trust in a caregiver, quality feature scores for relative child care, social support, and acculturation were entered into the second block.

Analyses demonstrated that participant demographic characteristics significantly predicted the binary dependent variable of utilizing center-based child care ($\chi^2[5] = 17.48$, $p < .01$). This model explained 18.9% (Nagelkerke R^2) of the variance in the dependent variable and correctly classified 88.3% of cases. Unemployed participants' odds of utilizing relative child care were .11 times smaller than those of participants who were employed (Exp[B] = .11, $p < .001$, 95% CI[.03, .38]), though all other predictors were nonsignificant.

Inclusion of the independent variables of immigrant status, importance of trust in a preferred caregiver, quality feature scores for relative child care, social support, and acculturation resulted in a model that predicted the likelihood of utilizing relative child care versus any other child care arrangement ($\chi^2[5] = 17.65$, $p < .01$). This model explained 36.1% (Nagelkerke R^2) of the variance in the dependent variable and correctly classified 88.3% of cases. Unemployed participants' odds of utilizing relative child care were .07 times smaller than those of

participants who were employed ($\text{Exp}[B] = .07$, $p < .001$, 95% CI [.02, .28]; see Table 10). The odds of utilizing relative child care increased by a factor of 1.88 per unit increase in quality feature scores for relative child care ($\text{Exp}[B] = 1.88$, $p < .01$, 95% CI [1.21, 2.94]). Immigrant status, social support, importance of trust in a preferred caregiver, and acculturation were not significant predictors in this model; thus, Hypothesis 1d was partially supported.

Table 10. Logistic Regression Predicting Current Relative Child Care Utilization

Variable	B	SE	Wald	df	p	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Child Age	-0.06	0.18	0.12	1	0.70	0.90	0.60	1.34
Income	-0.07	0.08	0.80	1	0.30	0.93	0.80	1.09
Education	-0.05	0.11	0.10	1	0.60	0.96	0.77	1.19
	0.05	0.31	0.01	1	0.92	0.97	0.53	1.76
Not Employed	-2.70	0.73	13.66	1	0.00	0.07	0.02	0.28
Nonimmigrant	0.03	0.72	0.00	1	0.96	1.03	0.25	4.22
Acculturation	0.08	0.09	0.77	1	0.38	1.08	0.91	1.29
Social Support	1.98	1.07	3.44	1	0.06	7.23	0.90	58.58
Relative Quality	0.63	0.23	7.72	1	0.01	1.88	1.21	2.94
Trust	-0.59	0.85	0.49	1	0.49	0.55	0.10	2.93

Note. $N = 171$.

Hypothesis 2a. *It was expected that: the interaction of immigrant status and ranking trust in the caregiver as the most important factor influencing child care preferences, the interaction of immigrant status and social support for child care, and the interaction of immigrant status and acculturation would significantly affect child care preferences. Immigrant Latina women with high scores on each of these variables would have higher preference for relative child care scores than nonimmigrant Latina women with high scores on these variables.*

Hierarchical multiple regression analysis demonstrated that participant characteristics accounted for about 12% of the variance in preference for relative child care ($R^2 = .12$, $F[9, 254] = 3.65$, $p < .001$).

Inclusion of the interaction between immigrant status and mean-centered social support score, the interaction between immigrant status and mean-centered ranking of importance of trust in the caregiver, and the interaction between immigrant status and mean-centered acculturation score into the model did not significantly improve the model fit but accounted for an additional 1.0% of the variance in the dependent variable of relative child care preference ($\Delta R^2 = .01$, $p = .39$; $R^2 = .13$, $F[12, 251] = 3.00$, $p < .001$). All interactions included in this model as predictors of relative child care preference were nonsignificant; thus, hierarchical multiple regression analysis did not demonstrate support for Hypothesis 2a.

Hypothesis 2b. *It was expected that the interaction of immigrant status and ranking trust in the caregiver as the most important factor influencing child care preferences; the interaction of immigrant status and social support for child care; and the interaction of immigrant status and acculturation would significantly affect current child care arrangements. Immigrant Latina women with high scores on each of these variables would have a greater likelihood of utilizing relative child care than nonimmigrant Latina women with high scores on these variables.*

Hierarchical logistic regression analysis of parenting participants demonstrated that participant demographic characteristics significantly predicted the binary dependent variable of utilizing relative child care ($\chi^2[8] = 21.56$, $p < .01$). This model explained 17.3% (Nagelkerke R^2) of the variance in the dependent variable and correctly classified 91.2% of cases.

