

Introduction and Overview

Neal Halfon, Kathryn Taaffe McLearn,
 and Mark A. Schuster

RECENT PERSPECTIVES ON EARLY CHILDHOOD

The well-being of young children has become a popular topic as expansions of knowledge in the neuro- and behavioral sciences have documented the importance of the first three years in children’s long-term learning, behavior, and health. Recent scholarly books and national research conferences have examined these issues from a variety of perspectives. In 1997, the National Academy of Sciences convened a three-year, multidisciplinary commission to examine and report on the science of early childhood. In 1999, RAND issued *Investing in Our Children*, which documented the benefits and savings associated with targeted early intervention programs. In 1996, 1997, and 2000, *Time* and *Newsweek* devoted entire special issues to the development of the young child. In 1997, the White House hosted conferences on childcare and on early child development and learning. Federal agencies have signaled their interest by expanding data collection on the early life predictors of educational success and supporting expansions of the Head Start program for children from birth to age 3. Numerous states have initiated aggressive early childhood agendas, focusing on childcare, health care, universal preschool, home visiting, and family support (Cauthen et al. 2000). All these efforts are evidence of a recognition of the importance of early child experience and a growing commitment to public policy that fosters the healthy development of our youngest children.

The burgeoning focus on early childhood issues in the United States must also be understood in a broader context of concern expressed by the American public about children and their families. Recent polling data from Public Agenda suggest that 82 percent of Americans believe it is harder to be a child today than in past years. By a margin of almost two to one, Americans believe that most parents face times when they really need help raising their children (*Public Agenda* 1997). The current domestic

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policy focus on improving educational opportunities and outcomes, and a constellation of related political factors, all suggest that the coming decade presents a window of opportunity to address the concerns and needs of families with young children.

This strong interest in the lives and potential life trajectories of young children is also being driven by concerns that many young children are seriously and predictably at risk for poor long-term developmental and educational outcomes. For nearly 20 years, poverty rates for children younger than 6 years of age have exceeded 20 percent nationally; in several major urban areas, poverty rates continue to exceed 30 percent. These high rates of early childhood poverty have persisted despite sustained economic growth for most of the 1990s. The deleterious effects of growing up in poverty on child health and development are increasingly well recognized (Duncan and Brooks-Gunn 1997). And there is evidence to suggest that poverty may be especially damaging to the child in the early years (Shonkoff and Phillips 2000).

Of related concern is the growing recognition that disparities in health and social outcomes of children, youth, and adults have their origins in disparities that begin early in life (Keating and Hertzman 1999). Disparities in health and emotional states that develop early in life not only persist but are often compounded over time. As one economist writing about policies to foster the growth of human capital observed, “Early learning begets later learning and early success begets later success just as early failure begets later failure” (Heckman 1999). A host of short- and long-term research studies in various fields is providing empirical evidence that disparities in human development manifest early in life and persist across decades. For example, the British 1946 National Birth Cohort Study, which followed more than 5,000 children over half a century, clearly documents that events in early childhood are independent predictors of cardiovascular, respiratory, and neurological health in mid-adulthood (Wadsworth and Kuh 1997; Smith 1999). Children in the cohort who experienced frequent lower respiratory infection in the first two years of life were much more likely to have chronic obstructive pulmonary disease in middle age. Other research studies on emotional and cognitive development have also established links between early life experiences and long-term emotional and intellectual functioning.

As the scientific evidence has grown, theoretical constructs to explain the role of family and environmental contexts on child health and development have also evolved significantly. Subtle and important differences in approaches persist, yet a remarkable consensus has emerged. Researchers in a range of disciplines generally accept that family contexts, relationships, and activities play an important role in determining child development and health outcomes (Boyce et al. 1998).

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Changing Views of Childhood and Family

Our understanding of childhood and the social roles of children has changed dramatically over the past century. Children are shaped by the culture in which they grow, and American children do not all begin with the same chances for success. What parents bring to the job of nurturing their children's development, especially in the early years, is recognized as a critical influence, but so too are political forces, practical economics, and implicit ideological commitments to children and their families. As such, childhood has become a focus of study in many different academic disciplines, each providing a unique perspective on the roles, needs, and prospects of children and their optimal development.

