

## Children in Self-Care

Nancy Kerrebrock  
Eugene M. Lewit

Every child reaches a point somewhere between infancy and young adulthood when he or she takes a step toward independence by caring for himself or herself for a period of time when no adult is present. Family decisions to allow their children to care for themselves vary widely, depending among other things on the family's view of the risks associated with self-care, the child's readiness for self-care, the circumstances in which the child will care for himself or herself, and the resources available to provide adult supervision.

One child, for instance, may take that step toward independence at age 11 or 12, at home alone in a low-crime neighborhood, reassured by the presence of a reliable neighbor, well rehearsed on how to respond to the telephone and doorbell, and connected to a parent via the telephone. Another child may first experience self-care at a much younger age, in a high-crime neighborhood, with no trustworthy neighbors, and no telephone.

The consequences for children of being left unsupervised also vary; some children suffer no ill effects, and in fact enjoy their independence, while other children find the self-care experience to be scary and detrimental to their healthy development. The latter circumstance may occasionally result in tragedy.<sup>1</sup> News reports sensationalize the tragic consequences of leaving children unsupervised (as when Detroit parents returned home after 45 minutes away to find that all seven of their children, ages seven months to nine years, had perished in a swift-moving, smoky fire),<sup>2</sup> while failing to acknowledge the millions of children in self-care who suffer no negative consequences.

In making the decision to leave a child in self-care, parents must consider not only the potential risks to the child but also the legal implications. In most states the laws about child supervision are unclear, but legal authorities can interpret self-care as child neglect or endangerment. Only two states explicitly outlaw self-care, defined in terms of the age of the child and the duration or setting of neglect. Illinois state law prohibits leaving a child under age 13 unsupervised for 24 hours or more.<sup>3</sup> Maryland specifically pro-

*Nancy Kerrebrock is a research associate at The David and Lucile Packard Foundation.*

*Eugene M. Lewit, Ph.D., is a senior program manager at The David and Lucile Packard Foundation.*

hibits briefer episodes of self-care for children under age eight: “A person who is charged with the care of a child under the age of eight years may not allow the child to be locked or confined in a dwelling, building, enclosure, or motor vehicle out of sight of the person charged unless the person charged provides a reliable person of at least 13-years-old to remain with the child to protect the child.”<sup>4</sup> Penalties for violation of this law include imprisonment, and Maryland does enforce the law.

Local jurisdictions may also address the issue of self-care in their legal codes, and local child protective services charged with investigating cases of child neglect have operating policies regarding the circumstances under which self-care is inappropriate. For instance, a typical policy is to investigate all reports of children home alone when the child is younger than six years, some “select” cases in which the child is under the age of 11, and few or none of the cases involving children 11 or more years of age.<sup>5</sup>

Vague language in laws in most states gives parents little official guidance as to what is permissible, while highly publicized cases of parents prosecuted for leaving children unsupervised contribute to parents’ fears.<sup>6</sup> Some local child protection agencies and child advocacy groups have prepared guides for parents to determine whether their children are old enough and mature enough to be home alone. The guides emphasize points such as the child’s emotional maturity and mastery of safety procedures such as answering the doorbell and phone properly, preparing food and using appliances safely, and summoning emergency help when appropriate.<sup>7</sup> While such guides may be useful to parents, they cannot ensure a child’s safety, nor do they absolve a parent of responsibility should a child encounter harm when unsupervised.

It is precisely because self-care can have negative consequences for children and their families that measuring the percentage of children who experience self-care is of interest. As more and more mothers participate in the labor force, encouraged by welfare reform and other economic and social forces, reliable information on how many children care for themselves, who they are, and how they are affected by being on their own is increasingly important. The purpose of this Child Indicators article is to review the best available estimates of the prevalence of self-care among children (*prevalence* is defined as the percentage of children of a specified age who experience self-care during a specified time period), with careful attention paid to how self-care is defined and the limits on interpreting the prevalence estimates.

