A COMPARISON OF PARTICIPATING AND NON-PARTICIPATING MOTHERS IN A HEAD START PRESCHOOL

A Thesis
Presented to
The Graduate Faculty
of
California State University, Hayward

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Educational Psychology

By
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November, 1972
ABSTRACT

In the Head Start-Preschool program under study, mothers were expected to participate in the classroom once in two weeks. Many met or surpassed this requirement, but a large number fell short of this and some did not participate at all.

The number of times each parent participated in the classroom was compared with available data from the records including number of parents in the home, employment or non-employment, sex of child, sibling rank and number, child's test scores, child's attendance, cooperation in meeting required health examinations, welfare or non-welfare. The goal was to uncover and describe the differences, if any, between those parents who met their obligation and those who did not.

The study disclosed a bimodal curve of participation, indicating that there was, essentially, a group who participated fully and a group that did not. Those who did not fully meet their obligation were more likely to have one parent in the home, be ill or pregnant or have a sick child. Their difficulties in participation were indicated early in the school year by their failure to meet preliminary program requirements for various health and dental reports.
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Approved:

Date:

1-18-73

1-18-73
ACKNOWLEDGEMENT

The problem under investigation in this study was suggested by Florence Pierson, Assistant to the Coordinator, Preschool Program, Mt. Diablo Unified School District, who gave many hours of invaluable help and without whom this research would not have taken place.

Marion Becker, Nurse, Preschool Program, made many useful suggestions, made her records available, and went over all the medical records with the investigator to make determinations about scoring parents in medical cooperation.

Acknowledgement is gratefully given to William T. Dodge, Coordinator of Compensatory Education.

Finally, this research could not have taken place without the help of the office staff, the teachers in the program and the mothers. They were all helpful, interested and cooperated in many ways in making the project not only possible, but exciting and worthwhile to the investigator.
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Chapter 1

INTRODUCTION

General Statement of Problem

In the past decade there has been an increase in the number of preschools for children of lower income families. The best known are the Head Start preschools, funded by the federal government. However, in California there are also State Preschools, funded by the Unruh Preschool Act of 1965. State Preschool enrollees must be from families on welfare, but Head Start enrollees also come from families of the working poor, under guidelines from the Federal Government (Dodge, 1971).

The preschool under study in this paper is under the Mt. Diablo Unified School District, Concord, California, and is a combination of Head Start and State Preschools, with the children identified by the funding received for them (Dodge, 1971).

The Head Start Guidelines state specifically and emphatically that every Head Start program must have effective parent participation (Office of Child Development, 1967). One of the basic expectations is the participation of one parent, almost always the mother, as a teaching assistant in the program itself.
As is to be expected, there is great variability in the number of times the teaching parent actually participates. The problem to be investigated in this study is to describe any differences that exist or that can be measured from data available in the school records, between parents that participate fully and those that do not.

Background of the Problem

Although opinion varies about the value of Head Start and Preschool programs to help children overcome environmental deprivation, there is general agreement that helping parents to be more effective and knowledgeable, and to develop skills in child rearing, is of value to the child, the family and to the society. Based on this premise, one of the fundamental goals of Head Start is parent education (Payne, 23-48).

Parents are actively encouraged to attend preschool bi-monthly as assistant teachers, to join committees and groups that meet to plan activities, and to aid in developing and sustaining the program. Every parent is told on inquiry and again on enrollment that participation by the parents is a part of the program and is expected. A parent involvement summary is kept for each child in the program, and shows parent participation in the classroom, field trips, meetings, consultations with the guidance consultant, nurse, teachers, director and social service aides (Dodge, 1971, 20-30).
Records are kept on the attendance of the child, family background, number of siblings and sibling order, employment of parents, and whether or not the family receives welfare.

Health problems of the children are given close scrutiny, and each Head Start program has a nurse who keeps extensive records, visits the parents at least once during the school year, and consults on nutrition, growth problems, hearing and visual problems and recommends medical attention when problems are identified.

On entering the program each family is expected to submit a health record check form from the child's doctor, records showing that necessary immunizations have been obtained, a dental check for the child, and a Tuberculosis X-ray or tine test for the participating parent or family member (Dodge, 1971, 11).

