2006

Beliefs about parenting and how it affects a child's education

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BELIEFS ABOUT PARENTING AND HOW IT AFFECTS A CHILD'S EDUCATION

By

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Dissertation

Submitted to the Department of Leadership and Counseling

Eastern Michigan University

in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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April 10, 2006

Ypsilanti, Michigan

DEDICATION

To my mother, Lana Crandall, who showed me how to persevere and what bravery looks like.

ACKNOWLEDGMENTS

I would like to thank the chair of my dissertation committee, Dr. Charles M. Achilles, and the members of my dissertation committee: Dr. Robert Cross, Dr. Karen Paciorek, and Dr. Jaclynn Tracy.

I have to thank all the members of the MOMS program, especially the Director, Christie Peck, and Dawn Brown, who never tired of my questions or needs. I would like to thank Susan Rupert, Danita Thomas, Susie Williamson, and Lisa Marie Fischer for allowing me to attend home visits with them. Thank you to Maria Alvorez and Carmen Roman for taking the mailed-in interviews to the homes of their clients and for helping me to translate information into Spanish.

Also, I would like to thank Spectrum Health Hospital for all of their support.

Thank you to Dr. Phyllis Curtis and Eric Nanz; without their statistical knowledge, this study would not have been possible. My editor, Norma Ross, was also a great help and I am so thankful to her.

And I need to acknowledge the constant love and support from my family. My father and mother, Mick and Lana Crandall, who read countless rough drafts and listened to hours of exhausted frustration; returning only words of encouragement. My husband, Anthony, who never wavered from his belief in me; I could not have finished without his unconditional love and support. And last but certainly not least, my sons: McMillan, my shining star who never failed to make me smile, and Crandall (C.J.), who was born only a month prior to my dissertation defense and helped me prioritize as only children can.

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ABSTRACT

The researcher studied the cultural trends of a group of at-risk mothers who reside within Kent County, the majority of whom live in Grand Rapids, Michigan. The null hypothesis states: Environmental and cultural beliefs do not affect generational parenting beliefs or risk factors within the Kent County and Grand Rapids area. Cultural factors and four areas of the mothers' lives were studied: (a) number of parents within the household, (b) parental levels of education, (c) socioeconomic status, and (d) occurrence ratio of low birth weight.

Mothers (n=37) responded to questionnaires; 24 were interviewed in person; 13 completed questionnaire forms on their own. Data were also obtained from intake forms completed when the mothers entered the program between late 2002 and early 2003. Questionnaire responses were analyzed and generational comparisons were made. Responses to questions and to interviews were compared to determine how the mothers were raised and how they are currently raising their own children. The four at-risk themes addressed by the questionnaire and in-take forms were generational and similar for the mothers and their children.

Two key findings include a) the mothers involved in the study felt they were parenting differently than their parents had parented them but by all observation and questionnaire answers they were not, and b) the mothers involved in the study reported that education was important to them and for their children's future, but by all observation and interview discussion it did not appear that their actions were trying to support an increase in their child's chances for school success. This is important information for educators because it suggests that even with early intervention

programming, parents may feel that they are readying their children for future school success when in reality they are not. Therefore, early intervention program coordinators may need to change strategies in order to teach parents how to promote education to their young children so that they can arrive at school ready to learn. Also, this information lets educators know that even though a family may have participated in an early intervention program, the children may still not be ready for school. This study emphasizes how important it is for educators to learn about at-risk factors and intervene, as risk factors can diminish a child's chances for school success by a large margin. If a national goal is for all children entering kindergarten be ready to learn at a kindergarten level, then understanding the high risk population's pre-entrance educational resources from conception until entrance to school is essential.

ABSTRACT

Background: School failure can be linked to causes that are affected by parenting, such as low birth wieght, living in a single parent household, parents' education, and low socioeconomic status. Risk factors mentioned can be cultural as they are a part of a belief system passed from generation to generation. Because of risk factors, many children do not arrive at school ready to learn and are not successfully educated.

Purpose: To enlighten educators about generational parenting beliefs related to different cultures and to explain how these beliefs affect a child's school success.

Setting: Inner-city Grand Rapids, Michigan

Population: Thirty-seven at-risk mothers participated in an intervention program titled Moms Offering Moms Support (MOMS)

Intervention: Interviews and questionnaires were administered over a four-month period during 2003 to do comparison studies between mothers' parenting styles and their mothers' parenting styles.

Research Design: This explanatory, nonexperimental, descriptive study incorporated both qualitative and quantitative techniques and mixed methods, including cross-sectional research and exploration of some historical references to determine whether the parenting beliefs of the studied group could be generalized to other comparable groups.

Findings: Evidence that risk factors are generational was reinforced by this study. Findings also revealed an obvious discrepancy between what mothers stated was happening in their home environment and what was actually occurring. Parents' knowledge of the importance of education for themselves and their children, compared to

their motivation to acquire an education for themselves or get involved in their children's learning, was also a noted discrepancy.

Conclusion: Early intervention, especially as early as prenatally, can make a difference in a child's future school success. Educators should make home visitations to students' houses to obtain accurate information about home situations and to encourage early learning opportunities.

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CHAPTER 1: INTRODUCTION

"The origin of the verb 'parent' means 'to bring forth' . . . " (Borowski, Ramey, & Bristol-Power, 2002, p. 56). Because of the prevailing influence that parents have on their progeny, children born into environmental risk-factor conditions tend to continue to live within that environment and raise their children in like circumstances.

> …The findings that poor children exhibit these problems (risk factors) at rates double those shown by non-poor children means the 'cycle of disadvantage' is still with us. Unless effective interventions are found and applied, many of these young people will go on to become adult non-workers and impoverished or dependent parents, possibly producing another generation of high-risk children. (Zill, 1993, p. 39)

Generational poverty, or the "cycle of disadvantage," is a key reason that a program titled Moms Offering Moms Support (MOMS) was established in 1993 by Christie Peck, a neonatal nurse who had grown weary of watching infants enter the neonatal intensive care unit due to lack of prenatal care and mothers' exposure to risk factors like poverty. Peck created MOMS with Spectrum Health Hospital in Grand Rapids, Michigan, to educate Grand Rapids area mothers deemed at risk in many parenting areas including environmental and cultural concerns like housing, education, insurance, and discipline.

Risk factors, usually clustering in poverty or low socioeconomic status (SES) households, include low birth weight (LBW) infants, single-parent households, lack of prenatal or postnatal care, and so on. (Appendix A). All risk factors hinder the ability of

the child and family to thrive. In this study, the researcher examined what Kent County and Grand Rapids area families, especially mothers identified as at-risk by the hospital personnel at Spectrum Health, perceived as differences in their parenting practices from their own childhood experiences. Generational risk factors and their affect on growth and development are examined among this group of mothers.

The Problem

The underlying social issue of concern can be stated several ways. For purposes of this study, the problem derives from two sources: a) personal observation and b) research and literature. In general, when children are impacted by risk factors, like poverty, they often are at-risk for later problems in school and in society. This culture of poverty creates a "cycle of disadvantage" that becomes generational. To help the at-risk children prepare for education, normal development, and productive adulthood, educators and others need to address identified risk factors as early as possible, preferably prenatally, before these factors cluster and track, becoming more severe and difficult to overcome.

According to the Primary Health Care Profile of Michigan in 1999, eight percent of the Kent County population did not receive adequate prenatal care. "Starting with the mother's reproductive health and behavior, the child's primary caregivers structure the experiences and shape the environment within which early development unfolds" (Shonkoff & Phillips, 2000, p. 226). Also, according to the 2000 national census, 12% of infants born in Kent County and the Grand Rapids area were to single mothers, and 6% of the population was eligible for Medicaid insurance, reflecting a prevalent low socioeconomic status (SES) in the area.

School personnel, community personnel, and families need education, knowledge, and support services to prepare at-risk children for success in school and in life. A first step in this process is to obtain accurate data and information about the parents, grandparents, and subsequent parent and cultural backgrounds of the children and mothers in the study (a two-generation analysis).

> Knowledge is the first step toward meaningful support for children in high risk environments…We need to understand the tapestry of the early natural experiences of children, the forces that shape their world view and their reality, if we are to develop relevant, acceptable and effective services. (Norton, 1990, p. 2)

Knowledge can empower people involved in the education process - parents, children, and teachers. Understanding one another can lead to better learning, which, in turn, may help to overcome the generational risk factors and culture of poverty that hinder children's growth.

The Division of Early Childhood (DEC), National Association for the Education of Young Children (NAEYC), and Association of Teacher Educators (ATE) all have stated that collaboration with families, colleagues, and professionals in other fields is of utmost importance to early intervention program development (Bricker & Widerstrom, 1996). Without collaboration, education can be misguided, repeated, or lost among family units that are involved with multiple agencies and/or school systems. Agencies that "envision programs between birth and five as educational components, not as an appendage to the school's responsibility" may be able to help ensure all children's school success (Hodgkinson, 2003, p.12) by readying for kindergarten those children who normally would not be ready due to risk factors.

To address the above ideas, educators, school leaders, and others need to understand the condition of the families and children who live in the generational culture of poverty. This understanding may allow educators the chance to apply prevention tactics or create opportunities to reduce the effects of risk factors on children born into the culture of poverty. The MOMS program and prevailing conditions make Kent County and the Grand Rapids (MI) area an appropriate area to study families impacted by at-risk factors and the effectiveness of an agency whose purpose is to reduce the effects of the risk factors. The researcher desires to be a part of the change necessary for urban students to experience success early in life. With early home success, school success should follow, resulting in fewer chances for generational risk factors to continue. A better understanding of the families' beliefs about parenting should help educators address prevention concepts for these children and their families.

Discussions with community health care workers (CHW) in the MOMS program, educators, and members of the community have led the researcher to believe that educators and others can intervene and reduce or stop the cycle of generational risk factors. Persons with whom the researcher has collaborated on the topic agreed that children should attend school ready to learn, with healthy bodies and minds and parental support in the home.

Purpose of the Study

The purpose of this study was to understand the parenting beliefs of a group of mothers enrolled in the MOMS program. As part of the study, the researcher evaluated the self-reported feelings and perceptions of a portion of the MOMS program participants and analyzed their responses. Generational comparisons were made among

cultural aspects such as parenting styles, neighborhoods, and homes. Four at-risk areas--Number of parents living in the home, parent education, socioeconomic status (SES), and low birth weight--were described, analyzed, and compared. Statements concerning the effectiveness of the MOMS program were derived from the data and analysis. The null hypothesis states: Cultural beliefs do not affect generational parenting beliefs or risk factors within the Kent County and Grand Rapids area.

Theoretical Framework

The theoretical framework involves the effect of cultural influences, either risk factors or enabling factors, that alter the ways in which a child develops. Four factors that can influence a child's development include number of parents living in the home, parent education, socioeconomic status (SES), and low birth weight (LBW). Culture has an effect on a child's development, and educators and others need information about a child's background and risk factors to create a base for developing programs to assist children's growth. This framework is depicted in Figure 1 and is addressed in added detail in the research and literature review in Chapter 2.

Figure 1 displays the interaction between cultural factors and, in the final analysis, school success. Culture affects how a person acts, where a person lives, and how a person parents. Culture affects at-risk factors like how many biological parents live with a child, SES, LBW, and education. Risk factors greatly affect a person's ability to succeed in school. Culture affects how a person lives and raises his or her children, which affects our educational system when the children are ready to enter school.

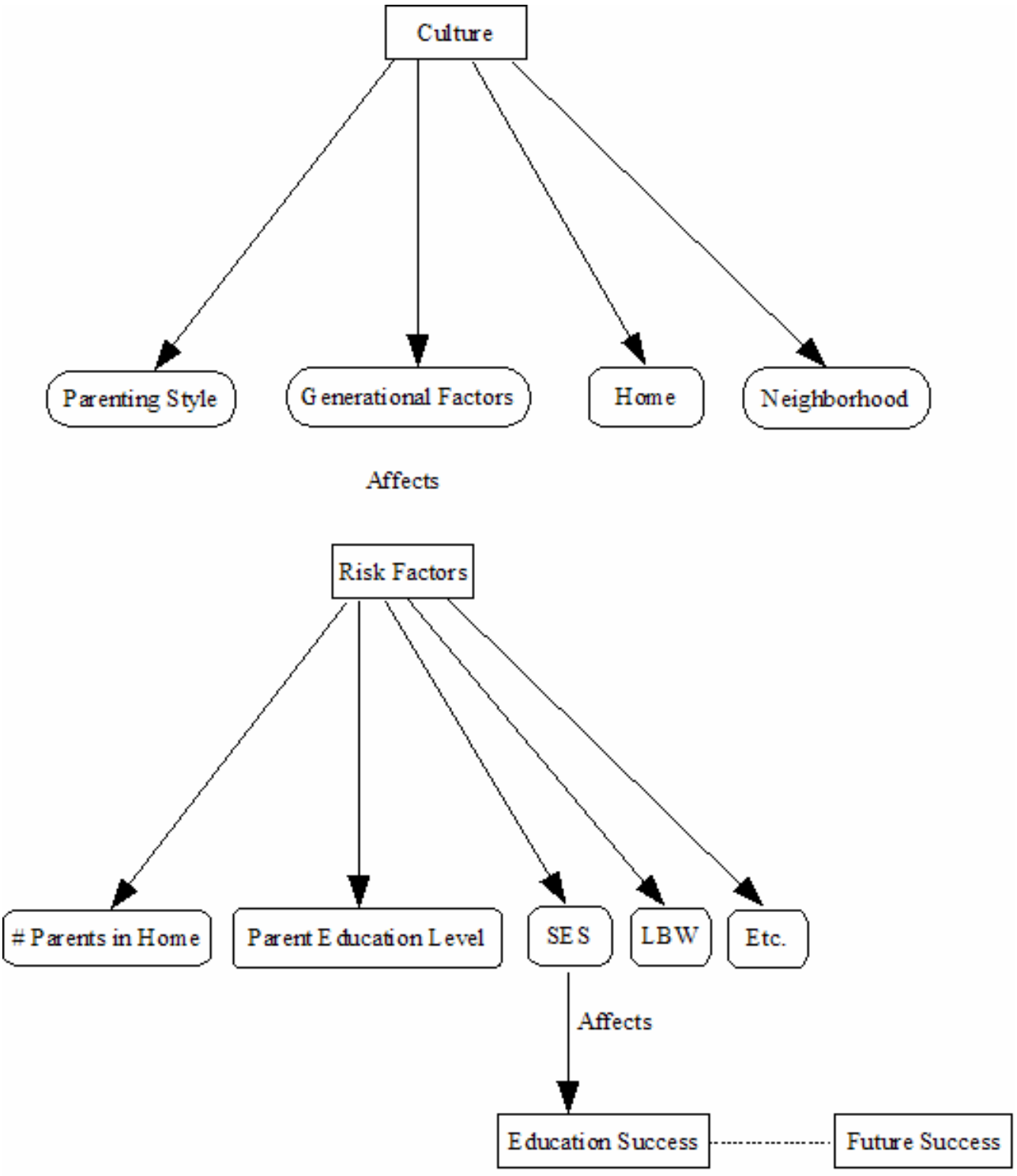

Figure 1: Theoretical framework displaying the links between culture and school success

Research, especially that of Shonkoff and Phillips, 2000, suggests that parents' environment when they were children greatly affects how they parent: People parent in a manner similar to the way they were parented. Parents' current environment also affects how they parent. If parents live for an extended amount of time in a community, they can make contacts and feel emotionally connected to the neighborhood. These feelings of comfort in the community should make support networks like neighbors, schools, and churches more accessible as the families build "cultural" or social capital. Unfortunately, low SES parents, already at risk, tend to be more transient and thus are not able to make important connections in their communities: "…high mobility characterizes families with young children. Nearly 25% of young children ages 1 to 5 move to a new home during the course of a year, with moves only slightly more common among black and Hispanic than among young white children" (Shonkoff & Phillips, 2000, p. 331).