The primary data sources for the prevalence estimates are large nationally representative surveys, which provide information about the number and demographic characteristics of children in self-care. However, survey data reveal little about the effects of self-care on children. Researchers identify at least three types of risk to which children in self-care may be subject: (1) the risk of injury, (2) the risk of suffering emotional or psychological harm, and (3) the risk of poor physical, social, and intellectual development due to poor choices of activities when in self-care.<sup>8</sup> The latter two categories of risk have been researched and are discussed in the article by Vandell and

Shumow in this journal issue. The risk of injury when in self-care, however, is a topic that has received remarkably little attention from researchers, despite the attention given in the popular press to disastrous outcomes among some children in self-care. Further work on this topic might provide valuable information on the specific types of injury risks faced by children home alone and how injuries could be prevented.

Given the wide variety of circumstances under which children may be left on their own, defining what is meant by self-care and how to measure it is a challenge. Since the first national estimates of the prevalence of children in self-care were made more than 30 years ago, the trend has been to collect ever greater detail about when, for how long, how often, and why children care for themselves. These changing data collection approaches, however, make it difficult to measure trends in the prevalence of self-care over time.

Two recent surveys, however—the National Child Care Survey, 1990 (NCCS), and the Survey of Income and Program Participation, 1995 (SIPP)—were similar enough in their conceptualization of self-care and their questionnaire construction that their results may be compared.<sup>9,10</sup> Estimates from both the NCCS and SIPP suggest that 12% of all children ages 5 to 12 care for themselves at least once a week. Thus, these surveys suggest that the prevalence of self-care among 5- to 12-year-olds changed little between 1990 and 1995.

### A Working Definition of Self-Care

Because of the relationship between the stages of normal child development and the appropriateness of self-care, the term *self-care* is of most interest only within a certain age range. Most parents and child development professionals agree that preschool-age children should be supervised at all times by an adult (or in some instances a teen) who is responsible for their safety and well-being.<sup>11</sup> Likewise, most would argue that high school students no longer need that level of supervision, because many are considered old enough to drive, hold jobs, and supervise other children. Thus, the term *self-care* is usually applied to children of roughly elementary and middle-school age, who are expected to gradually shoulder increasing amounts of responsibility for their own safety and well-being. Accordingly, the large national surveys that have collected data on children in self-care over the past three decades have reported responses for children falling into various age groups between 5 and 14 years, including 6 to 12 years, 5 to 14 years, and 7 to 13 years.

In most large national data sets, the designation *self-care* does not necessarily mean a child who is alone—that is, unsupervised by an adult, teen, or older child, and not in the company of peers or younger children. Most of the national surveys asked if the child cared for himself or herself, without distinguishing children who were strictly alone from children who were in the presence of other children. Some, however, separated children into categories such as “in the care of another child under the age of 14” and “in sibling care.” Recent research has supported the wisdom of counting children in different categories of care separately, as the consequences for children (in terms of behavior problems) appear to differ depending on whether they are strictly alone, with peers, with siblings, or with teens.<sup>12</sup>

Typically, researchers define self-care as occurring in the home, although not all surveys spell out the setting where the child spends time alone. Children playing outdoors, walking home from school, or hanging out at a mall without adult supervision probably deserve attention, but because children unsupervised outside the home may be subject to different risks than those

who are home alone (children on the street, for instance, are clearly more vulnerable than children home alone to traffic-related injuries and to victimization by their peers), it may make sense to define and count two types of self-care. To date, however, none of the national surveys has taken that approach.

### Measuring Self-Care

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nationally representative surveys conducted over the past four decades reflect the difficulty of eliciting meaningful data on the prevalence of self-care and the difficulty of capturing all the relevant characteristics of the very diverse population of children who experience self-care.<sup>13</sup>

Among the 16 surveys, the populations of children sampled varied widely, both in terms of the age ranges of the sampled children and in terms of the characteristics of the sampled families. For example, some surveys sampled only children of employed mothers; others, children of all mothers. In addition, the surveys focused on different periods of the day or week, such as before school only, after school only, or any period during the week. Finally, the surveys vary in their sensitivity to the fact that many working parents patch together different forms of care for their children to cover the hours while they are at work. One of the surveys asked what arrangements were made for the daytime care of the child and recorded only one response, while other surveys asked for and recorded the most frequently used, as well as several less frequently used, forms of care for each child.