Standardized assessment instruments are used to measure the growth of the children during the project year. The Preschool Inventory (PSI), 1967 edition was used in the year 1971-1972 when this study was under way, and had also been used in 1970-1971. Prior to that the Peabody Picture Vocabulary Tests were used. The PSI was developed to measure achievement in areas regarded as necessary for success in school. It is an instrument that is sensitive to experience and can measure changes associated with educational intervention (Dodge, 1971). It is administered individually to
each child by either the guidance consultant, or another qualified member of the staff.

Two sets of norms have been developed for the PSI. One is called Lower Class (LC) and is based on Head Start Populations, both rural and urban. The other is called Middle Class (MC) and is based on nursery and preschool programs with a socio-economic background differentiating the two populations (Dodge, 1971, 3).

The children are also rated at the beginning and end of each school year on the Behavior Rating Scale. It measures the children's social development in terms of trust, initiative and autonomy. This scale was developed by Dr. Mary Lane of San Francisco and is nonstandardized or informal (Dodge, 1971, 8).

Significance of the Problem

The Head Start-State Preschool program under investigation is located in a portable building on a school ground. It consists of two classrooms, with fifteen children in each classroom in the morning, and fifteen in each classroom in the afternoon, for a total of sixty children.

The staff was composed of an Assistant to the Coordinator of Compensatory Education who administered the program but was also responsible for additional Head Start-Preschool programs in other locations, a nurse available part time, a guidance consultant available one day a week,
four teachers, four assistant teachers, a community aide and an office staff who also served the total Compensatory Education Program.

Each teacher was expected to visit the home of each child in her class, as was the nurse. The community aide provided transportation for medical appointments, visited families when there was an attendance problem, a health problem, and made other community contacts as necessary.

Besides the responsibilities for the education of the children, contacts with the parents, and the extensive record keeping described previously, the staff was also expected to attend workshops, meetings, district conferences, area conferences, classes, parent meetings and county meetings.

By the time the parent who was not meeting her teaching commitment was identified, half or more of the school year was over and much time had been lost. In discussions with various staff members it became apparent that there were "common sense" beliefs about which parents would show poor attendance records. However, to actually compare and identify differences between the parents was a complex statistical problem and no staff time was available for this additional task.

Some of the expectations of mothers who might have difficulty meeting attendance requirements were: mothers who worked, mothers who had younger siblings at home, mothers
who did not have a telephone in the home, mothers who were ill or pregnant. A more complex expectation was that those mothers who had a poorer self image and were less able to nurture and teach their children at home would also have children who scored lower on the PSI. They would attend less often for the same reasons that had caused them to be less adequate mothers. Therefore, there was an expectation of a correlation between poor attendance of parents, and low PSI scores.

With the information developed through this study, it was expected that if any differences between participating and nonparticipating parents emerged, those differences could be used in the future to help identify those parents least likely to participate.
Chapter 2

REVIEW OF RELATED RESEARCH

Head Start is funded by the Federal Government and much research on its effectiveness is constantly being undertaken. An integral part of the program is parent participation (Project Head Start, 1969) and has been under intensive investigation from the beginning of the project.

Many of the investigators found parent participation an effective tool in helping children learn. Willmon (1969) concludes that those parents who cared most about the Head Start program were able to communicate this and transfer educational aspiration for achievement to children. Osborn (1967) reports that one of the major contributions of Head Start was the change in attitude which occurred on the part of both teachers and parents, and he expected that in the future the role of the parents as partners in education would be reestablished.

Some of the research did not confirm this. Hervey (1968) reports that the assumption that Head Start experience would change the parents, thereby influencing the child and improving his chances for success in contemporary society was not born out by her study (p. 13). However, she feels that the impact can be increased substantially by more knowledge
of the factors involved (p. 14). Jacobs and Pierce-Jones (1969) hypothesized that prior parental experience with Project Head Start, current parental experience and active parent participation would increase parental scores in scales measuring optimism and aspiration level, but that hypothesis was not confirmed.

However, in a research undertaken by Hindsman (1969) he found that parents who were involved in a planned program of activities scored higher on a schedule ascertaining attitude and behavior in relation to their child's education than did parents not participating in the program (p. 49).

