

Section II

The Promise: Promoting Family and Child Development

Early morning is Tara's favorite time of day. After Tim, her husband, has left for work and after feeding Katy and Eddy breakfast, she allows herself some time to play with the children. At three, Katy is a handful – so energetic, always wanting attention, and getting into everything - but Tara loves the excitement her daughter brings to the day. Playing “pretend” is Katy's newest obsession, and she loves it when her mother joins in. Tara sometimes reads a book to Katy during this time. They only have a few books though, and those have too many words, too few pictures, and some torn pages. Katy quickly loses interest.

Eddy is a fussy baby, but early mornings are usually his best time of day. Tara props him up between pillows and tries to include him in her play with Katy. He seems to like watching his sister but always wants his mother to hold him. Lately, Eddy has gotten even more upset than usual when Tara leaves in the evenings, and Tara wonders if she is spoiling him.

Tara has some concerns about her children (for example, Eddy is not sitting up yet even though Katy was by this age; and Katy's words are often difficult to understand). She attributes most of her worries to being a nervous mother. Having been an only child raised by a mother who worked long hours, Tara spent a lot of time alone when she was growing up and did not have experiences caring for younger siblings. She wishes her mother was close by to offer advice, but her mother married a few years ago and moved to another state. The doctors that see the children for check-ups are very busy, and Tara seldom has an opportunity to ask questions. Since there are several doctors in the office and Tara seldom sees the same one consistently, it has been difficult to develop a relationship with any one.

Tim is responsible for the children in the evenings. By the time he arrives home from work, the children have been fed. He gives them a bath, lets Katy watch a couple of cartoons, and puts them to bed. Through a lot of trial and error, he has discovered that it works best to always do the same things when putting Katy to bed – a drink of water, tooth brushing, make sure she has her favorite blanket, turn on the night light, give her several dolls to have with her in the bed, and tell her a short story before turning off the light. Eddy usually takes a bottle and drops off to sleep, but at least once a week he is fussy and still crying when Tara arrives home from her job.

Tim and Tara have little time for each other. Caring for two young children is demanding, and they are often tired. Their work schedules mean that each week they are at home and awake together for half a day on Saturday and all day on Sunday. Both have discovered that their relationship is not as good as it was before they had children. Tim thinks Tara complains too much, and Tara wants Tim to help out more around the house. Without family members close by, they rarely go out as a couple. In fact, it has been a year since they had any time alone with each other. Tara secretly fears that she may end up raising these children alone as her mother did.

From conception to age five, development proceeds at a pace that is unequalled in any subsequent stage of life. Development in the early years lays the critical foundation for subsequent development.⁴¹ If the foundation for healthy child growth and development is established early in a child's life, then development in the later years of that child's life has a far better chance of proceeding unhindered. Presented here is an overview of the importance of a child's early years for healthy development, a description of the kinds of supports that are effective for children to grow and develop optimally, and a discussion of the dangers that compromise development. Family development and parental knowledge about child development are considered, and the chapter concludes with a review of protective and risk factors that impact child and family functioning.

Pathways to Child Growth and Development

The single best investment parents can make in school success is a warm, attentive, and sensitive relationship with their baby. Here, in emotional nurturing and early stimulation, is the nucleus of "school readiness": the building of self-esteem and a sense of effectiveness, self-control, relatedness, and ability to communicate and cooperate with others.

Karr-Morse & Wiley in Ghosts from the Nursery (1997)

The Promise of the Early Years

The extraordinary pace of development in the early years proceeds in all areas – language, intelligence, emotional, social, and physical – and although child development specialists and physicians tend to talk about each area separately, they are all intertwined.^{42,43} Increased mobility of the head, shoulders, arms and legs provides the infant with new vantages to learn about the world, cognitively grow, and discover new ways to engage socially. Remarkably, by age five, children are able to express strong emotions, get along with others, exchange ideas through communication, and possess the initiative and motivation to succeed in school.

All children are born with great potential. Both biology and environment are determinants of growth and development.^{44,45} From birth, a child may be active, spirited, and impulsive. Flexible, loving parents who set clear boundaries for this child foster the development of self-control. Likewise, the supportive coaching of a warm parent can help a shy child become more sociable. The environment can also compensate for genetic abnormalities. Children born with special needs can overcome great obstacles in the right environments.