All of this variation has made the surveys' results difficult to compare and of limited use to policymakers. Researchers have recently turned their attention to resolving some of the issues of measurement, and one of the more recent surveys, the 1990 NCCS, is generally conceded to be the best example of well-designed data collection. The next section of this article briefly summarizes results from the earlier surveys and presents data from the 1990 NCCS, as well as its very similar successor, the 1995 SIPP.

### National Data Sources

The 16 nationally representative surveys of the prevalence of self-care among children within the ages of 5 to 14 years all report estimates between 4% and 23%, with the vast majority falling within the range of 7% to 14%.<sup>14</sup> Common sense appears to explain the very highest and lowest estimates: The 4% represents the percentage of children in self-care before school; the 23% represents the prevalence in 1971 of self-care among children of mothers ages 34 to 48, who likely had children at the older end of the grade school age range.<sup>15</sup> However, because of the variability among the surveys, little more may be gleaned by comparing them.

#### The National Child Care Survey, 1990

Conducted by the Urban Institute in a public-private partnership with the U.S. Department of Health and Human Services, the NCCS collected data nationally representative of households with children under age 13.<sup>9</sup> The NCCS provides estimates of the prevalence of children who care for themselves by age of child, by employment status of the mother, and by a variety of other demographic and descriptive characteristics of the child and family. The NCCS also distinguishes between children for whom self-care is the primary (most frequently used) care arrangement and those for whom caring for themselves is a secondary or less frequent arrangement. In this article, children in both categories are designated "in regular self-care," defined as those who were reported to be left on their own on a regular basis, at least once a week in the past two weeks. "In regular self-care" thus does not include occasional episodes of self-care, but does include

self-care as the primary, secondary, or less frequently used care arrangement.<sup>16</sup>

The NCCS reports that for 0.1% of 5-year-olds, 0.9% of 6- to 9-year-olds, and 5.2% of 10- to 12-year-olds, self-care was the primary form of care. Among children of employed mothers, 0.3% of 5-year-olds, 1.3% of 6- to 9-year-olds, and 6.8% of 10- to 12-year-olds were reported to experience self-care as their primary care arrangement. Much higher percentages of children were reportedly in regular self-care: 2.2% of all 5- to 7-year-olds, 10.7% of 8- to 10-year-olds, and 31.5% of 11- to 12-year-olds.

### The Survey of Income and Program Participation, 1995

The U.S. Census Bureau collected Wave 9 of the 1993 panel of the SIPP during the fall of 1995. The SIPP collected data from a nationally representative sample of households on all child care arrangements used by the household's four youngest children under 14 years of age. Data was collected for all children regardless of their parents' work status.<sup>17</sup>

The 1995 SIPP data had not been fully analyzed and published as this journal went to press. In addition, the SIPP definition of self-care, "usually in self-care in a typical week in the last month," is different from the concept of "in regular self-care" used in the NCCS. Nonetheless, unpublished research conducted by Census Bureau staff indicates that the 1995 SIPP results are similar to those from the 1990 NCCS. In both surveys, 12% of children ages 5 to 12 years experienced self-care.<sup>18</sup> The same research provides detailed information about the demographic characteristics of children in self-care, some of which is discussed in the next section.

## Characteristics of Children in Self-Care

### Age of Child

Figure 1, based on data from the 1990 NCCS, shows the percentage of children ages 3 to 12 who were in regular self-care, by age. The clear relationship between the age of the child and likelihood of being in self-care, with 11- to 12-year-olds more than 10 times as likely to be in self-care as

5- to 7-year-olds, is consistent with the notion that as children age, they become better able to shoulder the responsibility of self-care.

