Childhood Education And Social Inequalities Essay, Research Paper

Early Childhood Development and Social Inequalities By All families should

have the same opportunities to live a descent life. But due to the backgrounds

of some families, and children, they may not have a chance for this. There are

certain risk factors that have a bearing on social inequalities in health, and

particularly those that are prone to preventative intervention. There are many

that I could talk about, but I have picked out four of these factors to talk

about. They are biological factors, family and social factors, parenting factors,

and attachment. Even these I feel that I will not be able to cover completely,

because there is only a certain part we see, and then there is the that is kept

hidden from all. There are many factors that influence the development and

social inequalities in a child?s life. These include biological, family and social

factors, parenting factors, attachment, and the way non-maternal care is

influenced. All of these are risk factors that are likely to have a bearing on the

child?s social inequalities on their health. The biological factors include

premature birth, low birth weight, and a serious medical illness. The

significantly influence and infants growth. ?Low birth weight, less than 2500

grams, has a prevalence of 6 percent in white middle-class U.S. women, and

15 percent in ethnic minority teenagers. These teenagers tend to be single

mothers.? At the Infant Health and Development Project, they found that in a

large amount of premature infants, that their IQ was less than 85 at three

years of age. Race was the greatest factor in predicting outcome, that was

followed by maternal education, and then medical complications. The infants

of poorly educated African American mothers (90%) who had medical

complications were severely compromised, while only nine percent of white

infants with well-educated parents fell into this category, regardless of birth

complications. There are other biological variables that seem to be

independent of psycho-social factors. In one study, it was shown that if the

mother smoked during her pregnancy, there appeared to be a high risk for

conduct disorder and male children. This study suggested that are maybe a

direct effect on the still developing fetus. ?The influences of genetics are seen

as an impact on social inequalities. The MacArthur Longitudinal Twin Study

provided researchers with important information related to genetic factors in

behavioral inhibition.? Behavioral inhibition is unstable between ages of 14 to

24 months, and that this change is due to genetics rather then environmental

factors. It suggests that genes may turn off and on at different ages, and that

genes are ?context dependent.? In example of the Twin Study, comparisons

between the identical and fraternal twins show that there was a continual

genetic influence showing responses on cognitive, emotional, and behavior

arousal in response to distress of another, at the ages of 24 and 36 months.

Social influences that were shared by the twins with their interactions with

parents and others were a major influence with the mothers, but not the

testers. So genetic influences showed up more readily. Genetic influences

were ever present are not environmentally controlled. Maybe the social

background of a child with a low SES (socioeconomic status) could inhibit or

caused the trigger effect (turn on or off) of genetic propensities. Our next

topic is the family and social factors. Two of the biggest are social class and

poverty. These have been found very often to predict the developmental

outcomes of childhood. There are suggestions that infants and young children

who grow up in poverty are more likely to suffer health problems., cognitive

delays and behavioral problems as compared to children who do not grow

up in poverty. These poor children ?more likely to experience medical

problems such as lead poisoning, failure to thrive, otitis media, iron

deficiency, anemia, and to score lower on developmental and cognitive

scales.? There are many variables that effect relationships indirectly, these

include nutrition, housing, medical care, lifestyles, neighborhood quality,

accidents, and exposure to toxic substances. Also a social and emotional

qualities in which the child develops: parenting skills, maltreatment, maternal

disharmony, and quality of care. Young children who have a low SES are

assigned the term ?doubled jeopardy,? because they are not only exposed to

risk factors more frequently, but they also experience more serious

consequences from these risks. People from a low SES background are

vulnerable to negative events in their lives such as single parenting, social

isolation, and unemployment. The fate of the child raised in poverty is further

jeopardized by more exposure to power-assertive discipline and physical

punishment without the parenting support they need. Evidence of poor

abusive families who live in poverty is likely to be associated with an increase

in the severity of maltreatment. ?The effect of low SES on social development

and delinquency is particularly strong when experienced in early childhood.?

Poverty severely affects the child?s home environment. There are other

features of poverty that are also linked to social class. There is a study done

in 1991 that showed adolescent mothers who had a two-month old infant,

that there was more role-reversal in low SES subjects. Infants and toddlers

who live in poor families showed that their level of stimulation is likely to be

lower than in more affluent households. This lower-level of stimulation, in the

support which is found in the homes of low SES children is frequently pointed

out as the most important detriment of a poor developmental outcome. There

many specific family risk factors that are important to social inequality, the

three that stand out the most are maternal quality, adolescent parenting, and

family violence. There are many studies that link maternal quality to infant

functioning. ?Conflict predicts abnormal infant behavior and conduct

problems in toddlers.? In some studies the comparison of the effect of family

instability such as losing a parent through divorce or death. Maternal conflict

has always had an impact on children?s behavioral problems, and has caused

a greater negative influence. The risk to children is associated to overt

expressions of inter-parental anger, expression of physical hostility,

child-rearing disagreements, and the lack of resolving conflicts. In families

were there is only a mother, their children have injury rates that are twice that