⁴¹ National Research Council and Institute of Medicine, 2000

⁴² Brazelton, 1992

⁴³ National Research Council and Institute of Medicine, 2000

⁴⁴ Brazelton, 1992

⁴⁵ National Research Council and Institute of Medicine, 2000

The Optimal Environment

The optimal environment begins with prenatal care and good health for the mother. Also important is the attachment relationship that develops between parent and child. Children thrive in the context of secure and responsive relationships. When parents respond to their child’s cries or babbling and encourage their child to explore, the child’s capabilities are broadened (see Table 2). Close relationships with a variety of people benefit children, but it is those that offer consistency and warmth that promote security and competence in the child.^{46, 47, 48}

Table 2. Establishing Good Relationships

Infants’ Early Signals	Parental Responses	Effect
Crying	Picking baby up, holding, or rocking	Soothes baby, decreases fear, increases contentment, facilitates secure attachment
Gazing – eye contact	Return gaze, smile, or speak	Back and forth “conversation” of coos, smiles, and attention; reinforces parents’ interactions; facilitates secure attachment
Gaze aversion – looking away	Decreasing interaction and stimulation	Prevents over stimulation and upset; facilitates secure attachment
Rhythmic feeding	Jiggles or rocks baby, watches baby, smiles	Parent remains engaged and attentive; facilitates turn-taking
Social smile	Smiles, laughs, plays	Reinforces parenting responses; facilitates relationship development

Children benefit from environments that provide interesting things to explore with all of their senses. Stimulating objects and activities appropriate to their age foster the development of reasoning, knowledge of relationships, and other cognitive and social skills. Interesting surroundings help children develop curiosity and interest in learning. Interaction with adults in the environment fosters optimal language development, and a print-rich environment (e.g., access to books, labeling of objects, word puzzles and games, and adults who read) is highly predictive of future academic success.⁴⁹

Children’s social and emotional development throughout the early years is not only clearly linked to their cognitive and language development, but they are inter-related (see Table 3). The secure relationships established during infancy continue to provide the emotional security children need to explore objects, make friends with peers, and communicate with other adults. When children have stable relationships, they are more likely to be socially and emotionally healthy possessing a strong self-image and social maturity – both predictive of future academic success.^{50, 51}

⁴⁶ Brazelton, 1992

⁴⁷ National Research Council, 2001

⁴⁸ National Research Council and Institute of Medicine, 2000

⁴⁹ National Research Council, 2001

⁵⁰ Karr-Morse & Wiley, 1997

⁵¹ Peth-Pierce, 2000

Table 3. Long-term Outcomes of Secure Attachments

Study Purpose	Findings	Conclusions	Researchers
Role of caregiver sensitivity in early personality development – longitudinal study beginning at 12 months of age with follow-up at 20-23 months, 47-60 months, at 6-7 years of age, 10 years, 13 years, and at 16 – 18 years.	Children with early secure attachments were rated as less dependent and lower on negative affect and higher on self-esteem, emotional health, positive affect, social competence, compliance, social skills, and empathy during the preschool years. Findings were more modest, but remained significant at follow-up during middle and late childhood.	Early relationships create expectations about interactions, influence motivation and emotion, and influence approaches to developmental challenges – children with secure early attachments expect positive interactions and their behaviors help to evoke such responses.	Stroufe, 1979, 1983, 1990, 1996; Stroufe & Egeland, 1991; Stroufe & Fleeson, 1986, 1988; Stroufe, Fox, & Pancake, 1983; Urban, Carlson, Egeland, & Stroufe, 1993
Consistency of caregiver sensitivity and responsiveness influences socio-personality growth – longitudinal study beginning before age 1 and continuing into early elementary school	Strongest relations between attachment and later behavior occur in samples where caregiving influences are consistent over time, changes in caregiver sensitivity associated with changes in peer interactions and self-esteem.	The same parental sensitivity and responsiveness that initially contributed to a secure attachment, if maintained, fosters greater social competence, self-esteem, and resiliency.	Lamb, 1987; Lamb, Thompson, Gardner, & Charnov., 1985
Better understanding of insecure attachments and outcomes – studies of abused infants and toddlers and children with clinically depressed mothers	Unusual patterns of attachment found with inconsistent and disorganized responses and relationships	Significantly elevated proportions of insecure relationships. Inconclusive findings – new area of research.	Crittenden, 1988; Lyons-Ruth, Connell, Zoll, & Stahl, 1987; DeMulder & Radke-Yarrow, 1991, Lyons-Ruth, Connell, Gunebaum, & Botein, 1990; Lyons-Ruth, Repacholi, McLeod, & Silva, 1991
Cross-cultural differences in attachment	Higher rates of insecure attachment found in studies of Japanese and Hispanic mother-child dyads than in American samples	Findings are related to cultural practices in which infants are rarely separated from mothers, and toddlers are taught to display respect by waiting quietly; findings are a reflection of the instrument used to assess attachment more than the security of the mother-child relationship	Harwood, Miller, & Irizarry, 1995; Takahashi, 1986, 1990; van IJzendoorn & Sagi, 1999
Study of attachment relationships in atypical samples – children born prematurely, children with Down syndrome, and children with autism	High rates of insecure, disorganized, or unclassifiable patterns of attachment	Need for additional research – it is not clear if problems stem from difficulty in being sensitive to the child, the child’s cognitive limitations, from added family stress, or from limitations of the typical model for studying attachment	Capps, Sigman, & Mundy, 1994; Vaughn et al., 1994; Plunkett et al., 1986