Inclusion of the interaction between immigrant status and mean-centered social support score, the interaction between immigrant status and mean-centered ranking of importance of trust in the caregiver, and the interaction between immigrant status and mean-centered acculturation score into the model did not significantly increase prediction of the likelihood of utilizing relative child care ($\chi^2[3] = 3.55$, $p = .32$). All interactions included in this model as predictors of the likelihood of utilizing relative child care were nonsignificant; thus, hierarchical multiple regression analysis did not demonstrate support for Hypothesis 2b.

Discussion

While previous research examined concrete factors influencing the child care decision-making process of immigrant families, this is the first study to assess the influence of social and internal factors such as acculturation and trust on the child care decision-making of Latina immigrant and

nonimmigrant women. This study is also unique in that it examined the influence of these social and internal factors on women's child care preferences *and* arrangements. The use of an online panel allowed for a large, nationwide sample of Latina women from multiple Latino subgroups. This is also the first study of immigrants' child care decision-making to include both pregnant and parenting women. Considering the large proportion of the American population that is composed of immigrants²⁰ and findings that many immigrant families are not accessing the multitude of benefits offered by center-based child care,⁸ this study filled an important gap in the literature by shedding additional light on the nuanced child care decision-making process of Latina immigrant and nonimmigrant women.

While many of the study hypotheses were not supported by the data, the overall results of the current study did find significant differences in some of the factors influencing child care preferences and arrangements between groups of Latina immigrant and nonimmigrant women. For example, immigrant and nonimmigrant women differed significantly in their perceptions of the costs and benefits of maternal employment for children, levels of acculturation, and perceptions of relative child care quality. Moreover, many of the social and internal factors included in the study were predictive of child care preferences and arrangements. Beliefs regarding maternal employment were predictive of preference for center-based child care, and acculturation was predictive of preference for relative child care, while perceived quality of center-based child care and immigrant status were predictive of center-based child care utilization and level of social support was predictive of relative child care utilization. This article provides a summary of results in relation to findings in previous literature, discusses limitations of the study, and proposes potential implications of these findings and suggestions for future research directions.

Differences in Child Care Decision-making Between Immigrant and Nonimmigrant Women

Differences in social and internal factors related to the child care decision-making process between immigrant and nonimmigrant women may lead to the differential rates of center-based child care enrollment between these groups.^{8,13,14} Gaining a deeper understanding of this complex child care decision-making process may guide center-based child care providers in tailoring and marketing their child care programs to immigrant families, making the benefits of center-based child care to children¹⁰ more attractive and accessible to these families. Though

previous research has explored concrete factors that influence child care decision-making, such as cost²¹ and availability,¹¹ and though some studies have examined the child care arrangements of Latino families,²⁸ this is the first study that has explored social and internal factors that may influence the child care decision-making process of pregnant and parenting, immigrant and nonimmigrant Latina women.

As one might expect, immigrant participants were significantly less acculturated than nonimmigrant participants. Groups of immigrant and nonimmigrant Latina women did not differ in the importance of trust in the preferred caregiver or their respective levels of social support to provide child care, indicating that trust may be equally important among Latina women, regardless of immigrant status, and both groups of women may have few relatives, friends/neighbors, and nannies to provide social support for child care. Interestingly, immigrant participants attributed greater costs *and* benefits of maternal employment for children. It is possible that immigrant participants believe that staying home and caring for their children may be the preferred arrangement, thus perceiving greater costs of maternal employment for children, while at the same time perceiving that contributing to the family financially through their own employment is honorable, thus attributing greater benefits of maternal employment for children. Immigrant participants also perceived the quality of relative child care to be significantly lower than did nonimmigrant participants; this may reflect a cultural expectation for relatives to care for children, regardless of the quality of available relative child care or perceptions that formal child care may be more beneficial to children.

Prediction of Center-based Child Care Preference and Utilization

As expected, in the analysis examining predictors of center-based child care preference (Hypothesis 1a), higher participant education levels, higher center-based quality feature scores, greater perceived benefits of maternal employment for children, and lower perceived costs of maternal employment all predicted greater preference for center-based child care. Surprisingly, immigrant status and acculturation did not significantly predict this preference, contradicting previous findings that preference for center-based child care may increase with time in the US.^{12,29} Social support did not significantly predict center-based child care preference either, suggesting that this preference is not influenced by the perceived level of social support to provide child care and seems to be better explained by internal beliefs.