- Economists have focused on the cost of raising children and on household inputs needed to produce the circumstances necessary for children's attainment (Becker 1973). Some studies have examined economic incentives that influence family choices of child care arrangements, health care, and other factors that directly impact the ability to provide for children (Leibowitz 1974; Haveman and Wolfe 1995). Recent research has also focused on the effects of certain *kinds* of jobs and work relationships on how parents feel, and therefore on how they are able to support their children's development when they return home from the workplace.
- Sociologists have focused on family and social structures and their influence on children's development and life course transitions. Studies such as Glen Elder's classic *Children of the Great Depression* demonstrate that historical forces shape the social trajectories of families, determine the availability of educational and employment opportunities, and thus influence behavior and development (Elder 1974). More recently, Robert Sampson studied adolescents coming of age in Chicago's inner city in order to dissect the webs of social processes and relationships that influence the life courses of adolescents (Sampson 1997).
- Psychologists have examined emotional and cognitive development and the determinants of the onset of psychopathology (Sroufe 1997; Rutter 1996). A range of longitudinal studies display the impact of early life experiences and specific traumatic events, such as childhood sexual abuse, on the developing self.
- Pediatricians and child health specialists have focused on the determinants of health status and risks to child health (Hoekleman and Pless 1988), and especially on changes in those areas over the past century. Epidemiological studies had documented dramatic reductions in infant mortality due to improved living conditions and medical care, decreases in childhood infection as a result of immunizations and antibiotics, and the persistent threat of injury as a cause of morbidity and mortality.

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Changes in the epidemiology of childhood health and disease have also given rise to what some pediatric researchers have termed the “new morbidities” – conditions such as child abuse, learning disorders, and psychopathology that may be heavily influenced by social factors (Haggerty 1975).

While each of these research traditions approaches the subject of children and childhood differently, using different conceptual models and analytical tools, each has also necessarily focused on and highlighted the changing nature of the family. While families still play an essential role in the lives of all children, families are changing in size, structure, earning potential, and expectations. Children born in the year 2000 are much more likely to experience divorce, to live in a single-parent household, and to feel certain stresses and demands than were children born 50 years earlier. Today’s children are also more likely to be raised by parents who are better educated, who are more isolated from extended family relationships, and in two-parent households, who are both employed to support the family.

What we expect parents to know and do to promote and support their child’s development has also changed. Social norms for parents and parenting expectations have shifted dramatically over the century, and these changes seem to have accelerated over the past decade. Norms regarding acceptable childcare, discipline, and education have been redefined, even during the past two decades. Parents have access to growing volumes of information about child development, discipline, and parenting techniques from a range of professional and eclectic purveyors. Talk shows, specialty magazines, and now the internet have the capacity to provide non-stop information on what to do and how to encourage a child’s future development. Yet little is known about how good this advice is, whether parents who need it are gaining access to it, or whether they are able to act on it in ways that actually promote the development of their children. Is this information helping parents be better parents? We simply do not know.

The New Focus on Early Childhood

Just as childhood and children have become the focus of study and debate, early childhood has grown to become a field in its own right, with its own areas of research focus and public policy concern.

- Economists have highlighted the wisdom of investing in the youngest children, when the potential for return is greatest (Heckman 1999). Recent reports from RAND and the National Bureau of Economic Research have reviewed the economic assumptions that underlay the provision of intervention services early in childhood and calculated the costs and benefits of programs specifically targeted at improving the development of children from birth to age 3 (Karoly 1997; Heckman 1999).