Source: Damon, 1998

These early relationships typically extend beyond the parent and child environment. There have been dramatic changes in child-rearing due to changing trends in parental work and marriage patterns. Although child care research has underscored the lead role of parents in children’s development, the movement of the majority of mothers of young children into work outside the home has highlighted the critical importance of the relationships that develop in child care settings.

Research to address concerns regarding the disruptive impact of child care on the mother-child relationship has been reassuring. Mothers remain the primary object of attachment for infants in child care despite differences in quality, hours of care, and time of entry. The mother-child relationship can be affected however. Some studies have found positive effects on the mother-child relationship for children in high quality environments (e.g., greater maternal sensitivity, more positive involvement, protection from the detrimental effects of poverty and maternal depression), and others have found greater maternal insensitivity associated with a combination of risk factors at home and early entry to poor-quality child care.

In comparison to young children enrolled in lower quality early care and education settings, those in higher-quality arrangements experienced greater maternal sensitivity, increased maternal vocalizing and positive involvement, improved cognitive and language outcomes for the child, increased cooperation with adults by the child, and more positive interactions with peers by the child. These findings stand up across differences in family income; however, children in low-income families appear to reap the most benefits from high quality care. Conversely, child care of poor quality is associated with poorer developmental outcomes with the stability of caregivers being particularly important for children's social development. The positive relation between quality of early care and education arrangements and children's development across all domains is strikingly consistent.⁵² In sum, child care is marked by great variations in quality, and the effects of these variations are profound, both positive and negative.

Compromises to Development

The kids are sad, mad, and bad, it's not that they can't add.

Thompson, 2002, in Set for Success

The optimal environment for children eludes many of Florida's youngest citizens. The Maternal Child Health and Education Research and Data Center at the University of Florida has been conducting performance-based longitudinal outcome evaluation projects in the areas of pregnancy and delivery, infant and toddler development and efficacy of early intervention programs for over twenty years. The breadth and depth of their research has yielded a remarkable database of information on child outcomes (see Table 4). Poverty is highly correlated with adverse outcomes in every category. Low birth weight, black race, and having a mother over age 35, unmarried, or with a less than high school education are also consistently significant correlates of poor pregnancy and child outcomes.

⁵² National Research Council and Institute of Medicine, 2000

Table 4. Significant Socio-demographic, Behavioral, and Health Factors Associated with Poor or Adverse Pregnancy and Child Outcomes.

Rank*	Infant Mortality	Low Birth Weight (LBW)	Birth Defects	Maltreatment	Early Developmental Disabilities	Lack of Readiness to Start School	Kindergarten Special Education	Academic Problems
1	LBW	High risk pregnancy screen	Mom > 35	Drinking	LBW	Poverty	LBW	LBW
2	Birth defects	Not married	Male	Smoking	Birth defects	Male	Birth defects	Hispanic
3	High risk pregnancy screen	Mom > 35	Poverty	LBW	Male	LBW	Male	Black
4	Black	Black		Poverty	No prenatal care	< HS education	Poverty	Poverty
5	Not married	< HS education		< HS education	Complications of labor & delivery	Black	Complications of labor & delivery	Male
6	Smoking	Poverty		Not married	< HS education	Birth defects	Mom > 35	< HS education
7	Drinking	Previous adverse outcome		> 2 children	Mom > 35	Health status	< HS education	Complications of labor & delivery
8	< HS education	Smoking		Previous adverse outcome	Not married		Not married	Mom > 35
9	Poverty	Drinking		High risk pregnancy screen	Poverty			Not married
10	Previous adverse outcome	Female						
11	Male							

Source: Maternal Child Health and Education Research and Data Center, University of Florida, 2001

* 1 = strongest correlational relationship

The real importance of this table is that it shows the interrelationships of the variables, their significance independently, and the tremendous hazards that emerge when they occur in combination. It also shows why single strategies are doomed to fail. What it does not explain is why these variables happen and are more prevalent in some subpopulations.