In the analysis assessing predictors of center-based child care utilization (Hypothesis 1c), nonimmigrant status, having older children,

perceptions of high center-based child care quality, higher levels of social support, higher levels of acculturation, and fewer perceived costs of maternal employment for children all predicted greater likelihood of center-based child care utilization. Perceived benefits of maternal employment for children did not predict this outcome, reflecting the reality that many women are limited in their child care options regardless of their beliefs regarding maternal employment.^{11,25,44}

Prediction of Relative Child Care Preference and Utilization

In the analysis examining predictors of relative child care preference (Hypothesis 1b), higher mean quality feature scores for relative child care and fewer perceived benefits of maternal employment for children each predicted greater preference for relative child care. Contrary to preliminary findings,³⁸ immigrant status did not significantly predict a preference for relative child care, indicating a relatively equal preference for relative child care across all Latina women in this sample. Number of relatives, friends/neighbors, and nannies to provide child care did not significantly predict preference for relative child care, suggesting that this preference is not influenced by the reality of available social support for child care. Finally, trust in the caregiver was not a significant predictor of relative child care preference either—a finding that is particularly surprising given previous research demonstrating that immigrant mothers have frequently expressed the importance of trust in a caregiver^{16,25,38} and have often preferred for a relative to care for their child because they knew their relatives could be trusted.³⁸ This finding may indicate that trust in the caregiver is equally important to Latina women, regardless of their preferred form of child care, and that Latina women feel that various types of caregivers can be trusted.

As expected, in the analysis assessing predictors of relative child care utilization (Hypothesis 1d), higher relative child care quality scores and higher levels of social support for child care predicted higher likelihood of relative child care utilization. Immigrant status was not a significant predictor of this outcome, contradicting previous findings demonstrating a greater likelihood of immigrant mothers to utilize relative child care versus other forms of child care.³³ Similarly, acculturation did not significantly predict utilization of relative child care, a finding that is striking in light of previous research demonstrating that less acculturated families are less likely to enroll their children in formal child care.¹⁴ Trust in the preferred caregiver did not significantly predict relative child care utilization either. This finding could again reflect the possibility that mothers place trust in various types of caregivers, and this trust may be

equally important across the sample. Conversely, it could reflect the reality that mothers often must utilize child care arrangements within their constraints, regardless of their personal beliefs regarding what is best for their child.^{11,25,44}

Analyses examining the interactions of factors that were expected to predict relative child care preference and utilization yielded nonsignificant models; thus, Hypotheses 2a and 2b were not supported. Overall, results demonstrated the importance of perceptions of relative child care quality and acculturation on relative child care preference, while trust in a caregiver, social support, and immigrant status did not predict this preference. Perhaps preference is tied more to ethnic identity than to country of origin, a possibility that future studies should address.

Conclusion

As the population of Latino immigrants in the US continues to grow, it is increasingly important to consider the myriad of ways in which immigrant families can contribute to and benefit from this country. Moving to the US often provides an opportunity for immigrant women to financially contribute to their families that they may not have had in their native countries, a prospect that is particularly important considering the poverty that many immigrants face.²⁰ In addition to allowing immigrant women time to work, the American child care system can be advantageous to immigrant families in many ways, yet most immigrant families are not utilizing formal child care. While concrete and external factors that influence child care arrangements of immigrants have been previously explored, the current study examined some of the internal and social factors influencing child care preferences and arrangements of pregnant and parenting, immigrant and nonimmigrant Latina women.

While this study identified some social and internal factors influencing child care preferences and arrangements of immigrant and nonimmigrant Latina women (e.g., acculturation, social support, perceived costs and benefits of maternal employment for children, and perceived quality of center-based and relative child care) and successfully predicted preferences and arrangements based on these factors, many of the factors included in these analyses were not robust individual predictors of preferences and arrangements. Moreover, interactions between these variables did not significantly predict the targeted outcomes, and some factors significantly predicted outcomes in unexpected ways: for example, social support positively and significantly predicted both center-based and relative child care utilization, and immigrant Latina women attributed

significantly greater costs *and* benefits of maternal employment for children.

One potential explanation for the nonsignificant and unexpected findings is that the models examined in the current study included only social and internal factors, while child care decision-making has been shown in previous research to be influenced by external factors as well. For example, English proficiency,⁸ availability,¹ transportation,³² and affordability³⁵ are all factors that have been described in the literature as particularly salient barriers for immigrant families seeking formal child care arrangements. Though some social and internal factors clearly influenced child care decision-making in the current study, comprehensive models including the aforementioned external and concrete factors may more completely predict child care decision-making in future studies of immigrant Latina women.