Homes can be havens, places for people to learn and grow. If parents feel safe and comfortable in their home, this should positively affect their parenting. Number of parents in the home, parent education level, SES, and birth weight, four major risk factors, also affect parenting. Culture affects these risk factors and often can exacerbate them. Culture and the risk factors affect each other (reciprocal relationship) and, in turn, greatly affect the growth and development of a young child in the intergenerational culture of poverty.

Culture is generational. Shonkoff and Phillips (2000) addressed that what people learn stems from their parents and their surroundings and is passed from generation to generation.

> A vast store of research…has confirmed that what young children learn, how they react to the events and people around them, and what they expect from themselves and others are deeply affected by their relationships with their parents, the behavior of the parents, and the environment of the homes in which they live. (Bradly et al., 1988; Hartup & Rubin, 1986; Maccoby & Martin, 1983; in Shonkoff & Phillips, p. 226)

The MOMS Program and Community Demographics

The MOMS program is designed to help involved persons better understand and, therefore, to educate parents. As of 2002, the start of the study, The MOMS program included 243 mothers. While the MOMS program reported on ages 19-25 in its data collection, this study included a wider age range and reported on ages 18 and over, approximately 60% of the MOMS' population (n=120). Approximately one quarter, n=37, of the population aged 18 and over became the sample for interviewing. Specific demographics of the study's sample are addressed in the descriptive data section of Chapter 4.

According to the MOMS program report for 2003, of the total population (n=243), (a) 40% were 19-25 years old, (b) 70% had never been married, (c) 40% were of Hispanic descent, (d) 30% were of African American descent, (e) 85% were on Medicaid/Michcare, (f) 62% were unemployed, (g) 59 % had fewer than 12 years of education, and (h) 11% of infants born were LBW.

A majority of these mothers were unmarried and receiving Medicaid (indicative of low SES). Many had not completed high school or started any form of higher education. These risk factors are often generational. Some, if not all, may reflect cultural

belief systems of people within the Kent County and Grand Rapids area. For example, the culture of poverty is visible in many pockets of Grand Rapids. The cultural belief system affects not only families but neighborhoods as well and, ultimately, the schools.

Most infants born to mothers who participate in the MOMS program attend the Grand Rapids Public Schools. According to the McGraw-Hill Company's report, "Standard and Poor's School Evaluation Services" (2001), "In 2000, Grand Rapids Public Schools had a headcount of 25,051 students, 55.8% of whom were receiving free lunch, and an additional 9.6% were receiving reduced lunch" (Appendix B). The free and reduced-lunch data show that over time the Grand Rapids Public School system has many children who enter school every year with low SES and other risk factors. These children also may be unprepared for formal schooling. "…While poverty is only one of the risk factors that many children are exposed to, it magnifies all other risk factors" (Hodgkinson, 2003, p. 6). This magnification, in turn, often leads to constrained and less-than-successful school experiences. "Districts with lots of poverty children have a more difficult educational task than do districts with very few students from low income families" (Cooley, 1993, p. 3).

The early childhood years are crucial to a person's overall growth. Experiences that young children encounter in their homes and communities affect their ability to learn. Obviously, negative experiences in grade school make positive experiences in middle and high school extremely difficult. "…(a majority of) today's young people are being raised in disadvantaged circumstances that seriously impede their chances of growing into healthy, responsible, productive members of adult society" (Zill, 1993, p. 35).

Design and Method

Research designs for educational/social studies vary. However, conclusions of various types of studies are often similar. Documentation of generational risk factors within certain cultures is becoming a more prevalent conclusion. Shonkoff and Phillips (2000) stated,

> The growing reliance on research designs that address the interplay of genetics and socialization has both confirmed the substantial influence of parenting on child development and increased awareness of the complex ways in which parenting intersects with the child's inherited strengths and vulnerabilities to affect the pathways that are followed en route to adulthood (Collins et al., 2000; Rutter et al., in press, in Shonkoff and Phillips, p. 227).

This study is an explanatory, nonexperimental design of cross-sectional research. Survey research was used as the primary method of data collection (Johnson, 2001, p. 8). Secondary data collection included literature reviews, comparison studies, and reviews of records and archival data.

Health care agencies refer mothers to MOMS because of the presence of one or more of the following risk factors: (a) difficulty accessing adequate care; (b) difficulty accessing adequate housing, transportation, or childcare; or (c) enduring or experiencing inadequate finances, domestic violence, and/or substance abuse. The MOMS program provides educational and medical support, both prenatally and up to one year after the birth of the child. Some participants have given birth to more than one child and return to the program. The goal of MOMS is to educate parents concerning appropriate child-rearing techniques in areas such as (a) safety, (b) discipline, and (c) sanitary

housekeeping practices, as well as in other important areas that increase positive experiences for young children. Hopefully, mothers in the MOMS program apply this knowledge to improve their lives and the lives of their children so that their children are less likely to have the same risk factors when they become parents.

To explore mothers' beliefs concerning recidivistic risk factors, the researcher interviewed a sample of MOMS participants concerning how their beliefs about parenting were derived. The researcher made home visits to 24 mothers and conducted face-to-face interviews with them. An additional thirteen questionnaires containing the interview questions were returned by mothers who completed the questionnaire form on their own. This study focused on the total of 37 "interviews," which included 24 conducted in person and 13 mailed-in responses.

The interview questions (Appendix C) addressed comparisons and contrasts between the neighborhoods and homes in which the mothers grew up and the ones in which they presently lived. Questions focused on how the mothers felt about the parenting they received, or perceived how their parents parented versus their own ability to parent. The interview questions also addressed key factors such as (a) the number of parents in the household, (b) parents' education level, (c) socioeconomic status, and (d) infant birth weight, all of which affect positive parenting and early childhood development. The aim was to determine what environmental and cultural factors (such as neighborhoods, homes, and beliefs about parenting) lend themselves to recidivism of risk factors in the Kent County and Grand Rapids area and, generally, in similar settings.

Additional information was gathered from the MOMS intake form (Appendix D), that all mothers were to complete with their community health worker (CHW) upon the

mother's entry into the program. The interview questions, intake form, and observations made at the time of the interview all are methods of data gathering for this study.

Definition of Terms

Some terms have been defined and explained to assist the reader and contribute to precision in the presentation of the data. A complete list of definitions is included in the glossary of terms, found in Appendix E.

"Culture is a pattern of behaviors that are learned and passed on from generation to generation" (Shonkoff & Phillips, 2000, p. 59).

"Low Birth Weight describes any infant weighing 2500grams/5.5 pounds or less at birth, which affects many facets of development including overall health of child" (Paneth, 1995, p.19).

Number of parents in the home is the number of biological parents living in the same residence as the child on a full-time basis.

Parent education level is the last grade of formal schooling that a parent has completed.

"Socioeconomic status (SES) is membership in a social class based on education, finances, and ethnicity: major determinant of a person's life chances and lifestyle" (Encyclopedia of Social Work, 1995, pp. 36 & 909).

Strengths and Limitations

Strengths of this study include interviews (n=24) conducted personally in settings familiar to the mothers—their homes. During the visits, the interviewer made observations that provided "on-site" support. The interview process was consistent because (a) of the personal nature in which it was conducted, (b) one person conducted

the interviews, and (c) there were only two observing parties—the community health worker (CHW) and the researcher.

Previously screened clients of the MOMS Program were the participants in my study. Approximately 50 mothers were selected randomly to be interviewed from a pool of approximately 146 mothers age of 18 and over. Also, the researcher was certain that the person selected for the study truly was the person interviewed, as the researcher was present at all interviews. Unfortunately, the CHW and/or mother did not always fill out the intake forms thoroughly enough so that data could be used reliably in this study. However, the intake forms were used for review and to support interview answers. The researcher cross-referenced interview question answers with the appropriate intake form answers to double check authenticity.

The study had the full backing and participation of Spectrum Health Hospital and employees of the MOMS Program. Mothers in MOMS had already been screened for (and did exhibit) risk factors. All mothers resided within the Kent County and Grand Rapids area at the time of the study and had signed a consent form (Appendix F). Mothers who needed Spanish consent forms or interpreters were accommodated.

Comparison studies were used to authenticate the study, showing legitimacy. The comparison studies were longitudinal and important. According to Becker (1958) and Cronbach (1982) cited in Shadis, Cook, and Campbell (2002), researchers "make valid causal inferences using a qualitative process that combines reasoning, observations, and falsification procedures in order to rule out threats to internal validity" (p. 500). Comparisons to well conducted studies provide support for generalizing results of this study to similar populations, and the present study followed this method.

One-on-one interviews, conducted in person by the researcher, could be a weakness of this study due to bias. To combat this bias potential, a CHW accompanied me on each visit. This person helped to create a check system to impede biases from entering the study. Further, interview questions were asked in the same way with each client without added comments or other conversation.

Study results are representative and not highly generalizable. Information and results from comparison studies help to moderate this weakness. The interview questions did not show cause and effect situations. Feelings experienced at the moment of the interview constitute the data collected. Parts of the study had no specific research controls. Mothers in the study were expecting their first, second, or in some cases, third child. Being an experienced mother might have created differing feelings from those of first-time mothers. While the difference between experienced and first-time mothers was noted on the questionnaire, no separate analyses were made for the two groups.

Importance of Findings to Research and Practice

The study has important implications for educators as it deals with future learners in the American education system. “An important function of the education administrator is to be an effective teacher of adults--of teachers, parents, patrons and policy persons” (Achilles & Nye, 1995-1996, p. 4). Understanding how children's early years influence education development may help educators better educate all children. “Understanding the condition of children as they enter school can provide clues to help parents and teachers understand children's performance later in their school career” (Saluja, Scott-Little, & Clifford, 2000, p.1). Knowledge derived from the study should enhance networking among educational institutions such as the Grand Rapids Public Schools and

Spectrum Health Hospital and the MOMS program. “Without the help of a substantial knowledge base of research-driven practices, educators will not succeed in meeting the challenge posed by the growing at-risk population” (Achilles & Nye, 1995-1996, p. 9). The study adds to the knowledge base and increases the understanding about at-risk families in general and specifically in the Kent County and Grand Rapids area to help educators plan prevention and accommodation and to work with mothers and policy-makers.

Culture, beliefs, attitudes, and rituals affect child development. Culture is learned. To understand why a group of people possess beliefs that negatively or positively affect child development, we must conduct research about the origin of the beliefs. This information will enlighten educators about why certain risk factors already known to exist in the Kent County and Grand Rapids area are present. Understanding the culture, and how and why it has been taught, will help educators find ways to prevent future risk factors and, subsequently, improve child development.

Understanding and supporting families at the earliest stages of parenting should encourage early childhood experiences that affect young people positively. In turn, these children will arrive at school ready to learn, which will enable them to achieve a greater success in their educational experience.

Structure of the Document

Chapter 1 included an introduction of the topic and statement of the research problem. The theoretical framework, design, method, and purpose of the study were presented, as well as a definition of terms used in the study, strengths and weaknesses, and a discussion of the importance of the research. Chapter 2 addresses the literature and

research that support this study and the study's theoretic base. The literature review covers (a) culture, (b) the number of parents living in the home (and how this affects a child's upbringing), (c) parent education (and how it affects their children's educational success), (d) socioecnomic status and its impact on children, and (e) low birth weight and its impact on infants and children. Methodology and design are explained in detail in Chapter 3. Study results are shared and discussed in Chapter 4. Chapter 5 includes ramifications of the findings on the MOMS program on the population studied and on the general population, as well as implications for policy, practice, and for further study. A narrative summary of the study findings is in Chapter 6.

CHAPTER 2: LITERATURE REVIEW

Generational risk factors affect every portion of society. In this study, the researcher addressed risk factors of a particular population in Grand Rapids, Michigan. The sample studied is from mothers enrolled in an intervention program titled Moms Offering Moms Support (MOMS), which primarily serves at-risk mothers, the majority of whom reside in the inner city. Interviews were conducted addressing (a) culture and community (neighborhoods, homes, and parenting style), (b) parent education, (c) number of parents living in the household, (d) socioeconomic status, and (e) low birth weight. Comparisons were made between the life experiences the participants were giving their children and the lives the participants lived as children.

Chapter 2 includes a review of research about the two major areas addressed in this study: culture and education risk factors. The use of demographics, addressed briefly in Chapter 1, was vital to this study. Demographics of the study group are discussed in Chapters 3 through 6 when addressing trends between the sample studied and the general population and implications of the study. "Representative population surveys typically draw relatively few families from high-poverty urban neighborhoods…then studies of neighborhood effects based on broad population samples may miss an important part of the story" (Shonkoff & Phillips, 2000, p.331). In this study, the researcher attempted to provide information about high-poverty urban neighborhoods. Collins et al., 2000, and Rutter et al., in press (as cited in Shonkoff & Phillips, 2000) stated,

> The growing reliance on research designs that address the interplay of genetics and socialization has both confirmed the substantial influence of parenting on child development and increased awarness of the complex ways in which

parenting intersects with the child's inherited strengths and vulnerabilites to affect the pathways that are followed en route to adulthood. (p. 227)

Studying mothers' feelings and behaviors is a relatively new approach to studying parenting. "Most studies of parenting behavior did not even consider the composition of the family or the possibility that extrafamilial factors, such as the neighborhood, community, or culture, could serve to moderate the effects of parenting on children" (Borowski, Ramey, & Bristol-Power, 2002, p. 51). Analysis of the demographics of the mothers and the culture in which they parent has potential to provide more insight into intergenerational parenting factors for this population and what effects those factors may have on their children. Knowing this information enlightens educators about ways to serve these families better. "…Some dimensions of parenting need to be measured in realistic or normative terms as well as in absolute ones, and to explicitly take into account what is considered acceptable or normative (versus deviant or problematic) parenting within a given community" (p. 53). Each of the two major areas of concern is a topic for the research and the literature review. The culture section discusses parenting styles, generational factors, homes, neighborhoods, and communities. Educational risk factors include number of parents living in the home, parent education levels, socioeconomic status, and low birth weight.