Threats Preconception and Prenatal

Threats to development may begin before conception. Few women initiate prenatal care before day 17 and many women do so after day 56, a critical time period for cell differentiation and organ development.⁵³ Women with unintended pregnancies (estimated to be almost 60 percent of all pregnancies) are less likely to seek early prenatal care, more likely to expose the fetus to harmful substances, and are more frequently adolescent, unmarried, or over age 40. If the unintended pregnancy is

⁵³ Lu, Bragonier, Silver, & Bemis-Heys, 2001

also unwanted, the mother is at greater risk of depression, physical abuse, and relationship dissolution, and the child is at greater risk of low birth weight, infant death, child abuse, and receiving insufficient resources for healthy development.⁵⁴

During pregnancy, poor nutrition, specific infections, environmental toxins, and alcohol and drug exposures (including tobacco) beginning early in the prenatal period can cause damage to the fetus' developing central nervous system.⁵⁵ These threats, along with low maternal weight gain, low pre-pregnancy weight, ethnicity, and metabolic and genetic disorders are risk factors for low-birth weight (less than 2500 grams).⁵⁶ Although a large majority of low birth weight infants are healthy and grow typically, as a group they have higher rates of health problems, delayed development, and subnormal growth.

As birth weight decreases, the number and severity of these problems increases. Mild learning disabilities, attention disorders, developmental impairments, and breathing problems such as asthma are more likely among school-age and adolescent children who were born low birth weight than children born of normal birth weight. Children with very low birth weight (under 1,500 grams) tend to have more learning problems and lower levels of academic achievement.⁵⁷ Approximately one-half of all very low birth weight children enroll in special education programs. Low birth weight infants are 40 times more likely to die than are full-term newborns, and very low birth weight infants are 200 times more vulnerable to dying.⁵⁸ Although these findings persist even when controlling for parental income, education, and age, greater threats to development are associated with the combination of poverty and low birth weight.⁵⁹

Threats Due to Poverty and Inequality of Income and Social Opportunity

Poverty during early childhood poses great risks, which are magnified when both the family and the neighborhood are poor. Poverty for families with young children is more strongly associated with high school failure than family poverty in late childhood or adolescence.⁶⁰ Studies have found a relationship between family income and children's intellectual development as early as age two.⁶¹ Children raised in low-income families score lower than children in more affluent families on assessments of health, cognitive development, school achievement, and emotional well-being.⁶² Given the intense effects of poverty during the early years, it is important to identify and assist young families early to prevent deep and persistent poverty.

⁵⁴ Institute of Medicine, 1995

⁵⁵ National Research Council and Institute of Medicine, 2000

⁵⁶ Shiono & Behrman, 1995

⁵⁷ Brooks-Gunn, Duncan, & Maritato, 1997

⁵⁸ Gorski, 1998

⁵⁹ Brooks-Gunn, Duncan, & Maritato, 1997

⁶⁰ Brooks-Gunn, Duncan, & Maritato, 1997

⁶¹ Shore, 2000

⁶² Brooks-Gunn, Duncan & Maritato, 1997

Programs that help raise the incomes of poor families may enhance the cognitive development of children and improve their chances for future economic success during adulthood. Targeted programs that provide nutritional supplements and education, medical care, early childhood education, and housing appear to be most effective at producing improvements in health, mental health or behavioral development. Income transfers alone have not provided adequate levels of financial assistance and have not demonstrated dramatic improvements in outcomes for children and families.⁶³

International comparisons reveal that factors other than poverty, however, are more closely related to the prevalence of adverse perinatal and child health outcomes. More adverse outcomes are associated with nations, which have the greatest inequality of income and social opportunity between the least affluent 70 percent of families and the wealthiest 30 percent of families. The United States ranks first among the ten wealthiest economies in the world in income inequality and experiences higher rates of low birth weight, infant mortality, child abuse, unintentional injuries, functional disability, and child behavior problems such as attention deficit and hyperactivity disorder. Furthermore, the higher incidence of low birth weight infants to black families in the United States exists at all socioeconomic levels, and the infant mortality rate of children born to college educated but unmarried mothers of all races is higher than among children born to married, high school dropouts.⁶⁴

Gorski proposes that these problems are principally social issues with health consequences. Individuals and communities with limited opportunities are likely to lose hope and motivation for their own and their community's future health and happiness. Individuals of material advantage are likely to become more disconnected and distrustful of those less fortunate. Interactions between classes become less common, and there is less attention paid to the collective health of citizens. Social alienation, thus, yields adverse health outcomes for entire communities.