There is some evidence that the amount of time children spend in self-care also increases with the age of the child. Data from the 1995 SIPP show that the percentage of all children in self-care who spent more than 10 hours per week alone was 7.2% for children 5- to 11-years-old, and 16.4% for children 12- to 14-years-old.<sup>19</sup> Another study found that first-grade children who were left alone spent on average less than 10 minutes per week alone. Fifth graders in self-care spent an average of two hours per week alone.<sup>20</sup>

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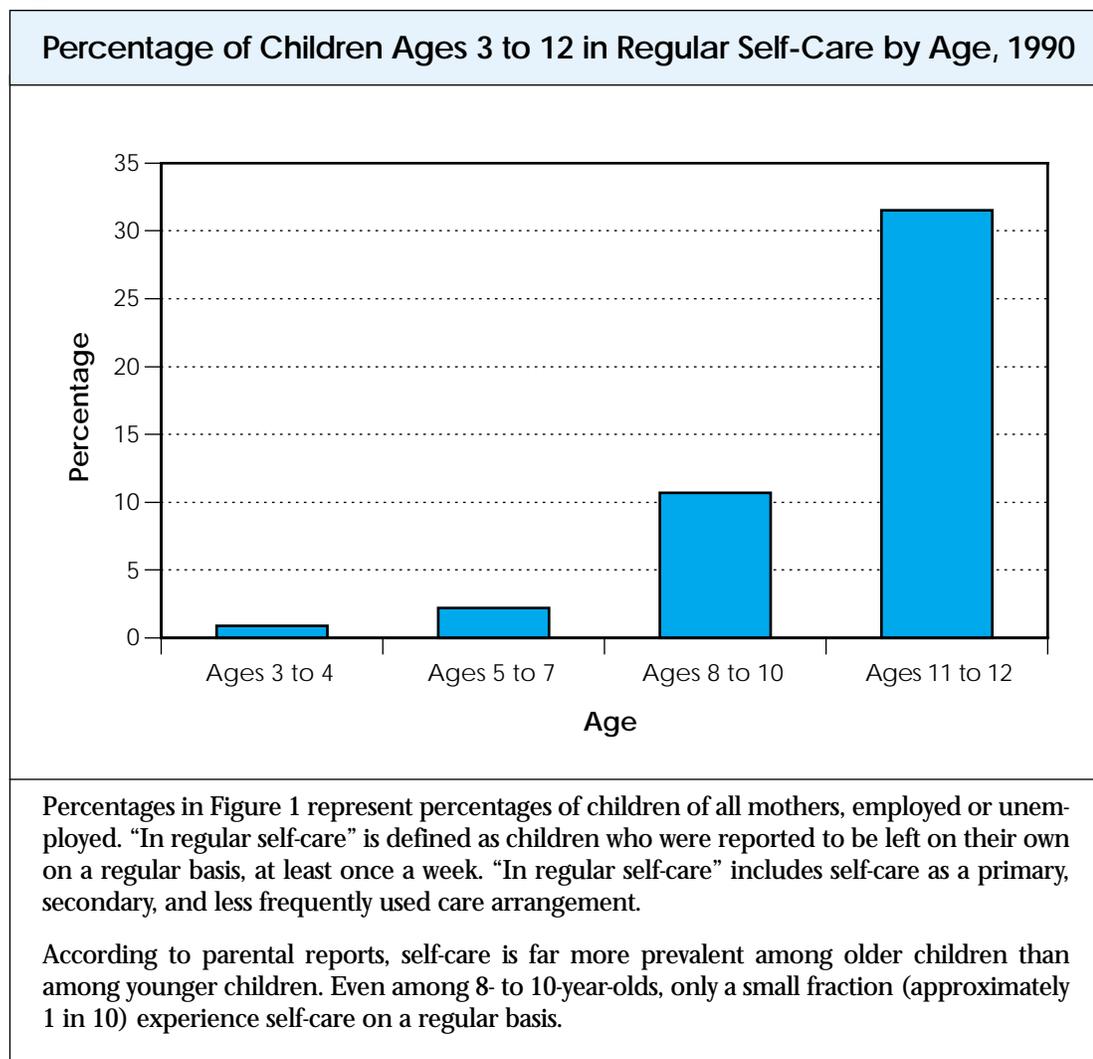
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approximately 67,000 preschoolers are left alone regularly.<sup>21</sup> Research on the effects of self-care on children has focused primarily on school-age children, perhaps because it is commonly agreed that preschoolers would be better off if properly supervised. The fact that tens of thousands of very young children are left alone regularly, if not in itself a signal to policymakers to address the need for alternatives for these children, is at least a call for researchers to take a closer look at why these children are left on their own, and how time spent in self-care affects them.