Culture

Culture, an important component of family life, can aid or hinder the development and recurrence of risk factors. Schweder et al. (1998), as cited in Shonkoff and Phillips (2000), defined culture as "the beliefs and doctrines that make it possible for a people to rationalize and make sense of the life they lead ... patterns of behavior that are

learned and passed on from generation to generation" (p. 59). According to Shonkoff and Phillips, "Human development is shaped by a dynamic and continuous interaction between biology and experience. Culture influences every aspect of human development and is reflected in child rearing beliefs and practices designed to promote healthy adaptation" (p. 3). If certain trends in environmental and cultural factors and beliefs are identifiable and identified, then educators and other human resource workers can address ways to break the cycles of generational risk factors that hinder the development of children.

Different cultures emphasize different developmental milestones in infants, and knowing this is important when addressing any form of readiness. If parental input is crucial to development, it makes sense that the parents' beliefs about their roles are important as well. Norton (1990) emphasized this point: "Child rearing practices reflect what parents know about life in their community, what they believe will be useful, and what they recognize as realistic aspirations for their children. ... Families raise their children to fit into the society in which they live and which they know" (p. 3). Parental beliefs affect a child's development and future readiness for school and life.

Parenting Style

People parent differently, and studies show that more often than not people parent as their own parents did. "Personal attachment experiences, based on one's own experiences and interactions with parents as a child, affect one's choice of marriage partner as well as attitudes toward parenting and childrearing" (Susman-Stillman, Appleyard, & Siebenbruner, 2003, p. 6). Many people may not even notice or admit to

parenting as they were parented. Oftentimes, when people act intrinsically, they do not even notice their actions.

The way people feel about their neighborhood, their community, and the condition of the home in which they live affects how they act. Relationships in communities also affect actions. Examples include feeling safe walking in a community, locking or unlocking doors, level of fear when answering the door, and feelings about inviting others into their community and home. "Families formulate different strategies for raising children in high-risk neighborhoods, ranging from extreme protection and insulation to assuming an active role in developing community-based networks…" (Shonkoff & Phillips, 2000, p. 330).

A feeling of safety affects actions such as school relationships. Safety may dictate if children can, or do, play outside the home and by what rules they must abide. Lead paint chips, inside or outside the home, or dirty hypodermic needles left in the back yard can dictate parental actions regarding where a child is allowed to play. "Lead poisoning continues to pose a threat to the healthy development of children, and disproportionately to low-income children of color living in central cities" (Shonkoff & Phillips, p. 333). Rules governing safety may involve the family's neighbors and what can be seen or heard by the children in the neighborhood.

Socioeconomic status, often affected by a parent's education level, influences parenting styles. Kohn (1969) and Gecas (1979), as cited in Shonkoff and Phillips (2000, p. 292), noted, "Higher-SES parents have been found to rely more than lower-SES parents on shame, guilt, and reasoning as disciplinary strategies and less on commands

and imperatives…lower class parents value conformity, whereas higher social-class parents value self-direction." This is true in both two-parent and single-parent homes.

Although schools can create safe havens for children and families, transient families may not become familiar with the school personnel or be able to join school programs. Transiency can greatly affect how a child feels about school and can foster negative feelings regarding school and education.

Race also plays a part in parenting style. "Race is best understood as a social construct. We identify ourselves and other people by the family and community that produces us" (Singham, 1995, p. 273). For example, Black parents tend to put more emphasis on physical development than on cognitive development. "Black mothers hold more realistic expectations for motor development than they do for cognitive development and this greatly influences the extent to which they promote certain developmental activities" (Nugent, Lester, & Brazelton, 1989, p. 161). Depending on the race of the child, interaction time may differ. Coley and Chase-Landsdale (1999), as cited in Susman-Stillman et al. (2003), stated:

> [A study of] urban African American father involvement found that half of the fathers were highly involved at the time of birth and when children were preschool age, but that 40 percent of fathers moved in and out of active parenting during those years. A positive relationship between the mother and father increases the likelihood of father involvement in spite of fathers living outside the home or getting remarried (p. 8).

Mexican-American families place different emphasis on development than do Black families. Although the number of Mexican-American, Hispanic, and Latino

people who finish high school and continue in higher education is low, ("a decline in high school completion rate, a steady rise in the dropout rate, and high numbers of students two or more years behind in grade level") Mexican American parents still want their children to succeed in school; sometimes they just don't know how to help them do so (Chavkin & Gonzalez, 1995, p. 3). If few family members have succeeded in school, then there is no prior knowledge of school success, which makes it difficult to provide generational support. "Hispanic families have a consistently low rate of school involvement and high rates of poverty and low levels of academic achievement" Valdiviesa and Nicolau (1992), as cited in Espionosa (1995, p. 2). In fact, "they start kindergarten somewhat behind their peers; 44% by age 13 are at least one year below expected grade level; and more than 40% drop out before completing high school" (Liontos [1992] as cited in Espionosa [1995, p.2]. School success is related to SES and LBW, and families need to be encouraged to address academic achievement. Starting school with multiple risk factors makes catching up to peers who have started school without risk factors, or with few risk factors, seem impossible. The overwhelming notion that catching up to peers is unattainable creates uncertainty and insecurity that also hinders school success. When another family member becomes unsuccessful in school, this idea of unattainable school success is passed on to other family members and to future generations.

In single-parent homes, "Mexican American families were less supportive than Anglo families of divorce or separated mothers, and Anglo families tended to give less support to never-married mothers than to divorced or separated mothers" (Susman-Stillman et al., 2003, p. 9). Thus, on top of other negative detriments that single-parent

homes create, racial diversity may be another issue because support networks for single parents differ among races.

Race often plays a role in support networks. “A study of low-income African American mothers showed that women with larger support networks tended to show greater responsiveness toward their infants and provided more stimulating home environments to their 18-month-old children than women with small support networks” (Burchinal, Follmer, & Bryant, 1996; as cited in Susman-Stillman et al., 2003, pp. 9-10). Support networks influence parenting style in many different ways as they help to alleviate stress and tension, while they influence parenting choices at the same time.

Race is important in this study. Of the participants in the MOMS program, 40% were Hispanic and 30% were African American. In this study, six of 37, or 16%, were Hispanic, and 18 of 37, or 49%, were African American; one was Zambian (3%); and one was Ethiopian (3%). Ten of 37, or 27%, were White. Demographics are presented in detail in Table 2 at the beginning of Chapter 4.

Generational Factors

“In addition to genes, parents and children share many educational, socioenomic, and cultural characteristics” (Singham, 1995, p. 274). Parents deliver experiences to their children that shape and mold who they become, and their children often show similar parenting patterns. “Cultural ethos becomes almost invisible; it is difficult to define or tease out because it is so ingrained, generation after generation, that it appears ‘natural’ or ‘right,’ and a part of one’s identity” (Small, 1998, p. 50). Without realizing it, people parent as they were parented, and this can result in negative or positive consequences for children. “Families are fundamentally dynamic and developmental, exerting complex

and reciprocal social and biological influences on their members" (Borowski et al., 2002, p.50).

Home

The dwellings in which people live are important to all aspects of their lives. A home can be a place where one can feel safe, learn, evolve, and grow, or it can be a place of fear and hindrance. A home can offer protection or it can provide fear of danger.

There are many aspects to a home, one aspect being ownership. Some homes have been owned by a person or family for generations. Government agencies own some homes, such as "transitional housing." There are shocking variances in what a person considers as "home." Each home has unique characteristics that influence a person's culture and parenting style. Size and safety are aspects of homes that influence how parents interact with their children. "For children with inadequate housing without quiet study space, homework creates further disadvantage" (Rothstein, 2004, p. 47). Also, a home provides (or does not provide) basic amenities such as running water and heat.

Each home is expressive of the people who live there. During home visits, the interviewer tried to determine if the family members felt as if they were living in a home or simply living in a shelter. Whether there was an attempt to create a family atmosphere (including the presence of photographs, and so on) demonstrated whether the family members felt that they lived in a home or in a shelter. This is important to note, because how comfortable people are in their homes reflects on their parenting abilities and techniques.

Other important aspects of a home encourage or discourage childhood development. Koreman and Miller (1997), as cited in Shonkoff & Phillips (2000), stated:

> Potential threats to the physical health and well-being of young children include poor housing, with its associated risk of increased exposure to infectious diseases and higher incidence of injuries; environmental toxins, such as lead (which adversely affect brain development); and endemic substance abuse and violence with their associated risk of child maltreatment. (p. 356)

Parenting styles are reflected in homes and affect a child's ability to develop and learn.

Neighborhood

Environment affects all aspects of peoples' lives, from how they feel about themselves to how they parent. A crucial component of culture is where one lives. Community is important in defining and teaching culture. Neighborhoods are communities. How persons feel about their neighborhood is critical to how they feel about their life situations. Neighborhoods can offer comfort and support or instill fear and loathing. "As the prevalence of drugs, violence, and guns increase and as juvenile death rates rise in the suburbs as well as in the slums, questions must be raised as to what suburbs and cities owe one another" (Hodgkinson, 1995, p. 179). And what does society owe its children? Safety greatly affects how a child is parented, and therefore, how a child develops. If parents feel unsafe, the experiences they can offer their children will be hindered and so will the child's development. Neighborhoods can provide a sense of history and acceptance for families. Some families have lived in one neighoborhood for generations. Others are transient. Poverty is a key indicator of transient behavior. In comparing the richest fifth to the poorest fifth of kindergartners in 2002, Hodgkinson (2003) found that, "48% of the lowest fifth had lived in at least three different homes by the time their children entered kindergarten" (p. 12). Hodgkinson also noted, "this high

level of transience makes it extremely difficult to provide services for a rapidly changing clientele…transience is a reality we cannot afford to ignore" (p. 4).

Neighborhoods can perpetuate discrimination, especially for those who are transient and made to feel like outsiders. "Neighborhoods in which parents frequently come into contact with one another and share values are more likely to monitor the behavior of and potential dangers to children" (Sampson [1992] as cited in Shonkoff and Phillips [2000, p. 330]). Often, the longer a family lives in an area, the more people family members know and the better they feel about their surroundings. Staying in a neighborhood is a sign of stability and social capital.

Neighborhood stability has educational impact. According to Rothstein (2004), "a 1994 report found that 30% of the poorest children…had attended at least three different schools by third grade." This unstable environment, or transiency, reduces the chances of school success.

> So high mobility depresses achievement not only for children who move – each move means readjusting to teachers, classmates, and curriculum – but also for stable children in these schools whose classes are reconstituted and whose teachers use more discrete units and are thus unable to integrate instruction over time. (p. 46)

Transient lifestyles are detrimental to children's school achievement, even for children who are not the ones moving.

Neighborhoods provide for different experiences as well; urban living and rural living usually offer vastly different resources that allow for varying lifestyles. All mothers in the present study lived in an urban setting. City neighborhoods include

schools, churches, and other community organizations that offer services and support that can help a child can learn and grow. "Institutional models stress the importance for children of neighborhood resources - parks, libraries, children's programs - that provide more enriching opportunities in relatively affluent neighborhoods than are usually available in resource-poor neighborhoods" (Shonkoff & Phillips, 2000, p. 330). Neighborhoods are a large part of a child's culture, as they form the learning community.

Communities

Neighborhoods make up communities, and communities reflect the culture of the people living within them. Schools are cornerstones of communities, and schools reflect the culture of the students and of the families whose children are enrolled. Educators need to be aware of the culture that encompasses each neighborhood and therefore each school within the community. Knowing the beliefs and demographics of the families who attend the school can help educators determine risk factors and interventions.

Culture of Poverty

The "cycle of disadvantage" suggested by Lewis (1971) as cited in Payne (1998), discussed in Chapter 1 of this document, refers to generational poverty or the culture of poverty that many families experience. Lewis (1971) noted that "…The culture of poverty has some universal characteristics which transcend regional, rural-urban, and even national differences" (as cited in Payne, 1998, p.137). Historically, families who live within low SES for many generations have children who, in turn, experience a low level of achievement. Low achievement will occur in many areas for these families: unsuccessful school experiences, unsuccessful work experiences, unsuccessful relationships, and unsuccessful modeling of achievement for their children. Low

achievement is closely correlated with lack of resources, and numerous studies have documented the correlation between low socioeconomic status and low achievement (Hodgkinson, 1995). Polakow (1992) found:

> They (poor families) are beset by infant mortality, teen pregnancies, premature births, lack of access to health care, and stressed households increasingly managed by single mothers who have been abandoned by their men and the state to fend for themselves and their children as "the undeserving poor." (p. 207)

This "cycle of disadvantage" is difficult to break so that a new generation does not have to live within the culture of poverty. According to Rothstein (2004),

> It probably takes at least two generations, on average, for changes in the economic characteristics and educational attainment of parents to be fully reflected in how they raise children, including whether they take children to museums and other intellectually stimulating locations outside the home, engage in reading activities, organize other literacy experiences in the home, and adopt less punitive disciplinary styles. (p. 50)

Social Capital and Schools of Poverty

Horvat, Weininger, and Lareau (2003) described social capital as "the material and immaterial resources that individuals and families are able to access through their social ties" (p. 323). Educationally important, social capital differs among social classes and races, and "most of the social class difference in average academic potential exists by the time children are three years old" (Rothstein, 2004, p.10). Middle class parents and white parents tend to network and draw educational information on parenting from other middle class and white parents, educators and professionals. Lower SES and minority

parents tend to gain parenting information from relatives. Horvat, Weininger, and Lareau (2003) noted:

> We show that for middle-class families, webs of social ties tend to be woven through children's lives and especially thorugh organized activities they participate in, as well as through informal contacts with educators and other professionals. By contrast, the social networks of working-class and poor families tend to be rooted in and around kinship groups; ties to other parents and to professionals are considerably less common. (p. 327)

Reasons for the increased social ties in higher SES and white familes are that these families tend to live away from family and to enroll their children in activities.

How economics effect educational opportunities for children and schools is important. One way low SES affects children negatively is in the way their parents react to school personnel. In cases of controversy between a parent and teacher, research has found that low SES families "respond to such situations individualized" (Horvat et al., 2003, p. 331). Individualizing a school conflict may mean less effective outcomes and fewer chances of peer support for the lower SES families. Horvat et al. (2003) noted that "working-class and poor parents tend to accept the luck of the draw in their children's teacher assignments," which may not be true of middle class parents (p. 338). Allowing their child's teachers to be picked by administration instead of by the parents can create problems when apathetic teachers have classes of low SES children who may already have other risk factors besides the low SES hindering their education. Low SES children may not be receiving the best education possible. Having classes full of low SES children whose parents do not feel connected to the school can lead to schools of poverty.

Schools of poverty are not only poor in resources, but also the make-up of the student body is usually low SES. Rothstein (2004) stated:

> All students learn in school, but schools have demonstrated limited ability to affect differences in the rate at which children from different social classes progress. Children from higher social classes come to school with more skills and are more prepared to learn than children from lower classes. All children learn in school, but those from lower classes, on average, do not learn so much faster that they can close the achievement gap. (p.15)

Poor families often go to schools in poor areas, and these schools may suffer from the phenomenon of "school poverty." Social capital is related to school poverty in that schools with a majority of low SES students tend to have a population of parents with fewer school ties, children who are enrolled in fewer activities, parents less connected as to each other and to the school, and more apathy in deciding class lists than schools in wealthier systems where students have high SES. Low social capital can create many hardships for a school community. Cooley (1993) stated that unfortunately school "systems with the most difficult task tend to have the fewest resources available for improving their educational systems" (p. 12).