Threats to Social-emotional Health

Striking disparities in what children know and can do during the early childhood years are strongly associated with social and emotional circumstances. Researchers have concluded that a strong socio-emotional capacity, along with intellectual abilities and the motivation to learn, is the cornerstone of school readiness.⁶⁵ Disturbances in early relationships are predictive of subsequent academic struggles (e.g., insecure attachments are associated with lower self-concepts, lapses in memory processing, and difficulty in establishing positive relationships with others), and without at least one close, loving relationship, developmental deficits endure over time. Entry into kindergarten marks a transition point at which individual differences begin to be predictive of longer-term patterns of learning and achievement.^{66,67} Unfortunately, there are few supports

⁶³ Duncan & Brooks-Dunn, 1997

⁶⁴ Gorski, 1998

⁶⁵ Thompson, 2002

⁶⁶ National Research Council, 2001

for parents, particularly for parents with multiple stressors (e.g., depression, substance abuse, inadequate housing, and/or family violence), to help them with early relationship development.⁶⁸

Chronic stress stemming from abuse and neglect or exposure to violence against others may cause significant (and often subtle) language deficits, poor self-regulation, and inadequate coping skills in the short-term and attention deficit disorders, brain damage, and antisocial behaviors in the long-term. Infants and young children can become depressed in response to trauma, loss, and early personal rejections. There are few early childhood programs, however, with comprehensive services or early childhood professionals with mental health expertise.^{69,70,71} Close examination of children appearing in the juvenile justice system reveals that about 20 percent have low intelligence from obvious developmental problems such as fetal alcohol syndrome. Many have histories of behavior problems traced back to the early childhood years, and a significant proportion of delinquent children have been enrolled in special education. It is estimated that 22 percent of children with learning disabilities acquired their disability as a result of child abuse or neglect.⁷²

Multiple Threats

Many families have multiple, interrelated vulnerabilities that put tremendous stress on family systems. Mental health problems, substance abuse, family violence, and violent neighborhoods cost children developmentally.⁷³ Less dramatic, but more common stressful events for families can also have adverse physical and psychological effects on children.⁷⁴ Examples include:

- ❖ inability to pay mortgage, rent, or utility bills
- ❖ living in households with more than two people per bedroom
- ❖ food shortages
- ❖ concerns regarding health care access
- ❖ poor health of an adult or child

Children growing up in these stressed situations typically lack the economic and/or human resources for optimal development. Family stress is associated with low levels of child engagement in school, higher levels of child behavioral and emotional problems, higher levels of parent aggravation, greater likelihood of poor parental mental health, and lower levels of community engagement. Although these adversities are more common in families in poverty, they are found in all social classes.

⁶⁷ National Research Council & Institute of Medicine, 2000

⁶⁸ Karr-Morse & Wiley, 1997

⁶⁹ Chalk, Gibbons, & Scarupa, 2002

⁷⁰ Karr-Morse & Wiley, 1997

⁷¹ National Research Council & Institute of Medicine, 2000

⁷² Karr-Morse & Wiley, 1997

⁷³ National Research Council & Institute of Medicine, 2000

⁷⁴ Moore & Vandivere, 2000

Additional threats to development include the following:

- **Single-parent households** (particularly those with no male present) are more likely to be poor. According to the 2000 U.S. Census, children under age five living in single-parent families in Florida are more than five times as likely to live in poverty (48%) as the same age children in married families (9%). In Florida, 55.6 percent of African American children live in single-parent families compared to 23.4 percent in white families and 27.6 percent in Hispanic families.
- **Children in households without their fathers** are especially challenged. When fathers are present, children are more likely to experience positive developmental and well-being effects.⁷⁵
- **Children who have difficulty speaking English** have greater challenges progressing in school.^{76,77}
- **Children with no parent having full-time, year-round employment** suffer economically and may suffer on measures of psychological well-being and optimal family functioning associated with employment.⁷⁸ In Florida, almost 12 percent of young children have no parent with full-time, year-round employment.⁷⁹
- **Parents without a high school diploma** are less likely to limit television viewing and provide children with environments that are educationally stimulating. Mother's education is a strong and consistent predictor of children's outcomes including IQ levels at age five through school completion.⁸⁰
- **Families that are isolated** from extended family, friends, and neighbors are more likely to have multiple stressors.
- **Children with four or more siblings** are more likely to suffer economically and socially and emotionally.