Causes for this difference in research results need investigation, since the maternal influences that shape and socialize the cognitive behavior of children has been studied and documented. In the classic study at the Urban Child Center at the University of Chicago, Hess and Shipmann found that maternal behaviors are as useful or better than I.Q. or social class in predicting the child's cognitive behavior. Hess and Shipman said:

It appears that the learning styles and information-processing strategies that the child obtains in these early encounters with his cognitive and regulatory environment set limits upon the potential mental growth of the child unless an intervention program is instituted which resocializes and reeducates the child toward more effective cognitive strategies.
In summarizing and reviewing literature on the cognitive development in young children, Freeberg and Payne (1967) quote W. March Fowler who had surveyed early studies on the maturational point of view and concluded that "early authors often underplayed . . . the fact that specific training has invariably produced large gains regardless of whether the training came early or late in development."

Todd and Hefferman (1964) do not quote any specific research, but state:

It is generally agreed that parents who have participated in preschool groups as assistants to the teacher have profited from the experience; as a result of it their attitudes, their skills in working with children and their ideas about children, families, and preschool group experience change (p. 611).

Later, the same authors say:

". . . the fact that mother assistants move from unrealistic expectations of obedience from preschool children through negative and questioning phases of learning, toward more realistic child-centered expectations indicates that the basic attitudes can be modified through experience in working with a group of children . . . (p. 612).

Therefore it seems likely that parents who participate in Head Start would become more effective because of this.

Some of the seeming different results from the research on parent participation can be better understood after reading a penetrating study done in Atlanta, Georgia under the auspices of the South East Education Laboratory (Hoffman and others, 1971). The study states emphatically:
A daycare program without strong parent involvement cannot adequately meet the needs of the child. Parent programs need sufficient program resources to succeed. A commitment to parent participation without the promise of these resources is hollow and meaningless.

Just what is meant by commitment is fully explained, and can be summarized in eight statements.

1. There must be adequate commitment early in the program.

2. One staff member should be assigned primary responsibility for parent participation.

3. There should be consideration of parent decision at policy making level.

4. There must be a clear understanding of parent participation by every staff and board member, and volunteers.

5. Parents should be adequately trained to serve on boards, committees or staff, whether paid or volunteers.

6. Outside volunteers, experts and specialists should be used with care. Parents should be used first.

7. Total family involvement including older brothers and sisters, and close relatives as well as parents is the most effective.

8. Interest can only be sustained by rewarding experiences such as enjoyable interaction with their children, a growing sense of accomplishment and self worth, and a feeling of being liked and valued.
The study further pointed out that if the above conditions are met, the parents were not likely to remain passive in the program. There would be real commitment and the staff and community must be prepared for this.

The study concluded by pointing out that up to date of publication (1971) research in the area of parent participation had been inadequate. Trying to measure the effect of parent participation by measuring cognitive change in children they found ineffective and said that new ways needed to be found to evaluate the importance and effectiveness of parent participation.

Working in the Los Angeles area, Kitano (1969) found that one important outcome of the program at the Child Development Center was the creation of a strong rapport and neighborhood feeling among the parents who participated. Kitano also found:

Among the parents, the degree of involvement, participation, and perception of the program showed wide variation. There seemed to be a bimodal distribution, with one group responding extremely favorably, participating enthusiastically, reporting on the helpfulness of the program to themselves and their children, while the response of a second group was characterized by a degree of apathy, spasmodic attendance, and a low degree of overall involvement.

However, no research or other literature was found that characterized the difference between the two groups described above. That is what this study undertakes to discover. Can the differences between the two groups be described?
Population and Sample

The areas in which Head Start and California Preschool programs are located include rural, urban and suburban. The program under investigation may be characterized as blue collar suburban. The area in which it is located, although cohesive geographically and markedly separated from other nearby areas by farm lands and hills, is unincorporated, has no local services or recreation facilities, and obtains its services from the county. There are no professional offices, the one physician in the area died last year, no large chain stores, very limited shopping, and almost no local employment. There are three elementary schools, one intermediate school and one high school serving the area. There is no local transportation, with the exception of a bus that comes through a few times a day.

Most of the people live in small, separate homes ranging from quite depressed old wooden houses, to fairly modern, small tract. There are a few small, two-story apartment buildings, and a government housing project. The eastern portion of the area, where the Preschool Program is located, is in the older section, has many small wood frame
homes, but also has some pleasant, tree-lined streets with a decidedly rural flavor. The western portion is entirely post World War II small tract homes. Many of the older homes are rental, and look quite run down, but many of the newer houses are well cared for and attractive.

The Preschool Program under study is under the direction of the Compensatory Education Section of the Mt. Diablo Unified School District. Although the school district is large the area under study is the only part of the school district which is eligible for Compensatory Education funding.