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- Developmental psychologists have suggested that young children 0–3 learn more about the world, other people, and language than what was previously understood (Gopnik 1999). They have outlined mechanisms that “program” various behavioral response strategies, as well as the role of critical relationships in providing the emotional scaffolding that supports learning and cognitive development (Dawson 1994; Sroufe 1997).
- In neurobiology, researchers have highlighted the exceptional flexibility and activity of the brain of the young child, and how profoundly its neuronal structure and function can be influenced by experience. The early neurobiology of cognitive function is coming into greater focus, as are the neurobiology of early emotional states and the influence of selective experiences in the “wiring” of the brain (Schorre 1994; Fox 1995).
- Epidemiologists and child health researchers have highlighted the origins of adult conditions and disease states that begin early in life. This work suggests that metabolic pathways and response patterns set forth during the first years of life may influence the onset of coronary artery disease, diabetes, and hypertension five or six decades later (Barker 1998; Kuh and Ben-Shlomo 1997). One study, for example, traced the possible programming effect of breast milk on cholesterol metabolism, while another explored the possible influence of early nutrition and growth on non-insulin dependent diabetes (Lucas 1998).
- Sociologists and developmental psychologists have juxtaposed the fact that most American parents are now employed outside the home against the fact of young children’s dependence on others for caregiving and nurturing. Even the youngest children are now likely to be cared for by non-family members and childcare centers.
- Last, a growing number of studies have demonstrated that life course trajectories can be altered by interventions that change the dynamic relationships within a family early in life (Olds 1997; Ramey 1992; Campbell and Ramey 1995). Although enriched early intervention programs do not seem to alter long-term cognitive outcomes measured by IQ, they substantially alter noncognitive skills and social attachments of participating children and families.

Public Policy and Leadership in Early Childhood

At the beginning of the 1990s, *Beyond Rhetoric* (National Commission on Children 1991) and the Carnegie Corporation’s *Starting Points* (1994) set a new and broader public policy context for considering the needs of families with young children. And in late 2000, the Institute of Medicine and National Research Council released a seminal report, *From Neurons to Neighborhoods* (Shonkoff and Phillips 2000), which

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provided a guide to what science-based policies and programs could mean for our nation's youngest children. The 1997 White House conferences examined the public policy implications of new findings from brain research literature and the role of childcare as more women are employed as full-time workers. Several federal agencies have focused new attention on the development of young children, collecting new data, launching new programs, and expanding oversight and support for states and local communities that are trying to make a difference in the lives of young children.

Over the past 15 years, federal legislation has formed the basis for a more defined set of social policies on young children. Each legislative effort not only demonstrated a concern with the development of young children but recognized that the most important single instrumental method for supporting the development of young children is to build family capacity.

- Passed in 1986 and fully implemented in the early 1990s, the Individuals with Disabilities Education Act (IDEA) Part C legislation has funded states to identify and address the needs of young children with developmental disabilities and those who are at risk for having developmental disabilities through a comprehensive family-focused approach.
- Head Start has grown and expanded during the 1990s, and the federal government created Early Head Start for children 0–3 in 1996. The Early Head Start model also employs early intervention to build family capacity, drawing on home visiting techniques that have been developed and tested over the past two decades.
- The 1992 Family and Medical Leave Act allows mothers and fathers to take an unpaid leave of up to 12 weeks in a 12-month period without penalty in the workplace after the birth, adoption, or foster placement of a child and when they need to care for a sick child.

At the state level, there has also been widespread policy activity focused on young children. A few examples illustrate the range of these new state initiatives.

- North Carolina's Smart Start Program is an early childhood initiative to promote school readiness in children.
- Vermont has created Success by Six, a statewide health and developmental improvement campaign that has had a significant impact on several child outcomes.
- California's Proposition 10, the Children and Families First Act, passed in 1998, is a major initiative that will provide about \$700 million annually to improve services focused on children 0–5. Proposition 10 also builds a new quasi-governmental infrastructure in each county to serve as a community outcomes trust for young children.

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THE PURPOSE OF THIS BOOK

This book is about families with very young children. It offers a broad and in-depth look at families with infants and toddlers: how they prepared for parenthood, how they spend their time together, the nature and patterns of their routines and practices, their relationships with extended family members and their other supports, and the stresses and strains they experience. Its perspective is multidisciplinary, exploring the range of social, economic, family, and individual factors that interact to alter and shape the development of young children. The contributors include scholars and practitioners from different disciplines, including economics, sociology, developmental psychology, psychiatry, pediatrics, and health policy.