⁷⁵ Shields & Behrman, 2002

⁷⁶ Kids Count, 2002

⁷⁷ Pipher, 2002

⁷⁸ Kids Count, 2002

⁷⁹ U.S. Census, 2002

⁸⁰ Brooks-Gunn, Duncan, & Maritato, 1997

Patterns of Family Development

Parenting today can be lonely.

T. Berry Brazelton in Touchpoints (1992)

The Family System

Even in the best situations – when parenthood is a planned event between two committed partners, the rigors of parenting make for a hard transition for the family system. Individual, couple, extended family, work, community, and socio-cultural life cycle events require constant adjustment, and the birth of a child requires finding a new balance among all of these systems. Although the work world has increasingly become the source of status and power for both men and women, women continue to be primarily responsible for the domestic world.⁸¹ Nonetheless, neither women nor men are entirely clear about who should or will help raise the children in a world with fewer community supports than those available to previous generations.⁸²

Marriage and parenthood can cause a collision of paradigms. Professed beliefs in sexual equality, egalitarian marriage, and cultural norms and attitudes are often called into question.⁸³ Despite social and legal efforts to change long held stereotypes, personally held views (of both men and women), national policies, and work requirements reinforce the role of the mother at home nurturing the children. The result is a difficult balance between work and home.⁸⁴

When children enter the marriage, the couple must adjust their own relationship to make room for the child. Childrearing and financial decisions must be made based on two different histories and upbringing. Household tasks must be renegotiated, and relationships with extended families require realignment. Simply deciding which family rituals and routines to follow can be stressful. Parents' individual early childhood experiences and family of origin relationships impact their progression as parents. Although many individuals are able to overcome generational cycles of poor parenting, such achievement often takes support from a variety of sources and support systems. It is not surprising that the transition to parenthood is the phase of the family life cycle with the highest divorce rate.^{85, 86}

When divorce does occur with children in the early childhood years, it is stressful for the parents and children. Indeed, divorce is second only to death of a spouse in the scale of stressful life events. Adjustment takes place in stages over two or three years. Research findings relative to children of divorce are mixed with both positive and negative consequences.

⁸¹ Crittenden, 2001

⁸² Bradt, 1989

⁸³ Bradt, 1989

⁸⁴ Crittenden, 2001

⁸⁵ Bradt, 1989

⁸⁶ Carter & McGoldrick, 1989

Research Findings Regarding Children and Divorce

- Divorce appears to have more negative consequences for boys than for girls.
- Divorce tends to be harder on younger children than older children in the short-term.
- Preschoolers may revert to early developmental stages and exhibit separation anxiety, sleep disturbances, and behavior problems.
- Adjustment is more difficult when there is a great deal of parental conflict.
- Children benefit when there is continued shared parenting, and extended family members, friends, and communities provide support.^{87,88}

Not all children are born into families with married parents. For many of these families, other stressors – single parenthood, poverty, lifestyle changes, and health concerns, often compound the normative stress of having a baby. For any family, unpredictable stressors (such as a chronic illness, an accident, or an untimely death) can create tremendous anxiety in the system and have adverse consequences for early parent-child relationship development.

Parental Knowledge and Behaviors

When parents lack information and/or resources, choices are limited and often adversely affect the family. Obviously, what parents know about child development affects their parenting behaviors. In a national study of this topic commissioned by Civitas Initiative, Zero to Three, and Brio Corporation, DYG, Inc. (a social and market research firm)⁸⁹ found many discrepancies in knowledge. According to their findings, parents of young children who have four-year college degrees know more about child development than less educated groups, and mothers know more than fathers. Grandparents have less accurate child development knowledge than parents with small children, and future parents (those respondents who plan to have their first child in the next few years) and non-parents (those respondents with no expectation of having children) show the highest level of confusion and misinformation.

Specifically, most adults (including parents of young children) do not understand that children begin to “take in” and “react to” their world in the first days of life. Most respondents (62%) indicated that children do not “take in” and “react to” their surrounding until they are at least two years of age. Likewise, most adults (61%) and parents of young children (55%) did not know that newborns can sense and are affected by the moods of others. In addition, most (61% of parents of young children and 62% of adults) supported use of spanking as an effective and regular means of punishment (37% of parents supported its regular use with children age

⁸⁷ Bradt, 1989

⁸⁸ Brazelton, 1992

⁸⁹ DYG, Inc., 2000

two and younger), unaware that spanking can result in more aggressive responses from children and does not lead to better self-control. A significant number (26% of all adults and 23% of parents) were unaware that infants can suffer long-term effects from witnessing violence. The majority of respondents also thought that children as young as 6-months-old can be spoiled.