Although the total number of children enrolled in the Preschool at one time is sixty, only forty-nine families were included in the sample used in this study. Those excluded were the families who entered late, or left before the seven months of the study were concluded. Furthermore, there were two sets of twins enrolled, so only one of each set was included in the study so that the mother of each set would not be counted twice, thereby biasing the sample.

Statement of the Problem

When a family enrolls a child in a Head Start or Preschool program it is expected that one parent, almost always the mother, will participate as an assistant teacher twice a month. Many mothers meet this standard of participation, some surpass it, and others participate less than required.
If any differences exist between those mothers who meet the participation expectation and those who do not, they have not been identified, let alone quantified.

This study has attempted to disclose and describe any differences that may be found to exist between these two groups.

**Questions Studied**

Preliminary discussions were held with staff members and with mothers in the program who were members of the Parents' Committee. Some of the factors which they thought might differentiate participating and non-participating parents were:

1. Employment of mother
2. Number of siblings
3. Health of mother
4. Presence of telephone in home
5. One or two parents in the home

The question was also raised as to whether there would be a difference in the Behavior Rating Scale between the children of participating or non-participating parents. Would children who had parents who participated less score lower than those who had parents who were more cooperative in the program?

**Instruments Used**

All the data available in the school records were used. The number of times each parent participated was
taken from the daily attendance records in each of the four classrooms. The attendance record of each child was also recorded. Information available on the application of each family was used. The test scores of each child was recorded.

There were four required health forms to be returned to the school. They were: (1) X-ray or tine test for TB for the participating parent; (2) immunization record for the child; (3) doctor's health check form for the child; and (4) a dental check for the child. These health records were examined and, with the aid of the nurse, each family was awarded a score of 0, 1 or 2 for each one of the four requirements, and each was considered a separate variable.

The score "0" was awarded when there was a complete lack of cooperation. The score "1" was awarded when the family needed help or a great deal of follow-up and urging to get that particular form in. The score "2" was awarded on each variable when the forms were returned promptly. Thus, there were four variables in which the family could be awarded a score of 0, 1 or 2.

A fifth health category scored was the cooperation of the parent in obtaining needed medical or dental care for the child, when it was discovered that there was an unmet problem. The scoring of 0, 1 or 2 was as above, but a fourth score was awarded of "3" if no problem existed, or if treatment for a problem was already under way.
General Methodology and Analytical Procedure Used

Because the range of participation was great, and there was a normal curve, it was determined that the most powerful statistical method available was the Stepwise Multiple Regression. It would take into account the variability within the group, it would be able to show relationships between the variables, and would make possible the study of the variables working together. It would also make available a correlation matrix which would show significant relationships, if any, between variables.

Twenty independent variables were recorded, plus the one dependent variable. They were entered as follows:

<table>
<thead>
<tr>
<th>Variable</th>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A.M. or P.M. classes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Number of times participated</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>(the dependent variable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Number of conferences by parent</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>with staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Male or female child</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Presence of phone in the home</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Number of parents in the home</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Number of days child was absent</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>8. Score on Behavior Rating Scale</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>9. Age in months as of date of entry</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>in school</td>
<td></td>
<td>mo.</td>
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<tr>
<td>10. Sibling position of child</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td>11. Total number of siblings in family</td>
<td></td>
<td>#</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Code</td>
</tr>
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<td>--------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>12.</td>
<td>Score on preschool inventory</td>
<td>#</td>
</tr>
<tr>
<td>13.</td>
<td>X-ray or Tine Test for participating parent</td>
<td>0-1-2-3</td>
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<tr>
<td>15.</td>
<td>Medical check-up for child</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>16.</td>
<td>Dental check-up for child</td>
<td>0-1-2</td>
</tr>
<tr>
<td>17.</td>
<td>Follow-up on medical or dental problem</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>18.</td>
<td>Disability, pregnancy or illness in family</td>
<td>0</td>
</tr>
<tr>
<td>19.</td>
<td>Welfare or non-welfare family</td>
<td>0</td>
</tr>
<tr>
<td>20.</td>
<td>Employment of mother</td>
<td>0</td>
</tr>
<tr>
<td>21.</td>
<td>Employment of father</td>
<td>0</td>
</tr>
</tbody>
</table>
Chapter 4

RESULTS

Report of Findings

During the period under study for the Preschool program in this study, the required number of days of participation for the mother (or participating family member) was eleven times in seven months. In examining the participation records it was found that the actual number of participations for each mother ranged from zero to thirty-three and formed a bimodal curve, with the modes at three and twelve to thirteen. The median is at nine, and the arithmetic mean is at nine and one-half.