The concepts of social capital and schools of poverty, or school poverty, promote generational risk. "In the educational context social capital may just as likely function as a mechanism that facilitates the intergenerational transmission of advantage as one that ameliorates its effects" (Horvat et al., 2003, p. 321). Social capital is generational as the negative and positive effects are passed on from generation to generation. As social

capital helps create schools of poverty or schools of wealth, these schools are subject to generations of similar failure or success.

Education and Risks for Early Childhood Learning

As discussed earlier, the young child is impressionable. The experiences offered to young children help to build their brains and bodies for future learning. When parents are unable or unwilling to provide learning experiences for their children, a void is created; "most of the social class difference in average academic potential exists by the time children are three years old" (Rothstein, 2004, p. 10). When children who have had an early childhood filled with positive learning experiences encounter children in school who have not, an obvious gap is noticed.

There is also the danger that a childhood bereft of learning experiences will stunt brain development. Studies (Bornstein,1995; Shonkoff and Phillips, 2000) discussed in the literature review suggest that between the ages of 0-3 crucial brain development occurs that lays the foundation for later learning. When brain stimulation does not occur, future learning can be difficult at best.

Early childhood experiences directly and profoundly affect future school success. The more prominent risk factors that may hinder the early childhood learner and school success are discussed in the following pages.

Number of Parents in the Home

The number of parents in the home is defined for this study as the number of biological parents living in the same residence as the child on a full-time basis. Two-parent homes are important for many reasons. They present the possibility for twice the attention, nurturing, and income as do single-parent homes. "Statistics clearly show that

very young children living with a single mother are more likely to grow up in poverty than very young children living in a two-parent family, and very young children are the most vulnerable to the negative affects of poverty" (Brooks-Gunn & Duncan, 1997; as cited in Susman-Stillman et al., 2003, p. 4). Learning delays in children are more probable in single-parent homes than in two-parent homes. "Districts in which there are many single-parent families seem to have a more difficult education task than do districts with very few such families" (Cooley, 1993, p. 3).

Parents in a two-parent home can model relationships for a child. "The relationship adults have with other adults - particularly relationships between the baby's parents or other close relatives or supporters - are an important aspect of the ecology that affects parents' ability to build positive, secure relationships with their babies" (Susman-Stillman et al., 2003, p. 5). When a mother has support and feels that others living in the home can also take responsibility for the child, the mother feels less burdened. Her ability to interact positively with her child increases. "What is assumed from the conclusion that intact, two-parent families are appropriate for the rearing of very young children is that the marital relationship has positive impact on the parent-infant relationship" (p. 7). Children who live in a single-parent household can be seriously at risk. According to Ludtke (1997):

> American children who grow up with only one parent face a myriad of predicted circumstances, many of which are disadvantageous to their healthy development. (They are more apt to) arrive premature and underweight because unmarried mothers, as a group, obtain less prenatal care than married mothers do. (p. 31)

Single-parent households can make many enabling factors difficult, including providing an adequate income and giving adequate attention to a child. MacLanahan and Sandefur (1994), as cited in Ludtke (1997), presented this concept by saying, “Children who grow up in a household with only one biological parent are worse off, on average, than children who grow up in a household with both their biological parents, regardless of the parents’ race or educational background” (p. 32). The single-parent household is an increasing risk factor in America. Divorce and other phenomena contribute to the increase of single-parent homes. "As of 1998, only 35% of black children lived with two parents, compared with 63% of Hispanic children and 79% of white children” (Shonkoff & Phillips, 2000, p. 283).

There are important relationships between the circumstances of children who live with a single parent and children who live in poverty. Unfortunately, almost half of the children who live with a single mother are under the age of five. “…Children in married couple familes are much less likely to be poor (about 80%) while 29% of white children and 52% of black children and Hispanic children who live with a single mother are likely to be poor” (Hodgkinson, 2003, p. 5).

A very critical time for all areas of child development occurs between the ages of birth and three. “During the first years of life the brain undergoes a series of extraordinary changes. Starting shortly after birth, a baby’s brain, in a display of biological exuberance, produces trillions more connections between neurons than it can possibly use” (Nash, 1997, p. 50). Nash also found that, “By the age of three, a child who is neglected or abused bears marks that, if not indelible, are exceedingly difficult to erase” (p. 51).

National Perspective

Fewer and fewer children are living in two-parent homes. Livingston (2003) found that the past 25 years have seen a decrease in the percentage of two-parent households, from 83% in 1969 to 68% in 2001. White and Hispanic children ages 5-17 in 2001 were more likely than their black peers to be living in a two-parent household (p. 19). According to the U.S. Census Bureau, 8% of households in America were female-headed in 2003. There are important implications here, as 32% of children are growing up without the positive role model of a two-person parent team, and this number is increasing.

Michigan Perspective

"In Michigan, 2% of households in the year 2000 were female-headed households. This totaled 110,549 families, and 44.2% of these families had children under the age of five" (U.S. Census Bureau, 2000). As noted previously, ages 0-3 are the most crucial development years.

Kent County and Grand Rapids Area Perspective

"In Kent County, female-headed households numbered 24,653 or 11.6%, and 7.6% of these families had children under the age of 18; 22% of these families were considered impoverished and 40.2 % had children under the age of five" (U.S. Census Bureau, 2000). The rate of single-parent housholds with children in the Grand Rapids Public School area was 16.1% (McGraw-Hill Co., 2000).

The number of single-parent households is rising, and this creates many hardships for the development of children. Research (Ludtke, 1997; McLanahan & Sandefur, 1994; and Polakow, 1992) shows that single-parent households are not the most effective

for preparing children for school readiness. As more children grow up in single-parent households, intervention programs like MOMS and changes in schooling may be needed to reverse the negative effects of single-parent households.

Parent Education Level

Parent education level, defined in this study as the last grade of formal schooling that a parent completed, is important for many reasons, including the goal that the parents' education creates for their children. Parent education influences the level of earning power that parents have and their corresponding ability to provide for their children. "Children who do not complete high school are significantly more likely, as adults, to display a host of behaviors that are destructive to themselves and others, including substance abuse, unemployment, low income, welfare dependency, delinquency and crime" (Shonkoff & Phillips, 2000, pp. 124-125).

There are race implications, as well, when addressing parent education levels. White parents tend to have the highest education levels completed, followed by Black parents and then Hispanic parents. The role that ethnicity plays in the parents' education level affects many other areas of parenting. Income level and parenting style, two other areas affected by ethnicity, are interlinked with education levels.

A risk factor that greatly impacts a child's chance for successful development is the education of the mother. "Studies also suggest that a mother's level of education is the most significant variable in predicting her child's academic success" (Ludtke, 1997, p. 31). There is a positive relationship between a mother's education and her ability to earn an adequate income. There is pressure for a mother to earn a high school degree, not only to support her family financially, but also because her education may directly affect

her child's schooling. As cited in Ludtke (1997), MacLanahan and Sandefur (1994) reported that children whose parents do not have high school educations "have a bleak future, regardless of whether they live with one or both parents" (p. 32). These findings provide especially significant information for educators. Shonkoff and Phillips (2000) noted:

> Striking disparities in what children know and can do [are] evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance. Readdressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens. (p. 5)

Mothers with low education levels are less likely to prepare their children for school successfully (and thus for a successful future) than are mothers with at least a high school diploma. Learning delays are more probable in pupils from homes where the mother has less than a high school education. In comparison to mothers with lower education levels, "mothers with higher levels of education use more verbal reinforcement, inquiry, modeling strategies, and reading with their preschool children" (Shonkoff & Phillips, 2000, p. 294).

National Perspective

Nationally, the parental education level is increasing. However, there are still major discrepancies in education attainment by race and ethnicity. From 1979 to 2001,

the education attainment of children's parents increased. The percentage of 5- to 17-year-olds whose parents had completed at least high school increased from 76% in 1979 to 88% in 2001; the percentage of children whose parents had a bachelor's degree or higher increased from 19% to 31% (Livingston, 2003, p. 19). According to the U.S. Census Bureau (2000), 80% of Americans age 25 and older have a high school degree. Black children had the largest increase in high school completion, while White children had the highest increase in college completion during those years. The race and ethnicity group most likely to complete high school and go on to college was White, with Black and Hispanic second and third, respectively.

Michigan Perspective

In the year 2000 in Michigan, 83.4% of people 25 years old and older had graduated from high school. In comparison, 80.4% had received a high school diploma nationwide. In the same year, 21.8% of people twenty-five years old and older, in Michigan, had received a bachelor's degree, and nationwide 24.4% received bachelor's degrees (U.S. Census Bureau, 2000).

Kent County and Grand Rapids Area Perspective

According to the U.S. Census Bureau, 85% of Kent County residents ages 25 and older had received a high school education. In Kent County in 1998, the high school dropout rate was 3.9% (Primary Health Care Profile, 2000, p. 2). In the year 2000 in Kent County, 99,420 people (28.3%) of the population had graduated from high school, while 61,288 people (17.5%) had achieved a bachelor's degree (U.S. Census Bureau, 2000). The percentage of adults with at least a bachelor's degree within the Grand Rapids Public School area was 24.2% (McGraw-Hill Co., 2000).

Parent education, especially for the mother, is a key indicator of success in school. This is especially true for minority children. When educators encourage parental educational attainment, they are intervening to help improve the success that child will have in school. The further a mother educates herself, the more prepared her child will be for school.

Socioeconomic Status and Poverty

Socioeconomic status (SES) is defined in this study as membership in a social class based on education, finances, and ethnicity; SES is a major determinant of a person's life chances and lifestyle (Encylopedia of Social Work, 1995, pp. 35 & 904). The poverty level is defined as an income level that is too low to meet basic needs. "The official federal poverty threshold for 2004 for a family of two was an annual income of $12,490 or, for a family of four, $18,850" (U.S. Department of Health and Human Services, 2004, p. 1). Medicaid and/or Michcare are insurance providers for national (Medicaid) and Michigan (Michcare) residents who cannot afford and do not have insurance. Almost all MOMS mothers rely on Medicaid and/or Michcare for their insurance (Appendix G).

Poverty influences a child's future and has many cultural implications. Poor children face many possible hardships, including "inadequate nutrition, environmental toxins, diminished interaction due to maternal depression, trauma and abuse, lower quality childcare, and parental substance abuse" (Song & Lu, 2002, p. 1).

Family income and SES are crucial factors in how well a child develops. Shonkoff and Phillips (2000) stated, "The dual risk of poverty experienced simultaneously in the family and in the surrounding neighborhood, which affects

minority children to a much greater extent than other children, increases young children's vulnerability to adverse consequences" (p. 9). Low family income may not allow the purchase of educational materials, nutritious foods, and transportation. Family income and SES strongly impact areas of family life, such as medical insurance and housing. "Family income has been found to be more powerfully related than family structure to five-year-old children's IQ, although family structure clearly corresponds to income" (Ludtke, 1997, p. 31).

Learning delays are significantly more probable in homes with low SES. "Poverty reduces the quality of the lives of all children, regardless of race or ethnicity" (Hodgkinson, 1995, p. 179). Hodgkinson (2003) addressed the culture of poverty stating, "…all poor children, regardless of their race/ethnicity, are at risk of not fulfilling their potential" (p. 6).

National Perspective

Nationally, according to the U.S. Census Bureau (2003), "for the second consecutive year the poverty rate rose, from 11.7% in 2001 to 12.1% in 2002." Race and ethnicity again play a defining role in who is more likley to suffer the effects of poverty. The poverty rate of school-aged children in 2001 was about 17%, not significantly different from the percentage in 1976, despite other changes throughout the period (Livingston, 2003, p.19). Black children experienced the largest decline in poverty, from 50% in 1976 to 31% in 2001, but in 2001, and in other years, Black and Hispanic children were more likely than White children to be impoverished.

In 1999, 16% of all children aged 5-17 lived in households where the annual income in the previous year was below the poverty level (Livingston, 2003, p. 20).

Access to financial resources has implications for family functioning and child development, particularly for families of color, who tend to have fewer economic advantages than do White familes (McLoyd et al., 2000; as cited in Susman-Stillman et al., Jan. 2003, p. 10).

Michigan Perspective

"More than 40% of births in the state are paid for by Medicaid in Michigan in 2000" (Longcore, 2003, p. A19) (Appendix F). A large portion of newborns are born into poverty. In 1999, 11% of families in Michigan lived below the poverty line (U.S. Census Bureau, 2000).

Kent County/Grand Rapids Area Perspective

In Kent County, in 2000, 9,172 (6.3%) of families were living below the poverty line (U.S. Census Bureau, 2000), and 9% of the population in Kent County was eligible for Medicaid in 2000 (Primary Health Care Profile of Michigan, 2002, p. 2).

Another indicator of low SES is eligibility for free and/or reduced-priced meals in school. In 2002, "2/3 of all Grand Rapids Public School children qualify for free and reduced meals (Primary Health Care Profile of Michigan, 2002, p. 2).

SES is the number one indicator of a child's future success in education and life. SES is related to other risk factors (educational attainment, low birth weight [LBW], single-parent homes). Rothstein (2004) clarified this statement.

> Central characteristics of lower-class families (are as follows): a collection of occupational, psychological, personality, health, and economic traits that interact, predicting performance not only in schools but in other institutions as well that,

> on average, differs from the performance of families from higher social classes (p.4).

Often, the most important part of a child's culture is SES, which creates the "cycle of disadvantage" that many cultures endure. SES dictates early childhood experiences and development. Education leaders and those who run intervention programs must understand the impact of SES on child development and work to give low SES children positive experiences and healthy environments so that they, too, can be successful in school.

Low Birth Weight (LBW)

An infant who weighs less than 2500 grams (5.5 pounds) at birth is considered to be of LBW, and LBW affects many facets of development, including overall health of a child. "Low birth weight can produce serious side defects of the central nervous system and immune systems, certainly qualifying as an inhibiting factor for normal, healthy infant growth" (Hodgkinson, 2003, p. 2). Low birth-weight babies need more care than do babies of normal birth weight. They require frequent doctor appointments and they need to eat more often than higher weight infants. This extra care can be especially burdensome for a mother who is single and/or has a low SES, due to time constraints or expensive baby formula for feeding the baby. Cohen (1987), as cited in Wyly (1995), found:

> There is growing evidence that serious developmental problems are most likely to occur in the population of very early and very low birth-weight infants. This group includes 10-15% of all fragile infants. In addition, approximately 15% of preterm and low birthweight infants suffer moderate disabilities such as learning

> problems. The remaining population, approximately 70%, have mild developmental problems such as learning disorders, motor deficits, and attention deficits or they develop normally. (p. 8)

Environmental factors such as the stress of single parenthood, low SES, and lack of education can contribute to a mother's having LBW children, and LBW is increasing in Michigan. In a recent *Grand Rapids Press* article (Feb. 5, 2002), Roelofs reported:

> The percentage of babies born at less than 5.5 pounds are (sic) increasing locally and statewide. In 1990, the LBW rate was 7.2% and in the year 2000 it rose to 8.9%. Experts say such babies are more likely to develop health problems, on top of the link between low birth weight babies and high infant mortality rates. (pp. A1-A4)

Children who are an appropriate weight at birth (above 5.5 pounds) have a better chance of success in school and life than do LBW children. Learning delays are more probable in LBW infants due to the trauma of medical intervention necessary to save them. Interrupted brain development can occur when children are born too soon and/or too small.