Furthermore, inaccurate knowledge regarding child development results in inappropriate expectations for children. Most of the respondents (including parents of young children) rated the use of flashcards, educational television, and solitary play on computers as very beneficial to intellectual development in young children, activities that are less beneficial to intellectual development than other choices. Play was judged to be more important for the 5-year-old than the 10-month-old. Most parents of young children thought that toddlers should be able to share and that 3-year-olds should be able to sit quietly for an hour. The majority (61% of parents of young children and 67% of all adults) have the misconception that working parents can not develop as strong a bond with their children as stay-at-home parents.

Respondents in the DYG, Inc. survey reported that most of their information on parenting and child development was obtained from other parents, their own mothers, and their pediatricians. It is interesting to note that lack of knowledge of child development has been identified as a major gap in pediatric training (Brazelton, 1992). In addition, 4 in 10 adults reported that they log onto the internet to find child development information each month. When asked if they felt prepared for parenthood, the responses were equally split. About one-third felt “very prepared”, another one-third felt “somewhat prepared”, and the final one-third felt “very unprepared”.

As their child’s primary role model, parents’ individual health and safety behaviors affect children. A study of parents’ health, medical care, and health-related behavior found that large numbers of parents, at all income levels, take part in risky behaviors that are harmful to their own health and are likely to harm the health of their children.⁹⁰ Risky behaviors included:

- ❖ One in 8 parents was in fair to poor health or had a health limitation of activities.
- ❖ One in 8 mothers and 1 in 16 fathers sought help for emotional problems in the prior year.
- ❖ Less than half of the mothers or fathers reported 3 of 5 preventative habits (always using seat belts, getting regular exercise, getting 7-8 hours of sleep, eating breakfast daily, and avoiding between-meal snacks).
- ❖ Four in 10 mothers and 6 in 10 fathers did not have a regular source of health care and had not seen a doctor in the past 2 years or a dentist in the past year. Parents without medical insurance and those covered by Medicaid were in worse health than parents with private insurance.
- ❖ A majority of parents, regardless of income, reported that during their last doctor visit, their doctors did not talk to them about important health topics like diet, drinking, exercise, and drug use.

⁹⁰ Bridgeman, 1999

Protective and Risk Factors

Children come into the world trusting until they are taught to distrust by adults who cannot be trusted.

Children come into the world without hate and racial prejudice until they are taught by adults who hate and are prejudiced.

Children come into the world resilient and full of joy and laughter until they are discouraged, demeaned, and stigmatized by the low expectations, unjust labels, and mistreatment of adults.

Children come into the world with promise and potential until they are pampered into laziness, purposelessness, and sense of entitlement by too much wealth and too little challenge or trapped into failure by too much hunger, loneliness, poverty, and illiteracy.

Marian Wright Edelman in Lanterns A Memoir of Mentors, 1999

The desired outcome for all children is that they become productive adults ready, willing, and able to contribute to self, to family, and to their community. There are numerous factors that affect whether family and child development proceeds with ease or a struggle, many of which are discussed in detail in this paper. Researchers interested in the course of development have identified protective and risk factors associated with the well-being of families and children as a means of assessing, designing, and projecting support and service needs. Protective factors have been associated with positive school and life outcomes, and causal links between risk factors and poor school and life outcomes have been established.

Some studies suggest that risk is cumulative, that is, the higher the number of risk factors over time, the greater the likelihood of subsequent emotional and behavioral problems. Others suggest that risk is additive, not cumulative. That is, children with a whole set of risks at one time are at a greater disadvantage than children that accumulate a few risk factors over a period of time. Findings do substantiate that children can move in and out of various levels of risk at different points in their life.⁹¹

The following table (Table 5) provides an overview of the protective and risk factors linked to family and child well-being from the prenatal period through early childhood.