### Parental Employment

Table 1, based on data from the 1995 SIPP, shows the percentages of children ages 5 to 11 years in self-care, by parent marital and employment status. While 2.7% of children of married but not employed parents experience self-care, more than five times as many children (14.1%) of single,

Figure 1



Source: Hofferth, S., Brayfield, A., Deich, S., and Holcomb, P. *National child care survey, 1990*. Urban Institute Report 91-5. Washington, DC: The Urban Institute Press, 1991, Figure 5.25.

full-time employed parents are left alone. This data supports the notion that parental availability is a significant factor in whether a child spends time alone. Both the number of parents in the household as well as their employment status appear to affect the probability that a child will be left alone.<sup>10</sup>

### Family Income

The relationship between use of self-care and family income (or the ability to pay for child care) has intrigued many researchers. Data from a 1984 survey showed a positive relationship between family income and use of self-care: Almost 11% of children ages 5 to 13 from families with incomes of at least \$35,000 were in self-care, while less than 5% of children from families with incomes less

than \$15,000 were in self-care.<sup>22</sup> These results led some researchers to suggest that self-care is not, as popularly believed, a choice used only when parents could not afford better alternatives.<sup>23</sup> This conclusion, however, may not be correct.

Other factors related to a parent's choice of self-care may be related to family income, thus creating the appearance that income more strongly affects parents' care choices than it actually does. For instance, employed parents may be both more likely to use self-care and to have higher incomes. Similarly, high-income parents may be more likely to perceive their neighborhoods as safe and thus more likely to use self-care. Finally, on average, higher-income parents are more likely to have older children

Table 1

Percentage of Children Ages 5 to 11 Usually in Self-Care During a Typical Week by Parents' Marital and Employment Status: 1995		
Employment Status of Parents	Percentage of Children Usually in Self-Care	
	Marital Status of Parents	
	Married	Single
No employed parent	2.7	5.0
One employed, one unemployed	4.0	N/A
One or two employed part time <sup>a</sup>	9.4	8.8
All employed full time	13.8	14.1

<sup>a</sup> If married, one or both employed part time. If single, custodial parent employed part time.

Source: 1995 SIPP data reported in Smith, K., and Casper, L. Home alone: Reasons parents leave their children unsupervised. Paper presented to the Annual Meeting of the Population Association of America. New York, March 25–27, 1999.

(because as time passes and children age, their parents' incomes rise as a result of acquired work experience and/or educational credentials) and thus are more likely to use self-care.

A careful analysis of data on self-care could sort out the possibility of interactions among these various factors. A preliminary analysis of the 1995 SIPP data suggests that parental employment is a strong predictor of the use of self-care, as are parents' perceptions of neighborhood safety.<sup>10</sup> However, the direct relationship among income, ability to pay for child care, and use of self-care has not yet been clarified.

### Other Estimates of the Prevalence of Self-Care

Accumulated evidence suggests that the large national surveys described above may yield underestimates of the true prevalence of self-care, for several reasons. Parents may underreport their use of self-care in part because of guilt and fear of legal consequences and in part because of problems with recall.<sup>24,25</sup> In addition, some of the large surveys do not collect data on occasional episodes of self-care.