National Perspective

According to the Center for Disease Control (2002), 8% of births were LBW nationally. Low birth-weight among Black children is more than double that of White children at 13.1% and 6.4%, respectively. Among children of Hispanic origin, 6.1% to 9.3% are born with LBW (NIH, 1998, p. 2). "In 2001, Black mothers had more children born prematurely and more children born with LBW than any other culture" (National Vital Statistics Report, 2001, p. 3).

Michigan Perspective

According to the Center for Disease Control (2002), in Michigan, 8% of births were LBW.

Kent County and Grand Rapids Area Perspective

In 1990, 7.2% of infants born were of LBW and in 2000, 8.9% were of LBW (Roelofs, Feb. 2002, p. A1). This is a substantial increase in the number of LBW infants born in this area.

In summary, LBW is harmful to a child's development. The chance of a mother giving birth to a LBW infant depends on the mother's health, medical intervention and prevention, and race. The success of the MOMS program helps to make a case for the positive impact that intervention programs have on birth weight. Table 1 portrays information about number of parents in the home, parent education, SES, and LBW and shows clearly that both the MOMS program and the study's population were seriously at risk for normal growth and school experience.

Table 1

Statistical Overview of Risk Information for This Study and Comparison Populations Reported in Percents

Population	Parents in House (%)	Year	Parent Education (%)	Year	SES (%)	Year	LBW (%) Below 5.5 lbs.	Year
National	8 %	2001	80	2000	12	2001	8	2001
Michigan	2 %	2000	83	2000	11	1999	8	2002
Grand Rapids	12 %	2000	85	2000	6	2000	9	2000
MOMS	70 %	2003	*59	2003	***85	2003	11	2003
Study	97 %	2003	**42	2003	***100	2003	10	2003

Note: Number of Parents in the House= Unmarried Parent/Female Headed Household Parent Education=25 years or older with HS diploma or more, *Parent Education=>HS diploma, **Parent Education=19 years or older with HS diploma or more

*** SES=Medicaid/Michcare eligible

Interrelated Factors

The risk factors for families and their children described previously and shown in Table 1 are interrelated; one often leads to another, with the potential for a subsequent "domino effect." As Finn (1993) noted, risk factors track and cluster; "that is, they have early forms that evolve into fully developed forms over time…[and there is] occurrence in the same individual of multiple risk factors" (p. 4). For example, research done by the Community Research Institute (2002) found:

> Over half of poor families are headed by a single mother with children. A single mother with children is more likely to be poor than any other age group or family type. A single-parent [family] has only one adult earner and is often constrained by parenting reponsibilites and low-paying jobs.(p. 2)

Pregnancy may prevent a mother from continuing or beginning higher education and, therefore, attributes to poverty. "Over a lifetime, a high school dropout will earn $200,000 less than a high school graduate and is three times more likely to be unemployed or leave the workforce permanently…when adjusted for inflation, wage levels for less-skilled workers have declined steadily over the past 20 years" (Community Research Institute, 2002, p. 2).

When a mother is dealing with an unplanned pregnancy, stress and poverty often contribute to LBW. "Unintended pregnancy resulted in one-and-a-half to twofold increase in preterm delivery and LBW, respectively" (Sharma, Synkewecz, Raggio, & Mattison, 1994, p. 1). In addition to stress and poverty, which can be exacerbated by low levels of education, single parenthood also contributes to LBW. "Our findings indicate that mothers from broken marriages are at relatively higher risk for LBW than married

mothers" (McIntosh, Roumayah, & Bottoms, 1995, p. 233). Simons, Beaman, Conger, and Chao, 1993 (as cited in Susman-Stillman et al., 2003) found:

> In order to be successful parents, single mothers seem to need to build strong social support to surround and sustain them…single mothers with little education tend to have inadequate social support and single mothers under severe economic pressure are more likely to experience negative life events with little social support, resulting in psychological distress and the use of ineffectual parenting practices. (p. 9)

Culture plays a role in all of the above factors, as well. A greater percentage of Black babies are poor and of LBW than are babies of all other races. In this study, a greater percentage of Black infants have parents who did not graduate from high school; this contributes to poverty and possibly LBW. Poor, inner-city mothers receive less prenatal care than do urban, higher-income mothers, and lack of early postnatal care contributes to LBW. Overall conditions of the home (clean water, heat, lead paint in the home, etc.) can contribute to good vs. bad prenatal care. These risk factors are congruent with one another.

Research often shows the effect of multiple risk factors on a child's development. Research by McIntosh, Roumayah, and Bottoms (1995) pointed out links between LBW and single-parent households:

> The most striking association of marital status with neonatal outcome was the number of LBW infants born to unmarried mothers. The increased likelihood of depression at birth and trend for increased mortality would be expected on the

> basis of this birth weight distribution. The disproportionate number of LBW infants is attributable more to poor fetal growth than to preterm birth. (p. 234)

Another researcher described a link between LBW and poverty and SES. "The effects of poverty start at birth and stay with a child throughout his or her life. A child born into poverty is more likely to have low birth weight, which leads to a whole range of health problems. These children are less likely to graduate from high school and more likely to be unemployed" (Sherrer, 1999, p. 1). "White children grow up in poverty, although the poverty rates for Black and Hispanic children remain about three times as high, at nearly 40% ... (and the) young children poverty rate (YCPR) is nearly 40% in urban centers" (p. 2). Many infants and children are adversely affected by poverty and low SES, which can lead to poor prenatal care and LBW.

Minorities are overrepresented among those people in poverty and also in the areas of special education. According to research conducted by Conyers, Reynolds, and Ou (2003):

> Studies examining significant predictors of special education placement from birth certificate data indicate that poverty is one of the most significant predictor variables in all models (e.g., Goldberg, McLaughlin, Grossi, Tytun, & Blum, 1992). Given the over representation of African American children among people who live at the poverty level in the United States (Corcoran & Chuadry, 1997), it is not surprising that African Americans are also over represented in special education services. (Office of Special Education and Rehabilitation Services, 2001, p. 75)

It costs more to educate children in special education than in regular education classes. Intervention to alleviate the affects of poverty on all children, especially Black children, can be instrumental to their school success. Changing the dynamics of a child's life prior to entering school has promise to change the school experience.

Children are required by law to attend school and are expected to be prepared for the schooling process when they enter school, usually at the age of five or six. In the 1995 National Educational Goals Report (which has recently been de-emphasized), Congress declared that "by the year 2000, all children in America will start school ready to learn ... every parent in the United States will be a child's first teacher ... children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies..." (pp. 15, 22). The first years of development, until a child enters school, greatly influence a child's future development. The presence of risk factors within any community must be taken seriously and addressed by all community members, especially members of the education and health care fields.

Comparison Studies

Comparison studies were used to show how mothers with enabling factors rather than at-risk factors parented. Differences were found when mothers were married, had at least a high school education, were of higher SES, and gave birth to non-LBW infants. The following studies provide support to the theory that at-risk behaviors in parenting hurt a child's chances for educational success, while enabling factors help ensure a child's chances for education success.

In comparison to infants with risk factors, infants without risk factors, or with enabling factors tend to have a smaller chance for developmental and learning delay or

difficulty throughout their lives. Culture is significant in child development. A family's beliefs and environment affect how well a child may develop. Research by Wachs (1992) and Wachs and Gruen (1982), as reported in Bornstein (1995), noted that "just as earlier research indicated that quality rather than quantity of mother-child interaction was the important predictor of cognitive and social development, a similar assumption appears to hold for fathers as well" (p. 53). Children who grow up without a father figure are deprived of many crucial interactions. A two-parent household can better address quality and quantity of child-family interaction than a single-parent arrangement.

Neighborhoods and homes, elements of the culture, offer a great deal to compare. Neighborhoods influence the growing up process, and this is shown in the research on family relocation: "…family relocation has been demonstrated to result in positive childhood outcomes for some children, but results suggest that a large (i.e., 1+ standard deviation) change in neighborhood conditions, as might be reflected in a move from an inner-city housing project to a neighborhood with only half as many poor families, is necessary to produce significant effects" (Katz et al., 1999; Ludwig et al., 2001; in Shonkoff & Phillips, 2000, p. 357). "Experimental evidence suggests that moving from high-poverty to low-poverty neighborhoods enhances the physical and psychological health of children and reduces violent crimes committed by adolescents" (p. 336).

Educational background is key for parents who want their children to be successful in school. If a parent has a strong educational background, many positive parenting skills can evolve. A parent's education is important to a child's development. "Parent education levels are strongly associated with home literacy environment, parental teaching styles, and investments in a variety of resources that promote learning (e.g.,

high-quality child care, educational materials, visits to libraries and museums)" (Bradley et al., 1989; Laosa, 1983; Michael, 1972; all as cited in Shonkoff & Phillips, 2000, p. 282). Mothers' education has often been noted as being a prime indicator of a child's future school success. Research also emphasizes the importance of both parents' education. According to a study conducted by Booth (1998) at Penn State University:

> Among the reasons that children with better educated parents do well is that parents have higher expectations for their children. Another reason is that parents with more education adopt child-rearing practices that include using explanations and reasoning and encouraging autonomy and creativity. (p. 1)

Children whose parents are well educated will reap growth benefits, including "greater income and higher status jobs ... higher self-esteem ... happier marriages and being less likely to divorce" (Booth, 1998, p. 1).

Similarly, two parents in a home can create positive parental reinforcement in terms of lowered stress levels, higher family income, and positive role modeling. "Harmonious marriages are associated with sensitive parenting and good child outcomes" (Susman-Stillman et al., 2003, p. 7). Indeed, "…mothers' support of and positive attitudes toward the father are clearly associated with supportive parent-infant interactions" (Carlson & McLanahan, 2002, as cited in Susman-Stillman et al., p. 8).

Favorable outcomes are produced when infants are not born into low-SES conditions because the effects of poverty are lifelong. A wide range of risk factors emerge from poverty. "…On average, high-income families received higher scores (on the HOME test)" (Shonkoff & Phillips, 2000, p. 293). Therefore, children who are born into moderate-to-high-SES families are more likely to weigh more than 5.5 pounds at

birth and are more likely to be healthy than are children who are born into low-SES families. Children developing with such healthy characteristics are likely to excel at school, graduate, and become employed. A study completed in Canada noted that "the impact of socio-economic status on birth weight overrides all other associated factors" (Mann, 2000, p. 2). Becker (1981) and Brooks-Gunn et al. (1995), cited in Shonkoff and Phillips (2000), similarly noted:

> Families who occupy different SES niches because of parental education, income, and occupation have strikingly different capacities to purchase safe housing, nutritious meals, high-quality child care, and other opportunities that can foster health, learning and adaptation.(p. 268)

Duncan et al., (1998), as cited in Shonkoff and Phillips (2000), stated:

> Controlling for income later in childhood as well as for demographic character of households, a $10,000 increment to income averaged over the first five years of life for children in low-income families, was associated with a 2.8 fold increase in the odds of finishing high school. (p. 279)

Cultures that promote positive development factors encourage more children to thrive in school and in life.

Research on the Chicago initiative, the Chicago-Parent Center (CPC), confirms much of the information discussed in the preceding literature review. In that logitudinal study, 1,337 low-income racial-minority children participated in the CPC preschool. These children were found to have lower rates of special education placement in future schooling than non-CPC peers. Specifically, the CPC group was found to have lower rates of special education placement than an all-day alternate-day kindergarten group.

This study of the CPC outcomes demonstrated the importance of early intervention services.

Many parallels could be made between the demographics of the CPC children and families and the MOMS program children and families, including low SES and racial minority status. Like MOMS, the CPC worked with families in a specific location. In both CPC and MOMS, enrollment was voluntary. The CPC parents were more likely to be high school graduates (62%) and more likely to be employed (43%) than non-CPC parents. Statistics for MOMS mothers indicate that 59% are high school graduates and 38% are employed.

Three crucial outcomes to the CPC study, according to Conyers, Reynolds, and Ou (2003), include:

> High quality large-scale public programs can have long-term effects on special education outcomes…rates of learning disabilities were impacted most [as well as] substantially lower rates of placement for mental retardation…at least for special education outcomes, the cognitive advantage hypothesis as measured by school readiness test scores, [was] the primary source of reduction in special education placement . (p. 89)

The High/Scope Perry Preschool Project is a well known study that examined Black children who were born into low SES families. A group of 58 children, ages 3 to 4, received a high quality, active learning curriculum, and 65 children in the same age group did not. These children are now over the age of 40. Data gathered concerning this study provide positive support for early intervention programming. In terms of number of parents in the household, "26% of the preschool program males had been married

nearly twice as long as no-preschool males…and 40% of preschool program females were married" (Schweinhart, 2003, p. 4). In terms of parent education, "71% of the preschool program attendees versus 54% of the non-program members graduated from high school or earned a general education development (GED) certificate" (p. 4). In the area of SES, "four times as many preschool program group members as no-preschool program group members earned $2,000 or more per month (29% vs. 7%) (p. 4). Schweinhart suggested that, "these findings indicate that high-quality preschool programs such as High/Scope can significantly increase children's future contributions to families and society." Program studies like the Perry Preschool Project suggest that quality early intervention programs can break the "cycle of disadvantage" faced by so many youth today.

Another positive intervention program, the Abecedarian Project, was a longitudinal, randomized early childhood intervention study. The Abecedarian Project provided full-time educational child care for children ages zero to five of low-income families. Children who participated in this program, on average, attained higher cognitive and academic acheivement scores than the control group. These children's success has been noted through their 21st birthdays. Ramey, Campbell, and Ramey, (1999), as cited in Campbell, Pungello, Miller-Johnson, Burchinal, and Ramey, (2001), summarized:

> The early educational experience provided in the Abecedarian program had lasting benefits for children from economically disadvantaged families. Related research has shown that the more limited the family resources in terms of parental education, the greater benefit children derive from early intervention. (p.10)

Results of the High/Scope Perry Preschool project, CPC, and Abecadarian project can be compared to the MOMS program, suggesting that long-term positive effects for future academic success can be created through early intervention services. This crucial information is pertinent for all educators and for school district leaders. Benefits of early intervention programs can be seen with fewer children having to endure risk factors. This, in turn, will encourage school success and encourage those students to raise their children with even fewer risk factors and even more success in school. Intervention programs have the ability to change negative cultural generational factors into positive cultural generational factors.

Table 2 summarizes information on the MOMS program, Chicago Child-Parent Center, High/Scope Perry Preschool project, and the Abecadarian project. The comparison demonstrates that all of the intervention programs had similar success rates for two risk areas (within 13 percentage points in number of parents in the home among MOMS, CPC, and High/Scope and within 12 percentage points in parent education level for all programs), and differing success rates in the area of SES. Only MOMS reported on LBW so that risk factor cannot be compared. However, the MOMS data were derived from mothers involved in an intervention program, while data from the other three programs were derived from the grown children who participated in an intervention program as children.

