

CHILD CARE

Essential for parents... Hazardous for workers

WOMEN'S OCCUPATIONAL HEALTH RESOURCE CENTER NEWS

The participation of mothers with children under the age of 18 in the paid labor force has reached an all time high in the United States. Twenty million (62%) were employed in March 1985, according to the Women's Bureau.¹ Eight million mothers (54%) with preschool children also engaged in paid work (in addition to their unpaid household work.) This means that about 34 million children (58%) have mothers in the labor force, an increase of 5.8 million since 1975. Of these nearly 9.6 million (49%) were under six years of age.

Many mothers are employed out of sheer necessity. About 1 out of every 6 families in the United States was maintained by women in 1985. But the proportion among poor women is staggeringly higher: 73% of poor black families were headed by women, which encompasses about 3.2 million children; 49% of Hispanic families and 38% of poor white families, representing another 1.1 million and 3.4 million children.

With all these mothers in the workforce, who is minding the children? There are at least 24 million children under the age of 13 in need of day care, while current statistics show the availability of only about 6 million spaces in licensed centers and family homes. There are about 22,000 for-profit child care centers nationwide as well. And child care is expensive. The majority of parents pay about \$3,000 per child, but the costs can range from \$1,500 to \$10,000, depending on geographical location and ability to pay.² The median income for a two parent household with two children was \$25,338 in 1984. Average costs of child care could require nearly 25% of the family income!

Quality child care facilities are a social need of urgent proportions, yet the United States lags far behind other industrialized nations in developing and implementing creative programs and options. (See p. 8 for Swedish examples.) There are some modest examples, but they are the exception, rather than the rule. In New York State, child care provisions have been negotiated in state contracts providing child care, which is now offered in 25 state workplaces. In Hawaii, the first government-sponsored child care center has opened, and a program is beginning in Denver, serving government workers and serving as a model for area businesses.³

At the same time that there is an urgent need for day care facilities, the working conditions, wages and prestige afforded to day care workers are appalling. WOHRC covers some of the issues and presents some of the possibilities in this special section on child care.



Lisa Blackbear/IMPACT VISUALS

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Stress and Burnout

Day care work fits the classical model of a stressful job. It entails a great deal of responsibility for the welfare of others, yet it is undervalued and poorly paid. A San Francisco study recently found childcare workers to be in the lowest 10% of all wage earners, half had no medical coverage and 16% no sick leave.

While many day care workers are comparatively well educated, (the 50th educational percentile in San Francisco), they are "perceived of as unskilled ... because raising children has traditionally been women's work, and as such, it has not been valued in our culture," according to Blum in her study The Day Care Dilemma.

On the average, two out of every three child care workers will earn wages that place her at or below the poverty level. And many workers will put in hours of unpaid overtime while filling in for absent workers or waiting for late-coming parents.

The image of day care workers also worsens each day as isolated incidents of mistreatment and abuse are emblazoned across newspaper headlines. Now many innocent workers find themselves subject to criminal investigations, fingerprinting and drug testing, as part of the public's response to child abuse incidents.

The stress of day care work increases as the working conditions worsen. A center with low staff-to-child ratios will be more stressful than one with better staffing. Continual noise, with no time or place for relief, will be stressful, as will a center where the indoor air quality is poor and where there are inadequate facilities for an adult to sit comfortably.

Centers that are organized without provisions for adequate parent-worker interaction may end up subjecting the workers to unnecessary and possibly unfair pressure and criticism from parents. Workdays designed with inadequate lunch and coffee breaks may lead to the adult worker eating all her meals with the children.

Burnout is one manifestation of child-care worker stress that has been observed in research carried out on 83 day care workers. *Burnout* is defined as a state characterized by physical and emotional exhaustion, cynicism, detachment and alienation from work and negative feelings about the people one cares for. Day care centers with *burned out* employees may have extremely high absenteeism and turnover rates.