Analyses of at least two national surveys mention relatively high rates of nonresponses to questions regarding self-care as suggestive of parents' reluctance to report

fully on their use of self-care.<sup>26,27</sup> Further evidence of the impact of parental fear on reporting is found in a smaller survey of 447 rural, urban, and suburban parents.<sup>28</sup> This study reported that when parents were initially asked about their use of self-care, virtually all had replied that they did not leave their children alone. After a detailed explanation of the purpose of the research—to assess the children's skills in coping with simulated risks associated with self-care—the parents became more willing to disclose their use of self-care. Although this study does not provide direct evidence of the extent of underreporting due to fear, it does provide evidence that parents' initial reaction to questions about self-care is guarded.

Another study attempted to address the issue of underreporting due to problems with parental recall by conducting repeated evening telephone interviews with third-, fourth-, and fifth-grade children, during which the children reported on their care arrangements and activities in 15-minute blocks covering roughly the three-hour period after school. This study reported that 26% of third graders and 54% of fifth graders reported being alone at some time during the sampled time period.<sup>29</sup>

None of the large national surveys measure occasional episodes of self-care.

The 1990 NCCS counts only arrangements used at least once a week, and the SIPP reports only on arrangements in a “typical week.”<sup>30</sup> Researchers recognize that many children’s after-school hours are complex patchworks of different care arrangements, which may shift daily or weekly. A child may experience center-based care, organized sports or lessons, a baby-sitter, unsupervised time with peers, and self-care all in a single week. The 1990 NCCS represented significant progress toward capturing some of the complexity of care patterns, but while estimates from that survey of the number of children in self-care are the most comprehensive among the large surveys, they still do not capture occasional episodes of self-care—those that occur less frequently than once per week. Some of the smaller studies suggest that occasional self-care may be considerably more prevalent than regular self-care. One study found that while 8% of third graders experience self-care “regularly,” 49% were left alone “occasionally.”<sup>31</sup>

Finally, as an alternative to large national surveys that ask parents directly whether their children care for themselves, some researchers have attempted to estimate the incidence of self-care based on mothers’ labor force participation rates. These estimates, which tend to be considerably higher than those based on survey data, are generally considered flawed. The Children’s Defense Fund, for example, estimated that seven million children (21% of all children ages 5 to 14 years) were in self-care in 1982, based on the assumption that children in families with two full-time employed parents who are reported to be in parental care must actually be in self-care.<sup>32</sup> This assumption ignores the evidence that in many families with two full-time working parents, one of the parents works other than a day shift. Many parents thus stagger their work schedules to keep their children in parental care.<sup>32</sup>

## Discussion

In summary, the best available national surveys of the use of self-care, the 1990 NCCS

and 1995 SIPP, indicate that at least 12% of children (3.7 million in 1995) of kindergarten, elementary, and middle-school age experience self-care on a regular basis. While these national surveys may underestimate the prevalence of self-care, there seems to be no evidence of an increase in the prevalence of self-care among 5- to 12-year-olds between 1990 and 1995. In addition, these surveys show that the prevalence of regular self-care is lower for younger children within that age range and higher for the older children. The 1990 NCCS also indicates that approximately 1% of preschool-age children experience self-care on a regular basis.<sup>33</sup>

Taken together, national surveys and smaller studies, despite their limitations, provide some useful information for policy-makers. The fact that tens of thousands of preschoolers spend time unsupervised is a case in point. These very young children clearly form one group that merits the further attention of both researchers and policymakers. A second useful lesson is that self-care is not a simply defined experience that always requires or is amenable to a one-size-fits-all policy prescription. The evidence shows that parents choose self-care for their children under a wide variety of circumstances and for a wide variety of reasons. Some children may be fortunate enough to experience self-care as a safe, developmentally appropriate step toward independence. Others may be left alone before they are mature enough to cope and may even suffer emotional or physical harm as a result. Future research could focus on refining our understanding of which children suffer as a result of self-care and what care alternatives would best meet the needs of those children and their families.

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  15. See note no. 10, Smith and Casper, p. 3.
  16. The NCCS designated children in regular self-care as children who were "ever in self-care." The definition in this article of regular self-care is the same as the NCCS definition of "ever in self-care."
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