Table 2

Synthesized Information of Four Early Childhood Intervention Programs

Factors	MOMS	CPC	High/ Scope Perry Preschool	Abecedarian
Number of parents in the home	70% single	57% single	57% single	44% single
Parent Education Level	59% HS degree	62% HS degree	71% HS degree	70% HS degree
SES	85% gov. assis	57% unempl	59% gov. assis	36% unempl
LBW	11%	NR	NR	NR

NR =No Record

Current Research

As this study was concluding, a current study that addressed many similar concepts was published (Rothstein, 2004) titled *Class and Schools: Using Social, Economic, and Educational Reform to Close the Black-White Achievement Gap*. Rothstein's findings are discussed briefly in the following section to bring the previous research discussed in this chapter up to date.

Rothstein, who studied the differences between social classes and cultures, specifically Black and White, addressed how differences affect how children are raised, how prepared they are for school, and how well they do educationally. Rothstein found that, overall, children from different social classes are raised differently and this affects their school performance. Specifically, he reported that in the category of high school

degree-seeking persons, “fewer Black than White children actually graduate from high school…enroll in college…and persist to bachelor degrees” reported by Kaufman and Naomi (2000) (as cited in Rothstein, 2004, p. 30). This is partly because “lower-class students…don’t feel as much parental, community, or peer pressure to take the courses or get the grades to qualify and to study hard to become more attractive to college admissions” (p. 30).

In the category of SES, Rothstein found that the discrepancy in the ratio of Black to White wealth and income was large. According to Mishel, Bernstein, and Boushey, (2003) (as cited in Rothstein, p. 49) “Median Black family income is 64% of White family income, but median Black family net worth is only 12% of White family net worth.” Rothstein also discussed how low SES can affect how parents raise their children, reflecting the manner the parents are treated at work, which is usually noncreative, nonproblem-solving, and nonconfrontational. Thus, low SES children tend to address school in noncreative, nonproblem- solving, and nonquestioning ways. Children who address learning this way may not extract all possible meaning from readings and lessons and may be inadvertently ignored by teachers.

In the category of LBW, Rothstein found that many low-income and Black families give birth to LBW infants. According to Hoffman, Llagas, and Snyder (2003), (as cited in Rothstein, p. 43), “13% of Black children are born with LBW, double the rate for Whites.” As discussed elsewhere in the literature review, LBW can affect learning and health for an entire lifetime. Rothstein also suggested that “middle-class children can more easily overcome earlier health shocks or disadvantages, rebounding when they later experience healthier environments” (p. 44).

Rothstein's findings and review are timely and important and add much to the authenticity of earlier research concerning young children and how environmental and cultural factors can greatly affect their ability to do well in school.

Conclusion

At-risk mothers' individual experiences are embedded in many of the pivotal changes taking place in the economic, social, and cultural progress of our nation. Therefore, it is necessary to place what we learn about their individual lives within a broader context" (Ludtke, 1997, p. xi). One obvious context is schools. Shonkoff and Phillips (2000) noted, "Sound scientific thinking asks how and why cultural practices differ and assess their differential developmental consequences, in both the short and long term" (p. 62). A child entering school prepared to learn would be a short-term goal of this study. A child who completes grade twelve with the ability to be a productive member of society would be a long-term goal of this study.

According to Shonkoff and Phillips, (2000) "Circumstances characterized by multiple, interrelated, and cumulative risk factors impose particularly heavy developmental burdens during early childhood, and are the most likely to incur substantial costs to both the individual and society in the future" (p. 7). Norton (1990) noted, "We need to understand the tapestry of the early natural experiences of children, the forces that shape their world view and reality, if we are to develop relevant, acceptable, and effective services" (p. 2). This warning is becoming more and more relevant as an increasing rate of LBW occurs among numbers of children being raised in the "culture of poverty" by single mothers.

The diverse population of America is increasing. There are more children of varied cultural backgrounds entering school than ever before. "As this country becomes more diverse, socially and culturally, we must all seek to understand and appreciate the full range of values, beliefs, and experiences that people bring to the challenge of child-rearing" (Mann, 2000, p. 3).

The minority population (people of low SES and people of varying ethnic backgrounds other than White) of America is increasing. Regardless of SES and ethnicity, children of all races should have opportunities to be successful in school. "We have accumulated convincing evidence that African-American and Latino children enter school with fewer of the precursor skills that pave the way to fluent reading" (Bowman, 2002, p. 2). This is especially unfortunate as the Latino culture is the fastest growing race.

There needs to be special focus upon children who live in an extremely transient culture. Different lifestyles create different learning environments for young children. What young children are exposed to creates building blocks for future learning. This is important because as Shonkoff and Phillips (2000) acknowledge, "Children's cognitive skills before they enter kindergarten show strong associations with achievement in elementary and high school…and during early adulthood" (p. 125).

As the National Goals 2000 and No Child Left Behind (NCLB) legislation suggest, every child counts. As the minority population increases and the population of young children decreases, educators must work to make every child's school experiences successful. To do this, educators must work with persons providing early intervention programs to ensure that all children are allowed to learn the skills necessary in early

childhood to begin school ready to learn. Early childhood educators need "to understand the links between (mother's) relationship histories and their relationships with their infants; support parents in seeking and fulfilling educational and career goals; encourage communication and support between parents and/or caregivers; and help parents who are isolated expand their social networks" (Susman-Stillman et al., 2003, p. 11). This should help make the difference between school success and failure for America's young.

Chapter 3 describes the study and its methodology. Chapter 4 presents the findings of the study for both the qualitative and quantitative and analysis. Chapter 5 presents implications of the findings, and Chapter 6 provides a narrative discussion of main points made by the study.

CHAPTER 3: METHODOLOGY

The purpose for this study was to examine the parenting beliefs of randomly selected participants aged 18 and over in Moms Offering Moms Support (MOMS), a program that offers support to at-risk mothers in the Kent County and Grand Rapids, Michigan area. MOMS is a part of Spectrum Health Hospital. Primary sources of data included informal observations and an interview/questionnaire instrument and intake form completed by the participants. Secondary data collection included literature reviews, comparison studies, and review of records and archival data.

Design

In this explanatory, nonexperimental, descriptive study, the researcher used cross-sectional research and drew upon some historical references to see if the parenting beliefs of the studied group could be generalized to other comparative groups. This study incorporated both qualitative and quantitative techniques of research. The research "primarily describe[s] the phenomenon" and "the data [are] collected from research participants ... during a single, relatively brief time period. The data directly apply to each case at that single time period, and comparisons are made across the variables of interest" (Johnson, 2001, p. 9). The non-experimental study was primarily a combination of survey and interview as the primary method of data collection (p. 8) and included secondary data from literature reviews, comparison studies, and review of records and archival data.

Participants

The target group included pregnant or postnatal women who were 18 years of age and older and who were enrolled in the Moms Offering Moms Support (MOMS)

program at the time of the study (May 2003-August 2003). The Human Subjects Review Boards at both Eastern Michigan University (EMU) and at Spectrum Health Hospital noted that a control group would be unethical. Therefore, comparison studies were used to show what beliefs families with enabling factors (i.e. married couples, mothers with advanced schooling, high socioeconomic status (SES) families, and high birth weight infants) share about parenting, and how enabled families develop. The randomly selected mothers involved in the study were interviewed or mailed an interview form. Spanish-speaking interpreters were used for two interviews.

At the time of this study, some participants were enrolled in the MOMS program for a second time. The number of times that a participant had been enrolled in the MOMS program was noted on each interview form. Participants often had other children, but all had at least one child aged less then 12 months old or were pregnant. The races and/or ethnicities of persons involved in the study included White, Hispanic, and Black (including Zambian and Ethiopian ethnicities). Only one mother was married, and education levels of the participants varied. A demographic table for MOMS and for the sample in the study appears in Chapter 4.

Instruments and Data

Data collection involved a series of interview forms completed either during a home visit or delivered by a Community Health Worker (CHW) and mailed to the researcher after the mother completed the questions. (In addtion to the interview/questionnaire, data were obtained from MOMS program intake forms, informal observation during interviews, comments of CHWs, and archival data.) Participants (n=37) of interviews answered 52 survey questions. Of the 37 primary data forms, 24

were completed during home-visit interviews by the researcher and a CHW, and 13 were completed as questionnaires by the mothers on their own after a CHW gave them the form. Responses to the interviews conducted by the researcher were recorded in written summary and audio format. Responses to the interviews mailed to the researcher were recorded in written format only.

The interview instrument was created after reviewing many questionnaires (HOME Scale, Parenting Stress Index, Early On questionnaire). After researching generational risk factors, the divisions of the questionnaire were created (number of parents in the household, parent education level, SES, and low birth weight [LBW]. The interview questions relating to the study's theoretic framework (See figure 1, p. 6) were based upon a research/literature review and derived by consensus from researcher meetings and discussions with the CHWs involved in the MOMS program. The interview instrument was rewritten five times until the CHWs, the administrator of the MOMS program, and the researcher agreed that the questions and format were appropriate for the study and the subjects.

The interview form included questions about culture and parenting. To create the final form, a list of questions was provided by CHWs and other Spectrum Health and education personnel. Questions were modified after a staff meeting discussion of the questions with all CHWs and MOMS program administration. The questions were again modified after discussions with education personnel, including early childhood educators and the dissertation committee. The final form evolved through small-group discussions, large-group discussions, and a pilot study.

Comparisons and contrasts between the mother's past and present neighborhoods were sought: the house (or houses) in which a mother grew up, compared to the home in which she lives now, and so on. The instrument asked the mother's perceptions about how she was parented, compared to how she believes that she parents her children now.

Other questions asked respondents for their beliefs and attitudes about parenting. These questions explored the environment in which the mother was raised compared to the environment in which she currently raises her children. These questions directly related to the theoretical framework of the study. (Details are presented in Chapter 1.)

To enter the MOMS program, all mothers had to complete an intake form that, among other things, sought information about parental and cultural beliefs. All mothers who signed the consent form agreed to allow data from the intake form to be a part of the data for this study, along with their interview information. A copy of the intake form is in Appendix D.

Information from the intake form, unfortunately, was not useful as primary data in this study due to lack of completetion of the forms. The intake forms were used for review and to support interview answers. Interview questions were cross-referenced with the appropriate intake form answers to double-check authenticity.

After creating the interview instrument, selecting the mothers to be interviewed, and documenting present information from the intake forms, the researcher scheduled and conducted home visits. Home visits were scheduled through the CHW assigned to each of the mothers.

Each CHW was assigned approximately 30 mothers to visit on a weekly, bi-weekly, or monthly basis, depending on need. The researcher went with the appropriate

CHWs on scheduled visits, introduced herself, asked the mother to sign the consent form if she wished (every mother signed), and conducted the interview. After an interview, each mother was given a gift of diapers.

The mailed-in interview forms were given to CHWs during a staff meeting when they were asked to take the forms with them on their next home visit to the designated mothers. At the staff meeting, there was a discussion of the interview form, and CHWs were requested to return the form by mail to the preprinted address on the envelopes. Most CHWs did not need much information about the interview forms because they had been present on home visits during previous interviews. Attached to the interview form was the consent form, a cover letter describing the project, and the timeline for the study. Once the mail-in interview forms were received by the researcher, mothers who completed the mail-in forms were sent a $10 gift certificate to Meijers, a local grocery and merchandise outlet.

The researcher developed criteria for the choice of appropriate questions from the interview forms and intake questionnaire for final analysis and reporting. The researcher looked for questions that showed consistency, contradictions, and/or intergenerational happenings of a 15% margin.

1. The researcher looked for contradictions in the following: (a) what participants said and what participants did, (b) what participants did and what participants' parents did, and (c) what participants responded and what interviews and intake forms stated.

2. The researcher excluded some questions from the analysis and results sections because there were no comparable responses to the data for translation or for use in comparisons.

Validity Issues

Validity is defined as "the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration" (Babbie, 1999, as cited in Achilles & Finn, 2002, p. 5). Validity was addressed in this study through a variety of means. A pilot test of the interview questions was conducted with four mothers prior to data collection. This pilot study ensured that the questions were clear, gave the interviewer confidence in how well the mothers understood the language of the questions, and provided assurance that the appropriate questions were asked to gather the information needed.

Construct validity is "based on the logical relationships among variables" (Babbie, 1999, as cited in Achilles & Finn, 2002, p. 5). The information compiled from the mothers' answers to interview questions showed construct validity. There is a logical relationship between culture and parenting and risk factors and parenting. The construction can be placed into the theoretical framework or system of the study. Internally, the information is accurate and reliable because only one person, the researcher, interviewed the mothers, or the mothers filled out the interview form on their own. Having only one interviewer created consistency. The same interview questions were asked of each mother and the terms remained consistent. No leading or guiding questions were asked.

External validity was checked by generalization from the sample of mothers to the population of at-risk mothers within the Kent County and Grand Rapids area by the following factors that served as "controls":

1. Mothers were interviewed in their natural setting.
2. Mothers were interviewed by one person (the researcher).
3. Mothers were interviewed during a brief (four-month) period starting May 19, 2003, and ending August 19, 2003.
4. All mothers were admitted into the MOMS program during the year 2003, using the MOMS program criteria.
5. Mothers interviewed were randomly selected.
6. A single measurement instrument and procedure were used (the interview) and all oral responses were documented in written form and, in some cases, on audiotape.
7. Mail-in forms were delivered by CHWs, who were given directions for distribution of forms by the researcher at a staff meeting.

Reliability Issues

Reliability of results was estimated through the use of comparison studies. The present study was conducted and written so that it could be easily replicated. The population and sample are described in detail in Chapter 4, as are the data collection methods and analysis procedures. Other research, such as ethnographies and case studies, have been similar to this study. Two dissertations, *A Qualitative Study of the Practice of Infants Mental Health: Practitioners' and Parents' Voices* (Weatherston, 2000) and *Relationships Between Parental Knowledge, Experience, Attitudes, and Parental and*

Child Demographic Variables for a Sample of Parents of Developmentally Delayed, Disabled, or High Risk Infants (Coughran, 1985), are similar to the present study and are used as references. Consistency was assured throughout in the areas of data collection, analysis, and interpretation, as in other areas of the study.

When concluding a study such as this, where not all variables could be controlled and where non-experimental conditions existed, there is a chance that the results are more believable than reliable in the measurement sense. In the present study, the comparison studies were used as benchmarks to estimate believability.

Time Line

The time line for this study was approximately 36 months. Four months were needed to complete the home visits. The home visits occured between May 19, 2003, and August 19, 2003. An additional six months were needed to compile and analyze the data. Data analysis was conducted between August 19, 2003, and January 19, 2004. An additional 18 months were used for editing and checking validity, between January 2004 and June 2005.

Strengths

Originally this study was to include data from interviews conducted solely by the researcher in person. An alternative plan had to be initiated, however, following a family crisis that is explained in the Author's Note section following the references. After conducting 24 interviews, a meeting was held with the CHWs, at which time interview forms and instructions on their distribution were discussed. The CHWs distributed the interview forms to the remaining 20 mothers on the original list. Twenty mothers

selected to mail-in questionnaires, and 13, or 65%, completed and returned the interview form. For their effort, the mothers received a gift certificate.