Work-related stress can lead to physical and emotional health problems such as digestive system problems, headaches, nervousness, irritability and sleeplessness. Stressed workers may find themselves bringing their problems home, which can lead to marital distress or problems in being an effective parent. More serious diseases, such as coronary heart disease, are related to stress on the job, no specific studies on chronic disease have yet been carried out on child care workers.

Health Hazards fo

Preventing Occupational Stress

1. The best answer to undervalued work is higher wages and more benefits. This will require national commitment, in addition to individual employer cooperation. (See p.8 for Swedish examples.)
2. Higher staff-child ratios (more workers) will permit structural changes like job rotation, rest breaks, sick leave, as well as increase workers' ability to perform better and gain satisfaction.
3. Establishing formal parent/worker communications and cooperative programs can relieve stress.
4. Physical working conditions can be improved (e.g. adult size chairs; regular "quiet times", improved ventilation and other amenities). Worker-management (parent) health and safety committees can be helpful.

Infections

Contracting and transmitting infectious diseases, such as *diarrheal diseases*, *streptococcal* and *meningococcal infections*, *rubella*, *cy-tomegalovirus* and *respiratory infections*, are major occupational hazards of day care workers. Up to 30% of the 25,000 cases of *hepatitis A* reported annually in the United States have been linked to day care centers.

People who work with children under 3 years of age, particularly children not toilet trained, are at the greatest risk for developing infections. The most common routes of infection are fecal-oral and respiratory. Young children have poorly developed personal hygiene habits. They frequently mouth their toys and their hands. They do not understand the need for frequent handwashing or for avoiding sneezing and coughing on others. Sneezing and coughing creates germ-containing aerosols which can linger in the air and can be propelled over relatively large distances.

Diseases can be spread directly by sick children or by children without symptoms who are harboring an illness. Diaper-changing and stored soiled diapers are prime means of transmitting organisms which are carried in stool. The handling of contaminated toys and contaminated food are other routes of entry. Some organisms can live on inanimate objects for periods lasting from hours to weeks. Food can be a vector for disease if a day-care worker who prepares food as part of her job has contaminated hands or has become ill herself.

Some of the organisms which cause diarrheal diseases, such as *Giardia lamblia*, are extremely in-

Day Care Workers

fectious. As few as 10 cysts can lead to the onset of symptoms. The spread of disease is not limited to day care centers serving the poor or lower middle class. One recent report of giardiasis transmission was among children in day care in an affluent suburb of Washington D.C.

Sometimes the cause of infection can be elusive. Clusters of *Hepatitis A*, an extremely serious infectious liver disease, have been found among staff and parents of center children, but few children, though infected, themselves developed clinical signs of the disease. Without symptoms like temperature or jaundice in carrier children, the disease becomes particularly difficult to control.

Two infections, *rubella* (German measles) and *cytomegalovirus* (CMV) can be particularly hazardous for pregnant women or women who are planning to have children because they carry the risk for birth defects. (The risks for serious birth defects are more clearly established for *rubella* than for *CMV*.)

Preventing Infections

1. Regular handwashing by children and staff is needed and most easily accomplished with convenient and well-stocked facilities. Washing "rituals" can be built into play activities. Handwashing after each diaper change should be mandatory. Lanolin hand-creams should be provided for preventing drying and cracking skin.
2. Diapers should only be changed in designated areas, which are swabbed frequently with disinfectants. Diapers should be disposed of in closed, plastic-lined receptacles, which are emptied frequently.
3. Food preparation areas should be kept clean and away from play and changing areas. Food preparation and child care duties should be separated (rotated among staff, if necessary) to reduce dangers of food contamination.
4. Playthings and play areas should be washed frequently and sufficient janitorial help provided.
5. Higher staff-child ratios (more workers) can facilitate implementation of hygienic procedures.
6. A policy, agreed to and understood by parents, establishing isolation or restrictions procedures for sick children, is essential.

square

triangle

big and little



Linda Eber/IMPACT VISUALS

Other Hazards

Arts and crafts supplies may pose hazards, even if they are labelled "non-toxic." A survey of 81 art materials used in day care centers, carried out by the Center for Occupational Hazards in New York City and the city's Department of Health, only found 20 which were considered completely safe. An earlier study found known carcinogens, mutagens and agents suspected of causing birth defects in children's supplies.