Overall, the current study offers important insight into the social and internal factors influencing the child care preferences and arrangements of Latina immigrant and nonimmigrant, pregnant and parenting women. In conjunction with previous research that identified concrete factors influencing child care decision-making, understanding that the child care preferences of this population are also influenced by social and internal factors can offer child care providers and policy makers a more complete picture of the perspectives of immigrant and nonimmigrant Latina women. This deeper understanding of the child care decision-making process of this population can then assist programs and policies in recognizing the nature and root of Latina women's child care preferences and aiding these women in overcoming the barriers that often put child care arrangements at odds with preferences. For example, reducing the cost of center-based child care alone may not lead immigrant families to enroll in center-based child care if center-based child care does not align with their cultural values. Identifying some of these unseen factors influencing differential enrollment in center-based child care between immigrant and nonimmigrant Latino families may help child care providers to better address these variables and increase enrollment among these families.

Limitations

This study offers unique insight into the child care decision-making process of Latina women. However, these findings must be considered in light of some limitations of the study. First, this study was conducted entirely online through Offerwise's Hispanic Panel. Although the panel is meant to be composed entirely of Hispanic participants, some study participants did not identify as Latina, and their data were thus excluded

from analyses. These data were also self-reported, a method which can be associated with social desirability bias. The sample was created using convenience sampling, so the demographic distribution of the sample may not be representative of the demographic distribution of the Latina population in the US as a whole. Moreover, the online nature of the study precludes the ability to determine whether responses to demographic questions (e.g., income) are accurate. While this is the largest study of Latina women's child care decision-making to date, the sample was not large enough to compare the decision-making process between subgroups of Latina women, and the cross-sectional design precludes the ability to establish causation.

Due to the lack of validated measures related to child care decision-making, this study utilized several original scales and individual questions to measure many of the main study variables, such as child care quality and child care preferences. While these measures of quality, preferences, trust, and social support have not been used in previous studies, the current study found that scores on some of these measures were correlated with each other (e.g., social support and trust) and with measures that have been used in previous studies (e.g., acculturation and trust). Further, results showed that both relative and center-based child care quality scores were predictive of preferences for each of these forms of child care, respectively. Overall, results demonstrated support for these questions as useful child care measures.

Finally, although the analyses conducted in this study controlled for income and employment status, concrete factors identified in previous literature as influencing child care arrangements (e.g., language barriers, cost, and availability of formal child care) were not included in the models predicting child care preferences and arrangements in the current study. While these models significantly predicted the main study outcomes, they did not include some of the main concrete factors influencing child care decision-making.

Future Directions

This study provided important insight into the degree to which previously understudied social and internal factors influence the child care decision-making of groups of Latina women. Recognizing that child care preferences may be influenced by social and internal factors in conjunction with concrete and external factors may encourage some child care providers and policy makers to shift a focus from informing Latino families of child care options without fully understanding the decision-making processes of these families—including their actual preferences—

and instead aim to assist Latino families in overcoming obstacles that inhibit them from obtaining their preferred child care arrangements and improving perceptions of formal child care. Child care providers may be able to tailor their programs to more closely resemble the child care preferences of immigrant families in their communities. For example, hiring local Latina women to work in center-based child care may help Latina women to feel more comfortable utilizing center-based child care; although the child care providers may not be relatives of these women, they may have a deeper understanding of the Latino culture and may be more likely to care for children in a way that is congruent with Latina women's child-rearing beliefs.

While some of these social and internal factors did not independently predict child care outcomes, the results of this study offer a starting point for future research to build on. A future study should collect data on both internal and social factors *and* concrete factors that have been shown to influence Latina women's child care decision-making in both the current study and previous literature, which would offer the most comprehensive picture of their child care decision-making process. A longitudinal, quantitative design would allow an assessment of a potential causal relationship between these factors and child care preferences and arrangements and would also identify any patterns in preferences and arrangements over time at the individual level. A stratified sampling technique could be used to recruit a sample that matches the demographic distribution of Latina women across the country, thus increasing the generalizability of study findings. Finally, recruiting a very large sample of Latina women would allow for the comparison of child care decision-making between Latino subgroups, which may differ in important ways.

This study design should also be conducted with other immigrant populations in the US, such as Asian and African women. Recognizing differences in child care decision-making between ethnic groups can provide child care providers with insight into the populations in their neighborhood. A qualitative study could also help better understand some of the unexpected findings of this study, such as why immigrant participants attributed both greater costs and greater benefits of maternal employment for children or why higher levels of social support were predictive of both relative and center-based child care utilization. Ultimately, the goal of this growing body of research is to make formal child care more attractive, accessible, and beneficial to immigrant populations, who are currently less likely to utilize formal child care as compared to nonimmigrants.⁸ As the Latino immigrant population in the

US increases over time, formal child care can offer benefits to Latino immigrant families; this can both help ameliorate some of the disadvantages immigrants experience upon arrival in a new country and build on some of the unique strengths that immigrants bring with them.

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