

# The Quality Day Care Chimera

by Steven E. Rhoads

The Canadian federal government's proposal to create a national child care program, presumably favouring formal institutional child care, means that Canadians must understand the impact of such care on children. Only then will they be in a position to make an informed decision about the efficacy of such a proposal.

Any attempt to understand the effect of day care on children should begin with an understanding of how biology binds women to their offspring. In both males and females, oxytocin promotes bonding and a calm, relaxed emotional state. Women have more neural receptors for oxytocin than men do, and their oxytocin increases during pregnancy and again during nursing.

Sarah Hrdy, an evolutionary anthropologist and the author of the landmark book, *Mother Nature*, says,

What makes a mother maternal is that she is (invariably) at the scene, hormonally primed, sensitive to infant signals, and related to the baby. These factors lower her threshold for giving of herself to satisfy the infant's needs. Once her

milk comes in, the mothers' urge to nurture grows stronger still. (Hrdy, 1999, p. 500)

Hrdy is a feminist and a strong supporter of women's careers. But she is concerned about how the "rapid spread and highly experimental nature of paid communal day care" will work out—especially for infants. Her research tells her that if an infant looks up and fails "to detect 'the meeting eyes of love,'" he or she feels "anxiety, distress, terror, and finally, desolation" (Hrdy, 1999, p. 535).

Other research shows that an adult presence and occasional attention is not enough for optimal infant development. Parental expressiveness and looking behaviour stimulates development (Power, 2000, p. 365; Lewis *et al.*, 2000, pp. 198-203).

Even beyond infancy, day care is stressful for young children. Children who spend long hours in day care have higher levels of the stress hormone cortisol than do other children. Cortisol levels are also higher when a child is in day care than when he or she is at home. (Tout, 1998, pp. 1247-62; Belsky, 1991, pp. 647-70; Twenge, 2000, pp. 1007-21; Booth, 2000, p. 243; Watamura *et al.*, 2003).

The stress that children in day care feel may help explain the aggression that so many of them later exhibit as they near

school age and enter kindergarten. Studies have found that "early and extensive nonmaternal care" is linked with a worrying increase in the odds of producing "needy, bragging, disobedient and aggressive children" (Belsky, 2001; Robertson, 2003, pp. 48, 52). One important study compared those children who were exposed to more than 30 hours per week of non-maternal care beginning in their first year to those exposed to less than 10 hours of non-maternal care beginning in the first year. In the heavily exposed group, 17 percent displayed problem behaviours by age four-and-a-half, whereas only 6 percent of the modestly exposed group did so (Peth-Pierce, 2002).

The effect of early and extensive non-maternal care on aggression—including fighting, cruelty, and explosive behaviour—was especially striking. The differences in aggression were significant even after researchers controlled for such factors as the quality of maternal and non-maternal care, family income, parents' marital status, and mothers' educational levels (Peth-Pierce, 2002). The odds of troubled behaviour increased even further as non-maternal care hours increased beyond 30 hours per week.

Needy, aggressive, and disobedient children affect us all. Kindergarten teachers who must deal with many more of them cannot focus on development of their non-aggressive children.

Recent research supports the notion that even the most expensive and professionally staffed day care centre does not match the quality of maternal care supplemented by the help of kin (see Rhoads, 2004, p. 226 and Belsky, 2002, p. 168). When a mother is with an infant, there is a subtle "conversation" that goes on—cuddling, speaking, smiling, pointing, exchanging objects. Even

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“quality” day care centres often make day care workers responsible for four babies each. How much time will such a worker have for cuddling, speaking, smiling, pointing, and exchanging objects with any one child? Feeding, diaper changing, and attending to the other babies will obviously eat into that time, even if we make the unlikely assumption that these activities will seem as appealing to a day care worker as they do to a mother.

Hrды’s research suggests that the bottom line standard for quality day care is that babies have the same caretakers (Hrды, 1999, p. 508; also see Robertson, pp. 38-9, 76). But turnover in day care centres is huge. One large US study of “better than average” child care centers found that between 1996 and 2000, 75 percent of the teaching staff and 40 percent of the directors had left their jobs (see Rhoads, 2004, p. 230; see also Robertson, 2003, p. 70).

Child care workers leave jobs for many reasons besides low pay. They may change professions, go back to school, get married and move away, or have a baby and decide to take some time off. Or maybe they just decide they’d rather work for a different child care centre—one that just opened up closer to home or that a friend has started.

In addition to causing psychological damage, day care can cause physiological harm. Young children in day care centres get sick much more often than other kids. Some of the diseases for which day care seems to put children at greater risk—for example, spinal meningitis and sudden infant death syndrome (SIDS)—are fatal. There are nearly three times as many cases of SIDS

in organized child care settings as would be predicted from time of exposure in such settings; one-third of those who die of SIDS in day care do so in their first week there (Stein, 2003, p. A11; Lewis, Amimi, and Lannon, 2000, p. 196). The authors of one study note that their results are “especially striking, because the demographic characteristics of [the group studied] (white, born to older, more educated parents, and without a history of smoke exposure) would typically place these infants in the lowest risk category for SIDS” (Moon, 2000; Redmond, 1984).

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Because small children put their hands in their mouths every one to three minutes and because toys get passed around, high infection rates at day care centres are not surprising. Among the more serious infections are those of the middle ear, a malady that can lead to hearing loss and subsequent social difficulties. The placement of surgical tubes to drain children’s ears, which in the US costs three to four billion dollars a year, is almost seven times more common in children in day care. Children of relatively high-income parents are more likely to come down with ear infections than are children of the poor—a result that may be explained in part by upper-middle-income parents’ more frequent use of commercial day care (Alaimo, 2002; Berman, 1995; Thrane,

2000; Vernon-Feagans, 1996; Wald, 1988; Zeisel, 1995).

The push for more commercial day care would be understandable if most mothers were demanding it. But most women feel anxious and guilty when they spend long days away from their young children, and they express a desire to spend more time with them. One way to give more women what they want would be to give a tax break to parents of very young children if one parent stays home with the child instead of working. In the US as well as Canada, polls show that the public prefers such an approach to expanding day care subsidies (Robertson, 2003, pp. 129, 131; LeRoy 2005). When will the politicians start listening?

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