The impetus for preparing the book was a unique survey conducted in 1995–96 by The Commonwealth Fund. The Commonwealth Survey of Parents with Young Children provides a representative snapshot of the conditions of families with young children – and the pressures and concerns faced by parents in shaping the home environments and lifestyles of those families. A national sample of more than 2,000 mothers and fathers answered questions about a broad spectrum of topics, including preparation for parenthood, birth of a child, family economic structure, participation in the workforce, child-rearing practices and discipline, child and family health, and access to and satisfaction with child health and developmental services. Their responses were the starting point for many of the analyses presented in this book. The survey did not focus on child-care issues since so many other surveys, national studies, and books have recently been written about the subject. In fact, the decision was made to focus on more neglected topics relevant to the parents of young children – what they do and believe and the resources they need, especially from the health care system.

The contributors were encouraged to complement their analysis of the survey data with other national datasets, a wide range of published studies on families with young children, and relevant theoretical frameworks. Each chapter builds on the survey data to provide a well-rounded analysis of an important area of family life and to examine policies and programs that address the needs of young children and their families.

The book is also unique in its focus on the role of the health-care system and health-care providers in supporting the child-bearing and child-rearing needs of families. While other recent studies have examined the influence of child-care environments, there has been much less attention paid to health-care providers—representatives of one of the main societal institutions with continuous and ongoing contact with families and young children. Their interactions are sufficiently intense during the first three years of life to provide a unique access point for transferring information and initiating interventions that can benefit children's health and well-being.

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The richness of the survey dataset allowed the contributors to examine in detail the patterns of child rearing, the routines and rhythms of family life, and certain behaviors that are potentially sentinel indicators of how mothers and fathers interact with their young children. We have paid particular attention to family routines, especially those focused on reading and early literacy, breastfeeding, and discipline. We believe that the focus on these behaviors and the examination of similarities and differences across geographical regions, racial and ethnic groups, and different family structures tells a great deal about the similarities and differences that exist for children living in the United States today.

Survey Methods

The Commonwealth Fund developed the Survey of Parents with Young Children to provide an overview of the health and social conditions of families with young children in the United States. It is the first national survey of a representative sample of parents with children ages 0–3 to focus on factors that have been shown by recent research to be important in determining child health and development outcomes, and it also has the advantage of including a large number of fathers in the sample. Questions cover a period beginning before conception and include the early childhood years. Parents were asked about planning to have a child, strategies for child rearing, the challenges of taking care of children while meeting other responsibilities, social supports, and interactions with the medical system. It does not include some important topics, such as childhood immunizations and child care, that have already been covered in detail by other national surveys.

A total of 2,017 parents were surveyed during 25-minute telephone interviews carried out between July 1995 and January 1996. Stratified random-digit dialing was used to obtain a nationally representative sample of parents with children 0–3 years of age in the United States. The sample included 1,320 mothers and 697 fathers. African American and Hispanic households were oversampled to facilitate subgroup analyses, and results were weighted accordingly. With oversampling, the sample included 392 non-Hispanic African American parents and 419 Hispanic parents, along with 1,109 non-Hispanic white parents, 84 “other” parents, and 13 parents who did not report race or ethnicity.

Respondents were screened by telephone for eligibility, and those who were eligible were asked to participate in an interview. Eligible respondents included biological parents, adoptive parents, stepparents, or other guardians of a child younger than 3 years old living in their households. (Overall, fewer than 1 percent were non-parents.) When two parents were present at the time of the interview, one was randomly selected to participate in the interview. Parents who did not live with their children were

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excluded. Many of the interview questions were specific to a child younger than 3. If the respondent had more than one child younger than 3 years old, either the oldest or youngest age-eligible child was randomly selected as the index child about whom specific interview questions were asked. This sampling procedure excluded middle children when there were more than two age-eligible children in the same family. Because only 1 percent of families in the study had more than two age-eligible children, this exclusion should not result in any serious bias in the sample.