The unforeseen complication became a strength when the researcher could analyze data from two comparable groups. Comparability of responses is shown in Chapter 4 under the "Descriptive Data" section.

Strengths of this study include the fact that the interviews were monitored personally. During the home-visit interviews, the researcher made observations about the contexts and conditions at hand. There was consistency within the interview process because of the personal nature by which interviews were conducted and because there was only one interviewer.

The mothers who were interviewed were selected at random from a pool of approximately 120 MOMS program mothers. The random pool was created by placing all 120 names of eligible mothers in a bin and allowing a nonbiased party to withdraw 50 names without looking.

The mothers were divided into groups of their assigned CHW. The CHWs were contacted and informed which mothers on their caseload were to be interviewed. The CHWs contacted the mothers via phone or postcard (depending on whether the mother owned a phone) and let the mothers know that the researcher would be joining them on their next home visit. No mother declined having the researcher attend the home visit.

The researcher appeared at 50 home visits, providing ample opportunity to obtain unstructured observations of the homes and context. If a mother did not show up after two attempts to visit her, she was removed from the interview list and the next scheduled home visit was added. If that mother was at home, she was asked if she would be a part

of the study. If she agreed, the researcher interviewed her instead of the mother originally chosen. Only two (8%) of the 24 home-visit interviews conducted were substitutions drawn from the additional 70 mothers who were not part of the original 50 mothers chosen at random.

Particular strengths of this study were related to the strong backing and participation from Spectrum Health Hospital and employees of the MOMS program. Further, the MOMS program personnel had already screened their clients, the participants in this study. Mothers involved in the program had already been screened for (and exhibited) risk factors. All mothers resided within the Kent County and Grand Rapids area, lived in an urban setting, and signed a consent form. Two mothers who needed Spanish consent forms and an interpreter were accommodated. All mothers could read the consent form, so none had to be read the information.

Because I interviewed the mothers in person, there was a chance of bias. To combat this potential for bias, a CHW accompanied me on each visit. This person created a check system to impede biases that might, otherwise, skew the study. Interview questions were asked the same way with each client without added comments or other conversation. This also helped to combat bias. Identical directions were given to each mother for mail-in forms. CHWs, who distributed the mail-in forms, were given directions simply to distribute the forms and do nothing else.

A comparison of mail-in responses with interview responses provided one other check on potential bias in recording/interpreting personal interviews.

Comparison studies were used to authenticate the study, showing legitimacy.

Comparison studies are longitudinal and have significance. According to Becker (1958) and Cronbach (1982), cited in Shadish, Cook, and Campbell (2002), researchers "make valid causal inferences using a qualitative process that combines reasoning, observations, and falsification [of] procedures in order to rule out threats to internal validity" (p. 500).

Weaknesses and Limitations

A weakness in this study is that it could not employ experimental or quasi-experimental research, so it cannot be highly generalized. It was, however, representative. The study used a small sample from one region. Comparison-study information helps to overcome this weakness. Survey and interview questions cannot show cause and effect situations. Feelings experienced at the moment of the interview are reported in Chapter 4. Parts of the study, such as the randomly selected mothers who did not show up for their home visits, were uncontrollable. Mothers who were expecting their second child may have had different feelings from those who had never parented. These conditions were noted but could not be controlled for in the study.

Not all census data could be obtained from the same year. While data were as close and as comparable as could be at the time of the study, this is a weakness. Another limitation was that intake forms were not filled out completely and could not be used as a primary data source. While intake forms were the best data available at the time, incomplete forms did create some limitations.

Delimitations

Many decisions placed boundaries around this study. The fact that only the MOMS population was used as a comparison and as a source for gathering the sample is a delimitation. Decisions made by Eastern Michigan University's Human Subjects

Review Board and Spectrum Health's Human Subject Review Board created boundaries as well: (a) The study could include only mothers over the age of 18, (b) all mothers had to agree voluntarily to the study, and (c) every interviewed mother had to sign a consent form prior to the interview.

Reporting the Results

Data were tabulated using the Statistical Package for the Social Sciences (SPSS) system. Data obtained were largely categorical and descriptive in nature. Other information was obtained through an ordinal scale (See Appendix C). These scales had "order to them" using numbers 1 through 5 to describe feelings. For example, 1 may represent that a person extremely dislikes something and 5 may mean that the person extremely likes something. Independent variables included feelings and opinions concerning neighborhoods, homes, and parenting. Descriptive statistics and nonparametric tests were the primary analysis procedures, as there was no underlying normal distribution and the sample was limited to 50 out of 120 mothers (42%), with 37 out of 50 (74%) responding. The MOMS program enrolled 243 clients, and after excluding those under 18, a population of 120 remained from which the 50 mothers were drawn. This left 70 eligible mothers from which to draw when a mother from the original 50 was unavailable twice for the home visit.

Descriptively, computations were made to obtain mean, median, and modes for the group. These analyses were helpful in calculating the average for answers to certain questions and to compare differences and similarities in answers. Describing the data was of utmost importance.

Inferences made from the data were observed at a 95% confidence level. The SPSS system was used to compute these data. The Chi Square Test was used because of the categorical nature of the data. However, this test had conditions; the expected count in each grouping needed to be more than 20%. If this was not true, the researcher used the Fischer Exact Test to make comparisons and test for significance in the study. Bar graphs and other graphic representations of the data were created and used. Inferences were made based on data collected between the mothers interviewed and the total MOMS' population. Further, inferences are suggested based on data collected between the MOMS' population and the population of Kent County and Grand Rapids, Michigan. Decision rules for inferences and comparisons were discussed earlier in the chapter.

Chapter 4 presents (a) descriptive data of the demographics of the population studied, (b) analysis of the qualitative and quantitative data, and (c) a description of the tests that were used.

CHAPTER 4: ANALYSIS AND RESULTS

The researcher examined parenting beliefs of at-risk mothers in the Kent County and Grand Rapids, Michigan, areas. Using an interview instrument, the researcher gathered data from a randomly selected group of adult mothers. All mothers were participants of the MOMS program of Spectrum Health Hospital. The MOMS program offers support to at-risk mothers.

The null hypothesis stated: Cultural beliefs do not affect intergenerational parenting beliefs or risk factors within the Kent County and Grand Rapids area.

Fifty mothers were selected randomly from an eligible pool of 120 (those mothers aged 18 and over from the 243 MOMS program population); 37 mothers were interviewed. Personal interviews were conducted with one group of mothers (n=24), and another group of mothers (n=13) completed the interview questions at home as a questionnaire and mailed them in or sent them to the MOMS program office with their community health worker (CHW).

Chapter 4 describes qualitative and quantitative data gathered for the study and the analyses of those data. Quantitative data are described first and then enriched through qualitative explanation. Additional detailed data in a series of tables in Appendix I support the summary tables and data interpretations provided in Chapter 4.

When mothers enter the MOMS program, all participants complete a comprehensive intake form. The MOMS program intake forms were used only for reference checks, as the information on the forms was not always complete. Either the mother or the community health worker (CHW) helping in completing the form did not always answer each question, so the form lacked all information to make it a complete

data source. The interviews (n=24), questionnaires (n=13), and observations serve as the main source of data for this study for the participants (n=37) who were the primary study focus.

Demographics at the Time of the Study

In 2001, Michigan had a population of 9,990,817; Grand Rapids had a population of 200,627 and is a part of Kent County, which had a population of 579,875. Kent County included a combination of 34 cities, townships, and villages, including Grand Rapids, the largest city in the county (Grand Rapids Chamber of Commerce, 2003). Appendix J contains a map of Grand Rapids and Kent County. All mothers in this study were aged 18 and older and lived in Kent County. Thirty-five participants (96%) lived within the city of Grand Rapids; 33 of 37 (89%) of the participants lived in inner-city Grand Rapids.

According to the 2003 MOMS program report for the total population of participants (n=243), (a) 40% were 19-25 years old, (b) 70% had never been married, (c) 85% were Medicaid/Michcare recipients, (d) 59 % had fewer than 12 years of education, and (e) 8% bore infants who were considered low birth weight (LBW). Interviewing mothers 18 years of age and older, instead of a pool of 19 years of age and older as MOMS program reports the age of its clients, allowed for a larger pool of mothers from which to select participants for this study.

Participating mothers were of various nationalities. In the MOMS program (n=243), 40% of participants were Hispanic and 30% were African American. In the group of mothers selected as participants in the present study, 49% were African American, 27% were White, 16% were Hispanic, 3% were Zambian, 3% were Ethiopian,

and 2% were other. Of the mothers in this study, 43% of the 37 reported having only one child, while 24% were pregnant with their first child at the time of the interview. The remaining mothers (33%) had more than one child at the time of the interview.

Table 3

Demographics of Study Participants Compared to Total MOMS Program Participants (2003)

Demographics	MOMS (%)	Study Participants (%)
Age	40 (19-25)	100 (18 and older)*
Race Hispanic	40	16
African American	30	49
White	27	27
Other	3	8
Marital Status = Single	70	97
Low Birth Weight (LBW)	11	10
Medicaid Eligible (Low SES)	85	100
Educational Status =		
Attained HS Diploma	59	42

Note: * Difference in percentages occurs because the Human Subjects Review Boards required that all subjects be 18 years old and older. MOMS population reported for only ages 19-25. Study participants include aged 18 and over.

Interview (Questionnaire) Results by Major Category

Responses to the actual questions were recorded personally in the second person (you) in the interviews, but responses and discussions in this section are presented mostly

in third person. For example, the responses to the question that asked "rate yourself as…" were aggregated and recorded as "respondents rated themselves as…". The results are presented in major groupings related to the theoretical framework of the study and major categories of variables as explored in the review of research and literature (Chapter 2). References to specific questions from the interview guide (n=24) and questionnaire (n=13) are shown as Q1, Q2, and so on. The primary data-gathering instrument is shown in Appendix C. All who completed the questionnaire (interviewed or mailed-in) are included in the number of mothers discussed (n=37). A "no response" (NR) number appears after each quantitative question number discussed. This number represents the mothers who did not answer that question, out of a possible 37 answers, as was their prerogative according to the consent form.

The researcher developed criteria or decision rules for the choice of appropriate questions from the interview forms and intake questionnaire for final analysis and reporting.

1) The researcher looked for questions whose answers showed consistency, contradictions, and/or intergenerational happenings of a 15% margin.
2) The researcher looked for contradictions in the following: (a) what participants said and what participants did, (b) what participants did and what participants' parents did, and (c) how participants responded and what interviews and intake forms stated.
3) The researcher excluded some questions from the analysis and results sections because there were no comparable responses to the data for translation or for

use in comparisons. The raw data, however, were preserved in the data appendix (Appendix H) for possible later use.

Culture

Mothers in this study had lived in the Grand Rapids area for an average of 11 years. Their parents had lived in the area an average of 12 years and their grandparents, 9 years. Years, or longevity of residence in the neighborhood and home, were especially important when considering social capital and reactions of parents to events in their children's lives. Years, or longevity of residence, were also important for those educating the children, as time allows for school personnel to know and understand families.

Many low SES and minority parents gain parenting information from their parents and extended family. Knowing where people live, for how long, and by whom they are influenced, helps a researcher and an educator to develop an estimation of generational activity and cultural identity of a family.

Interview questions were about intergenerational determinants. The mothers were asked to describe, in three words, what being a parent meant to them. Content analysis of all 37 mothers' answers showed that not all mothers responded with three words. If all 37 mothers responded with three words, then a total of 111 descriptors could be analyzed. The "no response" (NR) for Q12 and Q13 refers to the number of descriptors that were not used out of the 111 actual responses. When participants were asked to describe themselves as a parent in three words in question 12, and to describe their parents in three words in question 13, "loving" was the one word that was used most frequently to answer both question 12 and question 13. The remaining answers varied.

When participants were asked to describe themselves as a parent (Q12) (n=37) (NR=22), 30% responded “loving,” 22% “responsibility,” and 11% “exciting.” When asked to describe their parents as parents (Q13) (n=37)(NR=27) 41% responded “loving,” 16% “strict/disciplinarian,” and 16% “caring/kind.”

When participants rated themselves and their parents as parents on a scale from one to five (1=extremely weak and 5=extremely strong), most rated both themselves and their parents as extremely strong. There was little difference between the two answers.

When asked to rate themselves as a parent and their parents as parents (Q15, Q17) (NR=6, NR=2) the results were similar; 53% of the mothers responded that they were extremely strong parents; 43% of the mothers felt that their parents had been extremely strong parents.

Table 4 displays disparities between what mothers stated about themselves and what they stated about their own mothers. No disparity was over 16% or showed a large difference, and only one, rate yourself and rate your parents as parents (Q15, Q17) showed a difference greater than 10%.

Table 4

Participants' Responses About Themselves Compared to Responses About Their Parents Reported in Percents

Question	Mothers	Parents	% Difference	Level
Q15- Rate self as parent vs. Q17- Rate parents	53.3 Extremely strong	42.9 Extremely strong	10.4	Moderate
Q27- Level of mom's education vs. level of parents' education	41.9 High school, College	50.0 High school	8.1	Minor
Q30- live with biological father of children vs Q35- lived with both parents as a child	52.9 Yes	50.0 Yes	2.9	Little or none
Q40- LBW of participant vs. Q41- LBW of participant's child	83.3 No	90.0 No	6.7	Minor

When describing their own abilities as a parent (Q14) (NR=1), nearly all of the mothers stated that they were good parents, and there was little difference in responses to the comparison question (Q16)(NR=3), as 91% stated that their own parents were good parents. Table 5 shows comparisons between these questions and contains various comments mothers made during the interviews. The table format provides quantitative data followed by several qualitative statements derived from follow-up questions and interviews.

Table 5

Do You Think You and Your Parents Are Good Parents? (Q14, Q16) n=37

…you are a good parent?	…your parents are good parents?	% Difference	Level
YES	YES	3	Little or None
94%	91%		

Do the best I can	My parents had (many kids) with no struggles
#1 Person in their (my child's) life	Hard on me, get beat if skipped school
Talk to her (child), whisper to her I love her	Everything I know I learned from them
Very patient, listen, do things with him	I am gonna be a good parent (because of them)
Very good, always home to care for him (child)	Put morals in me

When the participants responded if they parented differently from their parents (Q18)(NR=2), the majority (71%) stated "yes." When asked to rate the difference

between their parenting and their parents' (Q19)(NR=4), 18% stated "extremely different"; 21% stated "unsure."

Questions 22 and 23 are also discussed in the culture section. Every mother (100%) interviewed (n=37) said that her child had a happy childhood (Q22)(NR=1), but only 72% said that they a happy childhood (Q23)(NR=1). Examples are provided for Q23 in Table 6.

Table 6

Participants' Responses to Q 23. n=37 Did you have a happy childhood?

YES 72%	NO 28%
Had some good times and some bad	Raped by mom's boyfriends
I remember more happy times than bad	Moved around a lot
Got everything I wanted	Because everything…it was all Wrong

Neighborhoods and Homes

Research from the literature review on inner-city families connects the feelings of the mothers in this study, who primarily live in the inner-city, to other at-risk mothers. Poor neighborhoods and unsafe conditions plague many poor, inner-city families. The pressure of transient behavior that many at-risk families exhibit, including those in this study, who only lived in their homes on average two years, creates little community support. Transient behavior was a factor in the MOMS program and in studies reviewed in Chapter 2. Transient behavior also creates little support for the local schools, as

families and school personnel are unable to establish important positive relationships due to lack of time together.