Table 1

Number of Times Participated

<table>
<thead>
<tr>
<th># Cases</th>
<th>Number of times participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>33</td>
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</tbody>
</table>

18
In examining the correlation matrix, only those that were significant at the .05 level were considered. They are shown on Table 2. The expectations of possible correlations were examined, and the following were the results:

1. Employment of mother: No significant correlation with any other factor.

2. Health of mother: Variable 18 (illness, pregnancy or disability) was found to correlate negatively with the number of participations (-.31) which indicated a definite but relatively weak relationship.

3. Telephone in the home: No correlation with participation; however, it did correlate positively with variable 18 (illness, pregnancy, etc.) and negatively with variable 19 (welfare).

4. Number of siblings: There was no correlation with the number of times participated, but there was a very high correlation with sibling position (.91) probably artificially inflated due to the fact that nine of the children were only children. There was also a slight negative correlation with variable 17 (follow-up on problem), of -.29.

5. Presence of father in the home: There was a definite but small relationship with the number of participations, (.32). There was also more absence (-.30) when there was only one parent in the home.
Table 2
Correlation Matrix Between Variables

<table>
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<th>1</th>
<th>2</th>
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<th>5</th>
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</tbody>
</table>

- A.M.-P.M.
- # Times Participated
- # Conf. with Staff
- Male-Female
- Phone in home
- # of parents in home
- # of days absent
- Score, Behavior R.S.
- Age in months
- Sibling position
- # of sibs in family
- Score P.S.I.
- Mother's X-ray
- Immunization record
- Dr.'s Exam
- Dental check-up
- Cooperation in prob.
- Disab., illness, etc.
- Welfare
- Mother employed
- Father employed
6. Score on Pre-School Inventory: No correlation with number of times parent participated. However, there was a substantial (.58) relationship between this score and the teacher-assigned score on the rating scale of behavior.

Participation showed the following significant correlations in the matrix:

- Number of parents in the home ..... .32
- Number of days absent from preschool .. -.47
- Dr.'s examination form returned ..... .32
- Dental check-up completed .......... .28
- Illness, pregnancy, etc. ............ -.31
In examining the computer output for the Stepwise Multiple Regression analysis the following order of entry of the variables emerged:

Table 3
Order of Variables in Stepwise Multiple Regression

<table>
<thead>
<tr>
<th>Order</th>
<th>Var. #</th>
<th>Var. Name</th>
<th>Mult-R</th>
<th>% of variance accounted for</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>No. of days absent</td>
<td>.447</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>Dr's exam report</td>
<td>.531</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
<td>Illness, pregnancy, etc.</td>
<td>.603</td>
<td>36</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>Mother's X-ray submitted</td>
<td>.635</td>
<td>40</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>Cooperation in problem</td>
<td>.660</td>
<td>43</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>Male-female</td>
<td>.680</td>
<td>46</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>No. of parents in home</td>
<td>.695</td>
<td>48</td>
</tr>
</tbody>
</table>

The returns diminished gradually so that by the time all twenty-one variables were entered, the Mult-R was still only at .740. However, when looked at together with the correlation matrix, certain relationships were pointed up that warranted a further examination.

First, there were four variables that had to do with the fulfilling of medical requirements in the program. They consisted of the mother obtaining her own X-ray, getting and turning in the immunization record for the child, the medical exam for the child and the dental exam for the child.
In putting these four requirements together, it was found that the more cooperative the parent was in fulfilling these requirements, the more likely it was that she would also fulfill her participation requirement. For example, among those mothers who met zero, one or two of these requirements promptly, none participated more than the required eleven times, but of those who met all four requirements promptly, 60% participated more than eleven times. This is illustrated in Table 4.