Among 66,633 telephone numbers sampled, eligibility status was determined for 82 percent (54,462) through screening; other means for determining eligibility included the following: telephone number not in service (12,132) and number was for a business, telephone booth, fax, or modem line (7,808). Among 34,522 who completed screening, 8.6 percent (2,959) were found to be eligible to participate in the study. Of those who met the eligibility criteria, 68 percent (2,017) completed the phone interview.

The results are weighted to represent the overall distribution of parents with children younger than 3 years old in the United States. For all statistical inference testing, standard errors were adjusted for the design effect (due to unequal sampling probabilities and stratification) using the sandwich variance estimator (StataCorp 1997).

Organization of the Book

The editors recruited contributors who are experts in their fields and represent a variety of disciplines. After completing their first drafts, the lead contributors gathered at The Commonwealth Fund for a two-day meeting of cross-disciplinary discussion of the findings. In addition, a statistician was available for consultation and review of statistical methods for the analyses. The editors guided the development of the chapters and reviewed analyses and content.

The book is organized into four parts. Part I describes the contemporary conditions of families in the United States with children birth to age 3. Part II examines contemporary child-rearing practices. Part III focuses on the health-care system and parents' relationships with health-care providers. Part IV looks toward the policy implications of the survey findings.

Part I includes two chapters that chronicle the conditions that affect a family's ability to care for their young children. In the opening chapter of the section (Chapter 2), economists Kilburn and Wolfe present models of child development, highlighting the important role of resource allocation. The authors suggest that four types of resources – financial, time, psychological, and human capital – are inputs to child development. The chapter documents the allocation of resources in these categories by parents, the

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government, and others from the prenatal period through the first three years of a child's life; it then develops an index of risk factors for young children. A unique aspect of the chapter and the Survey of Parents with Young Children is the unparalleled information on two important resources for child development: human capital and psychological resources. The authors note that these two resources have received little attention, despite their increasing prominence in the discourse on child-development modeling. They conclude that although parents provide the majority of inputs, a large number of families struggle to provide inputs for their young children. Government inputs are relatively common and mainly serve as a safety net, conditional on a family's being in need or at risk.

In Chapter 3, sociologists Gager, McLanahan, and Glei discuss the psychosocial and familial characteristics associated with being ready to parent among mothers and fathers who have had a child within the last three years. Based on numerous studies that document that intended pregnancies are associated with better parenting and child outcomes, this chapter focuses on two questions: What proportion of parents is ready and what risk factors are associated with preparation for parenthood? The authors examine four dimensions of readiness: intention to become pregnant, participation in childbirth and child rearing classes, availability of social support from family and friends, and psychological resources or preparedness. The authors conclude that the vast majority of mothers and fathers appear to have been prepared for their new responsibilities as parents. At the same time, they caution that some parents seem to have been unprepared for their new responsibilities, and that the likelihood of being unprepared is higher among racial and ethnic minorities and parents with low educational attainment. Some findings were inconsistent with previous work, and the authors suggest possible implications for social policy and programs. For example, these data indicate that closeness to kin appears to be a function of family structure rather than race or ethnicity, and that parents living in nontraditional families are more likely to live near a grandparent. Somewhat surprisingly, first-time parents appear to be more prepared than other parents on almost all indicators of readiness to parent.

Part II contains five chapters, which together provide a rich and contemporary picture of child rearing in U.S. families. Each focuses on a set of parenting behaviors that are believed to influence the trajectory of a child's health and development. These chapters also present a more in-depth analysis of the data on psychological, time, and human capital resources presented in the opening chapter by Kilburn and Wolfe.

Developmental psychologists Fuligni and Brooks-Gunn present data in Chapter 4 about how today's parents of infants and toddlers divide the child-rearing responsibilities, where parents turn for advice and support, and how well they feel they are managing their parenting responsibilities. The findings provide some important information about the effects of