⁹¹ Peth-Pierce, 2000

Table 5. Protective and Risk Factors

Prenatal	Protective Factors	Risk Factors
	<ul style="list-style-type: none"> ✓ Good health ✓ Practice of risk reducing behaviors ✓ Adequate nutrition ✓ Neurodevelopmental intactness ✓ Normal fetal development 	<ul style="list-style-type: none"> - Congenital anomalies - Respiratory disease - Poor nutrition - Prematurity - Perinatal conditions - Intrauterine drug use - Sexually transmitted disease - Low and very low birth weight - Poor maternal health - Maternal stress - Multiple births
Child	Protective Factors	Risk Factors
	<ul style="list-style-type: none"> ✓ Good health ✓ Outgoing or easy temperament ✓ Positive or secure attachment to mother or other caregiver ✓ Developmentally competent and independent ✓ Higher cognitive functioning/normal intelligence ✓ Self-confident/high self-esteem ✓ Gets along with children and adults/has a large number of friends ✓ Warm and open relationships with early childhood teachers 	<ul style="list-style-type: none"> - Poor child health, medical disorder - Difficult temperament, behavior, or mood - Insecure parent-child attachment - Developmental delays or difficulties - Cognitive impairment/ low intellect - Low self-esteem - Difficulty getting along with others
Family	Protective Factors	Risk Factors
	<ul style="list-style-type: none"> ✓ Economic security ✓ Employment consistency ✓ Residence with both parents ✓ Routines and consistency in family life ✓ Family cohesiveness – stable, organized, predictable ✓ Emotional support from alternative caregiver ✓ Parent available in times of stress ✓ Psychological well-being of parents ✓ Satisfaction in parenting role ✓ Parent has high self-esteem ✓ Parent provides positive role model ✓ Parent provides supervision of child ✓ Higher level of maternal education ✓ Emotional closeness with and support from extended family and friends ✓ Good social skills ✓ Knowledge of methods for optimal birth spacing ✓ Good health ✓ Health awareness ✓ Positive social networks ✓ Strong paternal role in child’s early life 	<ul style="list-style-type: none"> - Prolonged economic distress/low socioeconomic status - Employment stress or unemployment - Single parent/teen parent - Blended families - Rapid and stressful life changes - Threats of or actual separation/divorce - Marital/relationship discord - Lack of support from others (e.g., extended family, friends, faith community, support groups) - Lack of a positive adult role model - Parent(s) with mental disorder - Parent(s) with unrealistic expectations/ poor self-regulation - Parent(s) with poor reasoning or problem-solving - Parent(s) with antisocial behavior - Poor adult supervision - Low level of maternal education - Isolation - Use of harsh, inconsistent discipline - Large number of children - Chronic parental illness - Parental disability - Parent(s) with substance abuse - Homelessness/inadequate housing - Criminal behavior/ - Incarceration

Table 5. Protective and Risk Factors (continued)

Community	Protective Factors	Risk Factors
	<ul style="list-style-type: none"> ✓ Safe neighborhoods ✓ Stable and cohesive neighborhood with strong informal networks of support ✓ Economic opportunities and supports ✓ Accessible services ✓ Accessible and affordable health care ✓ Health education and outreach ✓ Community resources for recreation and enrichment ✓ Quality, affordable child care ✓ Good transportation services ✓ Positive social networks and active neighborhood groups and organizations ✓ Effective prevention and early intervention services 	<ul style="list-style-type: none"> – Immigrant or minority status/cultural isolation – Unsafe neighborhoods: crime, environmental hazards, transience – Social intolerance or discrimination – Neighborhood poverty – Lack of adequate housing – Lack of accessible and affordable health care – Lack of health education – Lack of recreational facilities and libraries – Lack of accessible and affordable child care – Lack of transportation – Lack of effective public education and information on services – Lack of services for young families

Sources: Peth-Pierce, 2000; Rugges, Coulter, Panacek, & Stone, 1995; & Thomlison & Lundgren, 2001

The importance of protective factors can not be overestimated. Ample evidence documents that children who begin kindergarten socially and emotionally ready – able to make friends, get along with others, and communicate well with teachers – are successful. Their success extends beyond good academic performance, decreased likelihood of grade retention, and lower rates of adolescent pregnancy and delinquency to better odds for obtaining higher education and vocational, relationship, and financial success.

In general, risk factors do not operate in isolation. Mothers who use drugs are also likely to smoke, drink alcohol, neglect their health, and have poor nutrition. For families and children with numerous risk factors, productivity and success often times is elusive. Early labeling can result in lower academic track placements, lower expectations from teachers and parents, and decreased likelihood of positive social interactions.⁹² Protective factors in the community are essential for these families but are too often unavailable or difficult to access. For example, access to prekindergarten and early intervention programs that might ameliorate these challenges is highly uneven.⁹³

⁹² Peth-Pierce, 2000

⁹³ National Research Council & Institute of Medicine, 2000