Table 4

Relationship Between # Times Participated & Submission of Medical Reports

<table>
<thead>
<tr>
<th>Number of forms turned in promptly</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
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<td>X</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>4 - 7</td>
<td>XXX</td>
<td>XXXX</td>
<td>X</td>
<td>X</td>
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<td>8 - 11</td>
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<td>12 - 15</td>
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<tr>
<td>16 -</td>
<td>XXX</td>
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</tbody>
</table>

# Times Participated 18 18 6 6 1

The Stepwise Multiple Regression entered Male-female as the sixth step. On examining this further, a marked difference between participation of mothers of girls and mothers of boys emerged. The participation of mothers of girls followed the bimodal curve observed in the total group,
whereas the participation of the mothers of boys followed a symmetrical single modal curve. This is illustrated in Table 5.

Table 5
Difference in Participation Between Mothers of Boys and Girls

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td>XXXXXXXX</td>
<td>XX</td>
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<tr>
<td>4 - 7</td>
<td>XXXXXX</td>
<td>XXXX</td>
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<td>8 - 11</td>
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<td>12 - 15</td>
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<td>XXXX</td>
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<tr>
<td>16+</td>
<td>X</td>
<td>XXXX</td>
</tr>
<tr>
<td># Times Participated</td>
<td>27</td>
<td>22</td>
</tr>
</tbody>
</table>

The variable which was seventh on the Step Multiple Regression was also of much interest, that is, whether the mother was alone in the home, or whether the father was also present. In graphing this variable, a stronger picture emerged, showing that when the mother was alone the curve was skewed entirely to the right, but when both parents were in the home, the curve appeared more symmetric, skewed somewhat to the left. This can be seen clearly in Table 6.
Table 6
Comparison of Participation in One and Two Parent Homes

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Mother and Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td>XXXXXX</td>
<td>XXX</td>
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<tr>
<td>4 - 7</td>
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<td>12 - 15</td>
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<td>XXXXXXXXXXXXXX</td>
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<tr>
<td>16+</td>
<td>X</td>
<td>XXXX</td>
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<tr>
<td>Number times Participated</td>
<td>19</td>
<td>30</td>
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</table>

Interpretation of Results

Some of the expectations of differences between those mothers who participated and those who did not were not born out by the study. The employment of the mother, and the presence of younger siblings appeared to have no effect at all on the times participated.

Furthermore, the child's score on both the PreSchool Inventory, and the Behavior Rating Scale in no way differentiated fully participating from non participating mothers.

All of the medical areas seemed to be the most important in differentiating the groups. Mothers who did not meet the participation requirement were the same ones who had trouble meeting the health requirements earlier in the school year. They also appeared to have more health problems themselves.
Another area which was significant was the one-parent versus the two-parent homes. This was an area of expectation of difference, and was not surprising.

The difference between the families of male children and the families of female children, although it appears significantly in this study, is questionable. No interpretation is offered, only the hope that this study can be repeated to check the results in that relationship.
Conclusions

The purpose of this study was to identify and describe any differences that may have existed between those mothers who met or surpassed their participation commitment in a Head Start-Preschool program and those mothers who did not.

Specifically, the study showed that those mothers who were ill, disabled, pregnant or had another child at home who was ill, especially if the father was not present in the home were less likely to meet their commitment. However, the sharpest indication that they would have trouble meeting the participation requirement would show up the first month of the school year when they showed a pattern of having difficulty turning in the required medical forms. The mother would also indicate her difficulties when the child began to show a pattern of absences.

This study also showed that in the program under examination the parents of girls had more difficulty meeting the participation requirement than the parents of boys, but that finding is viewed with suspicion.
Recommendations

Because of the importance of participation by the parents, the Preschool Program might find it worthwhile to have the nurse inform the staff after the first month of operation, where the difficulties lay, and which mothers were having most trouble getting the required medical forms in to the program.

It would be well to remember that exhorting cooperation will probably not afford a solution. It might be well to examine the problems of the family. Is the mother ill? Is she unmarried? Has she recently been through a divorce? What are her problems that make it difficult for her to cope with her obligations? Supportive help, calling in various resources of the community, may be indicated in helping the mother.

Limitations

Since this comparative study was made using a group of forty-nine mothers in a specific area, there is no reason at this time to believe that it would necessarily be descriptive of mothers in another area. Urban mothers might find the difficulties of getting medical attention less trying. However, because the cluster of variables showing limitations in functioning are so specific, it is possible that they may be true in this particular program in other years. It would be helpful to compare another group of mothers in the same school in a different year.
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Hoffman, David B. & others. Parent Participation in Preschool Daycare, Atlanta, Georgia, Southeast Educational Laboratory, 1971 (ERIC ED 054 863).