of two parent families. These injuries are statistically explained by the

development of social inequalities such as poverty, poor housing, and social

isolation. When the parent is an adolescent is well-established that there is a

greater risk factor in the development of infants. Parenting behavior of these

adolescent mothers is deficient in many important areas. They are more

passive in one-on-one interactions, stimulate the infant less, smile and talk

less, fewer positive physical or eye contacts, given more commands and

authorative statements, more restrictive, physically intrusive and punitive, they

make fewer elaborative and descriptive responses, and are less committed

and satisfied with being a mother. The parents who show this usually have

children who speak less, have poorer cognitive and linguistic outcomes, are

impulsive, aggressive, have social withdrawal, insecure attachments, and poor

peer relationships. Maltreatment of children is another big risk-factor with

significant bearing on the social class. Maltreatment is associated with

aggression, and ?four times as many(about 20%) of maltreated children go on

to become delinquent.? The causes can be associated with biological

psychological, and social bearings. There is no doubt that early maltreatment

of children can affect their neurodevelopment as well as their behavior. If the

parents have access to community resources, and the support those

resources provide are increased, then the possibility of maltreatment is

diminished. Disorganized attachment may be linked to maltreatment. Mothers

with toddlers who reported an abundance of partner violence were more

likely to show disorganized attachment relationships, even if there was no

evidence of the children themselves having been maltreated. ?Maltreated

youngsters show many other social and emotional problems including

indiscriminate sociability, poor affect regulation, heightened levels of

aggression, social withdrawal, inconsistent and unpredictable signals. Perhaps

most critically, there appear to be major dysfunctions of self development.? It

is suggested that if a child is maltreated early, then that may undermine the

relationship between the infant and the care-giver. This limits the way they

interact with their care-givers and other children. It focuses them to use action

instead of words to influence the behavior of others, and the way themselves

act. One of the most influential impacts on child development is child-rearing,

or parenting. When we look at parenting this way social inequalities are most

relevant. The mothers who are from low SES groups are apt to provide less

learning and academic stimulation, they offer less variety in social and cultural

experiences, less warmth and affection, and more punitive care- giving such

as yelling, scolding, hitting and spanking. These behaviors have shown to be

associated with poor results including a lower IQ, and emotional and

behavioral problems. ?A recent report from the multi-site Infant Health and

Development Program showed that harsh parental discipline in the context of

low maternal warmth, was associated with IQ scores for girls at three years

of age 12 points lower than the IQ scores of girls who received low

punishment and high warmth.? Young mothers who have great stress in their

mother-child relationship have found it more difficult to make use of job

opportunity and basic skills programs. In regards of their strength in the

relationship between quality of parenting, and socioeconomic status is

moderate. When parenting is based on the assertion of power instead of

supportive guidance, it breeds the development of behavioral disorders. In a

study conducted by NICHD Early Child Care Research Network, the ratings

of mothers? sensitivity – positive regard, non-intrusiveness, sensitivity to

non-distress expression, based on videotaped observations of mother-child

interaction at 6-15months showed non-complaint behavior in the laboratory,

as well as in the home at two and three years. When parents make ?do

demands? such as ?come and eat,? ?sit down,? and ?get dressed? to two and

three year olds, instead of ?don?t demands? ?don?t get lost,? ?don?t stay up

too late,? as well as using positive affects, the children?s level of compliance is

enhanced. Another psychiatric problem that can be connected with social

inequalities in early childhood development is substance abuse. Evidence

shows that there is no simple relationship between prenatal drug exposure

and specific developmental outcomes. But the combination of biological and

psycho-social risk factors that are related with drug abuse. It has been shown

that there are serious effects on development. A drug using life style could be

tied to inadequate nutrition and poor prenatal care, which compromises fetal

growth. ?Drug exposure is likely to affect CNS development as a function of

timing, dose, and duration.? These factors are impossible to control, and their

impact can be moderated by other factors that are not related to the nature of

the exposure. By assessing this information, I think that maybe we should

look at the existing health visitation program offered by the state. If we make

some changes I feel that the health visitation may be more effective. We could

have them working more with mothers before the birth of their child, giving

them information on what to expect. Also have them work in a structured

program of proven proficiency, one that has shown good results. Priority

should also be given to mothers who, in the past have had a history of

childhood maltreatment, give special training in child management techniques,

all of these should lead up to good childhood care. There could also be

experimental trials conducted for early parent-training, who are at high risk.

These could include focusing on child behavior management, having the

parent take classes on how to manage different behaviors. Enlist the aide of

the community in parent- training, this could be offered in groups instead of

individuals, this does away with the singling out of people who are more at

risk than others. There should also be a much wider voluntary program for

mothers at risk, and this could be started in the child?s first six months. A

specialized trainer could conduct this program, maybe a mother who has

already gone through the program. In the pre-school curriculum problems of

behavior may be addressed. Schools could have specially trained pre-school

teachers aimed at reducing the risk of behavior disorders, and conduct

problems. For children and parents who are going through the loss of a

parent, by divorce or death, a program could be set up. This program would

help the parents to manage the conflict of divorce, in order to reduce the child

from feeling like they are the problem. It would also help the child to stay in

touch with both parents after the divorce. This program could be integrated

into the school system, with school based counseling services for these

children.

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