In addition to potential toxic exposures, bending, lifting and carrying children can lead to back injuries, as well as generalized aches and pains.

Prevention

1. Toxic exposures can be prevented by using non-toxic materials. Product ingredients and their toxicity should be requested from the manufacturer before materials are purchased. If additional information is needed, resources like the Center for Occupational Hazards or the local Poison Control Center can be called upon.
2. Workers should be trained in materials handling techniques to minimize the spread of dusts. Clean-up should be rigorous and regular.
3. Eating areas should be separate from art areas. If the same area must be used. Clean place mats or other table coverings should be provided.
4. Comfortable chairs where children can be held as needed can replace much lifting. Children could be taught to climb on caretaker's knees for comforting, rather than expect to be lifted or carried.
5. Regular back strengthening exercises will help prevent injuries.

Much of the information on health hazards was gathered by Barbara Pittman and Nancy Bernstein.

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Child Care in Sweden

The expansion of child care facilities was regarded as the most important family policy issue of the 1970's in Sweden, according to the Swedish Institute. As a result, public child care facilities, which are regarded as a municipal responsibility, were greatly expanded and are much more widely available than in the United States.

Child care facilities are usually located in the child's residential area and are financed through local tax revenues, parents' fees and state subsidies arising from employer payroll fees. Nurseries are available for full-time or part-time care. School is compulsory in Sweden after the age of 7 but each municipality is minimally required to provide space for part-time care (at least 3 hours/day) for all 6 year olds.

Care of children who are temporarily ill is provided in the child's own home by child care workers employed by the municipality. Children who require special services, such as physically or mentally handicapped, are given priority access to the system. (There are still insufficient facilities to meet the total demand and other countries have still greater facilities available, according to the Swedish Institute.) The municipality is charged with the task of seeking out children who need special assistance.

Some children are cared for in family day nurseries which accommodate up to 4 children and are run in a child-minders' home. She is hired by the municipality. Leisure time centers are designed for older children, 7-10 (sometimes up to 12) during non-school hours.

Structure of Programs

Programs are designed either for single age groups or for mixed-age groups. Mixing age groups was begun as a social experiment which is thought to have succeeded and is becoming increasingly common. Creative play is an important part of pre-school care and centers are equipped with varied equipment and supplies. Children are also taught to participate in various household chores and activities and to take on joint responsibilities.

Children whose mother tongue is not Swedish are provided pre-school care in their home language and special programs have been designed to help them learn Swedish.

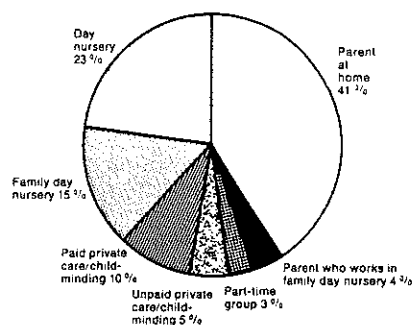
Collaboration with Parents

It is considered important that parents know the child-minder and participate in the programs and both parents have the right to take time off the job for such participation. This facilitates the integration of the child's two environments: home and day-care center. Parents participate in an introductory period of about two weeks when the child first enters the facility.

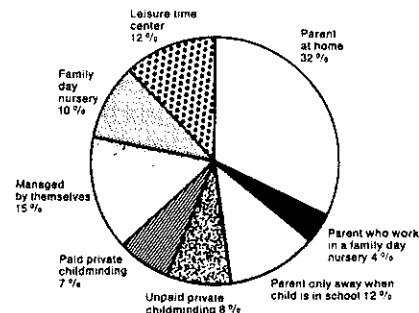
Utilization Patterns

The accompanying graphs show the distribution of child care in Sweden. The demand for places is greater than the available space, particularly as the number of women in paid employment continues to grow rapidly. Plans for further expansion are continually underway.

Child care, children aged 0-6



Child care, children aged 7-10



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