There was an observed difference in how safe the mothers felt in their current neighborhoods compared to their neighborhoods while growing up. In Q5 (NR=2), rate the safety of your neighborhood now, 29% stated that they felt extremely safe. When rating the safety of their neighborhood growing up, Q3 (NR=1), 50% reported feeling extremely safe.

When asked to rate how safe the mothers felt in their present home and in their home growing up, an observable difference was noticed. Forty percent of the participants felt "extremely safe" in their present house (Q9)(NR=2), while 56% felt "extremely safe" in the house where they grew up (Q11)(NR=1).

Parent Education

The mothers in this study mirror mothers in other studies of at-risk mothers (i.e., research review, Chapter 2) concerning school achievement: 42% of the mothers in this study completed high school. Low SES, single-parent households, and growing up with parents who did not go on to higher education were characteristics that were associated with low educational attainment. More fathers completed high school than did mothers in the present study. This finding is different from prior research regarding minority men and their educational attainment. The research review showed that, more often, minority women complete high school when compared to minority men. However, 11 missing responses to Q27b may make the valid percentage higher than it should be. Mothers in this study received their high school diploma, on average, at a rate similar to their own mothers.

Educational attainment of biological fathers in this study (Q27b) (NR=11) (n=37) indicated a 65% high school completion rate, while educational attainment of mothers in this study (Q27a) (NR=6) (n=37) showed a 42% high school completion rate. Educational attainment of MOMS program participants (MOMS yearly report) (n=243) was a 59% high school completion rate. Educational attainment of the parents of the mothers in this study (Q28) (NR=11) (n=37) was reported to be a 50% high school completion rate.

When asked about what they see in the future for their children (Q42), 51% stated "education." When asked what they thought their parents saw in the future for them, (Q43), 41% stated "education." And when asked if they felt education was important to being a good parent in Q21 (n=37), most, 87%, stated "yes." Table 7 shows selected comments made about education.

Table 7

Participants' Responses About the Importance of Education (Q 21) n=37

Important 87%	Not Important 13%
Education is important.	(Education is) not necessarily important.
You have to sacrifice so kids can get good education.	Not priority but helps – is important to the child.
If you have education then (you can) pass (it) on to kids.	Education helps a lot (with parenting), but school teaches your kids, you is [sic] just there to help them (if) they need it.
(Education) is for a better future.	
A good education is for a great future.	

Number of Parents in the Household

There has been an increase in the number of single-parent homes in America, and the homes of the mothers in this study are no exception to this phenomenon. More than half of mothers in this study are living with their children's biological fathers (n=37) (Q30) (NR=3), and half of participants reported growing up with both parents living in their home (n=37) (Q35)(NR=1). According to intake forms and observation, nearly all (97%) of mothers in this study are unmarried mothers (n=37), and MOMS program records indicate that a majority, 70%, of the total MOMS program mothers are unmarried (n=243). Table 8 demonstrates these data.

Table 8

Marriage and Single-parent Homes Among Participants Reported by Percents

(Q30) Living with biological father	(Q35) Both parents living in participant's childhood home	unmarried Mothers (Study)	unmarried Mothers (MOMS)	% Difference	Level
53%	50%	97%	70%	27%	Major

When asked about living with their child's father, comments were strong. One mother wrote on her interview form, "TWO PARENT HOUSEHOLD NOT IMPORTANT IN ANY WAY" and underlined it three times. Other mothers noted that "yes," it was important, but they were not married or living with the child's biological father or any male role model.

An observable difference was noted in participants' answers to Q32 (NR=1) (n=37); Is living with your child's father important for your child? and Q33 (NR=0) (n=37); Is living with your child's father important for your parenting? Three quarters (75%) of the mothers said "yes," living with my child's father is important to my child." One reason given was that "I didn't and it is important – (a child) needs a dad." Of the 25% who did not state that living with the father was important for their child, reasons given were "we don't love each other and are not married" and "as long as we communicate well and put our son first, we will be fine."

When asked if living with their child's father was important for them as a parent (Q33) 62% stated "yes." One reason given was that "we are a family unit…(it is nice to have) a male figure around." Reasons given for the 38% who stated "no" were, "less arguments," and "I can do the same or better, (I have) been a mommy and daddy."

Socioeconomic Status

All participants in this study were low income; 85% of the participants in the MOMS program are low income, and all mothers in the study were receiving some form of State and or Federal subsidy. Most were receiving Medicaid and Women Infants and Children (WIC). Research about the culture of poverty that extends over generations supports similarities between the participants in this study and other low SES mothers.

In response to question 20 (NR=0), more than half of mothers in the study stated that money was not important to being a good parent. Table 9 shows comments made about this subject.

Table 9

Attitudes About Money

Is Money Important to Being a Good Parent? (Q20) n=37	
Yes 40%	No 60%
You have to provide for your children and need money to for supplies	Not everyone needs money to take care of your kids
Society is based on money, i.e. medicine, food	Children need stability, they don't need to be spoiled.
Source to buy things	(Money) is the root of all evil.
Money is important but not most important.	(Money) does not buy love
Having money will make kids not do things that is [sic] bad.	We never had money but had it good

Low Birth Weight (LBW)

Low birth weight (LBW) is defined as any infant weighing less than 2500 grams at birth. To be born at a LBW can cause many future complications, both physically and educationally. The number of infants born at a LBW to mothers participating in this study (Q41) is not very different from the number born to other mothers in the MOMS program, or to mothers in Kent County/Grand Rapids, Michigan, or to mothers in the nation. (Note that Table 1 displays LBW data for the county, Grand Rapids, and the nation.) However, the number of participants who reported themselves to be of LBW was noticeably higher (Q40) than the LBW reported for their children. In just one

generation the LBW rate dropped 7%. Praise should be given to the MOMS program, undoubtedly a major force behind this progress.

Table 10

Low Birth Weight Comparisons

LBW infants born to study participants (n=37)(NR=7)	LBW infants born to mothers in the MOMS program (n=72)	LBW infants of participants' mothers in this study (n=37) (NR=1)
10 %	11 %	17 %

Comparison to Mailed-In Interviews

Personal interviews were conducted with 24 of the study participants. However, 13 interview/questionnaires were mailed in. A comparison of the data from the two types of interview formats revealed a difference of 16% or more in the responses to nine of the interview/questionnaire questions (Q11, Q18, Q19, Q20, Q23, Q27b, Q28, Q40, Q41).

Q11 asked if the mothers felt safe in their childhood homes; 63% of the interviewed mothers stated that they felt "extremely safe," while 42% of the mailed-in questionnaires stated the same response.

Q18 asked if the mothers felt that they parented differently than their mothers did; 78% of the interviewed mothers stated "yes," and 58% of the mailed-in responses stated "yes."

Q19 asked for the rate of difference mothers felt between their parenting and their parent's parenting; 27% of the interviewed mothers stated "similar," while 46% of the mailed-in respondents stated "similar."

Q20 asked if money was important to being a good parent; 54% of those interviewed stated “yes,” and 15% of the mailed-in responses stated “yes.”

Q23 asked if the mothers had had a happy childhood; 78% of the interviewed mothers stated “yes,” while 62% of the mailed-in responses stated “yes.”

Q27b asked about the biological father’s educational background; 77% of interviewed mothers stated that their child’s biological father had completed high school, while only 44% of mailed-in surveys stated the same.

Q28 asked about participant’s parent’s education and received different responses, with 60% of those interviewed stating that their parents achieved a high school diploma and 36% of the mailed-in participants stating that their parents had completed high school.

Q40 asked if the mothers themselves were LBW babies; 75% of the interviewed mothers stated “no,” while 100% of the mailed-in responses stated “no.”

Q41 asked if mothers interviewed had given birth to a LBW infant; 84% interviewed and 100% of the mailed-in responses stated “no.” Table 11 displays the information for comparison of interviewed versus mailed-in responses. Note that the percentages displayed do not include missing values (i.e. surveys with no responses to the given question).

Table 11

Comparison of Personal Interview Responses to Responses on Mailed-In Interviews

Question	Interviewed (n=24)		Mailed In (n=13)		Difference
Q3 (Nh Sfty child)	50.0%	Extremely safe	50.0%	Extremely safe	1
Q5 (Nh Sfty now)	39.1%	Extremely safe	50.0%	Safe	3
Q9 (Hm Sfty now)	47.8%	Extremely safe	41.7%	Acceptable	2
Q11 (Hm Sfty child)	62.5%	Extremely safe	41.7%	Extremely safe	4
Q14 (Good Prt)	95.8%	Yes	91.7%	Yes	1
Q15 (Rt self as Prt)	63.2%	Extremely strong	54.5%	Strong	2
Q16 (Your Prts Gd)	90.9%	Yes	91.7%	Yes	1
Q17 (Rt Your Prts)	52.2%	Extremely strong	58.3%	Strong	2
Q18 (Prt differently)	78.3%	Yes	58.3%	Yes	4
Q19 (Rt difference Q18)	27.3%	Similar	45.5%	Similar	4
Q20 (Money Imp)	54.2%	Yes	84.6%	No	4
Q21 (Ed. Imp.)	87.5%	Yes	84.6%	Yes	1
Q22 (Child happy)	100%	Yes	100%	Yes	1
Q23 (Yr childhood happy)	78.3%	Yes	61.5%	Yes	4
Q27a (Moms Ed)	55.0%	High school	63.6%	College	3
Q27b (Dads Ed)	76.5%	High school	44.4%	High school	4
Q28 (Prt Ed)	60.0%	High school	36.4%	High school	4
Q30 (Live with Bio dad)	50.0%	Yes	58.3%	Yes	2
Q32 (Live with Bio Imp for kids)	73.9%	Yes	76.9%	Yes	1
Q33 (Live with Bio Imp for you)	66.7%	Yes	53.9%	Yes	3
Q35 (Yr Prts Liv. w/you)	50.0%	Yes	50.0%	Yes	1
Q40 (You LBW)	75.0%	No	100%	No	4
Q41 (Yr child LBW)	84.2%	No	100%	No	4

*Table percentages do not include missing values.
**Word key for Table 11 on following page.

Word Key		Difference Key
Nh	Neighborhood	1=Similar (within 5%)
Hm	Home	2=Minor difference
Sfty	Safety	(within 6-10%)
Prt	Parent	3=Difference (11- 15%)
Gd	Good	4=Large difference
Rt	Rate	(16% and more)
Imp	Important	
Ed	Education	
Yr	Your	
Liv	Live	
Bio	Biological	
Lbw	Low birth weight	
Lk	Like	

Comparison Studies

The results of this study and results of the MOMS program were reaffirmed by comparison studies. Comparison studies were discussed at length in the literature review, Chapter 2. The comparison studies addressed in the literature review were the Chicago Child-Parent Center (CPC), High/Scope Perry Preschool Project, and the Abecedarian Project. Information from Rothstein's *Class and Schools: Using Social, Economic, and Educational Reform to Close the Black-White Achievement Gap*, was also used for comparison. The first three comparisons were early intervention programs; CPC and High/Scope focused on ages three to five, and Abecedarian Project focused on ages zero to five (MOMS focuses on children prenatal to age one). Rothstein focused on all ages. All of the comparison programs and the MOMS program worked specifically with low

SES families and minorities. Also used for comparison were two dissertations, *Relationships Between Parental Knowledge, Experience, Attitudes, and Parental and Child Demographic Variables for a Sample of Parents of Developmentally Delayed, Disabled, and High-Risk Infants*, by Coughran, and *A Qualitative Study of the Practice of Infant Mental Health: Practitoners' and Parents' Voices*, by Weatherston. The part of Coughran's study that related to one study was the goal of creating a conceptual model for educating parents of high-risk infants. Coughran also looked at variables and relationships between parent attitudes and experiences and childcare. Coughran hypothesized that early intervention programs can benefit families. Weatherston's research looked at how parents who are receiving home visitations perceive their early intervention services and, in turn, how early intervention services could be better.

The intervention programs discussed substantiate ideas that enabling factors encourage positive parenting that encourages school and life success. Participants in intervention programs received more schooling and better paying jobs and were married and married longer than those who lived in at-risk environments without intervention.

When considering the results, as shown in Table 12, note that the CPC, High/Scope Perry Preschool, and Abecedarian Project were reporting results derived from grown children who participated in intervention programs as children. Information for MOMS and for this study was derived from mothers currently enrolled in an intervention program. However, mothers in the MOMS program, and in the present study, as a subset of MOMS, show results close to those of the other intervention program participants, which gives hope that the children of the MOMS program will have results that are at least equal to results reported for the other programs mentioned.

Table 12

Comparisons Between This Study Participants, Total MOMS Program, Literature Review Comparison Studies, Coughran, and Weatherston. Reported as Percents (%)

Risk factors	Study participants (n=37) MI	MOMS (n=243) MI	CPC IL	Perry Preschool MI	Abecedarian Study NC	Lit. Review* US	Coughran (n=188)	Weatherston (n=9)
Single parent household	97 %	70 %	57 %	57 %	44 %	NR	15%	3%
Mother's education level	42 % HS	59 % HS	62 % HS	71 % HS	70 % HS	72 % blacks with HS	34% some coll. Or bus. sch.	NR
SES indicators	100 % gov. assist.	85 % gov. assist.	57 % unempl.	59 % gov. assist.	36 % unempl.	Median black income 64% of white income	18% less than $5,000 18% btwn 5,000-$10,999 income level	NR
LBW	10 %	11 %	NR	NR	NR	13 % of black infants	NR	NR

Note: *According to Rothstein (2004) NR – No Record

Summary

Answers to interview questions provided information, especially in relation to the hypothesis. Mothers' comments suggested that they do not want to parent like their parents (71% said they were parenting differently), yet in most major areas they were acting similarly, as determined through observation, answers to questions compared to knowledge of lifestyle, and discussions with CHWs. Mothers felt they were strong parents (97% stated that their children had happy childhoods) yet their families faced many risk factors.

From a generational perspective, there were differences in how safe mothers felt in their neighborhoods and homes now versus when they were growing up. There was little observable difference in the four at-risk areas, which were parent education, number of parents in the household, SES, and LBW. Mothers in this study felt safer in the neighborhoods and homes that they lived in growing up than they did living in their present neighborhoods and homes. Forty-two percent of mothers in this study finished high school, a percentage of finishing that was similar to the high school completion rate of their own mothers (50%). The number of parents living at home with the children was similar, with 53% of mothers reporting living with their child's biological father, and 50% reporting growing up with two parents at home. All mothers in this study would be categorized as low SES, and 100% were on some form of state aid. Comments and observations made during interviews and by CHWs led the researcher to believe that a majority of mothers had grown up low SES as well. The LBW rate was not similar for

both generations: 10% for children of mothers in this study, and 17% for study participants' mothers. Analyses are synthesized in Chapter 5 through discussion of main findings and conclusions derived from the data.

CHAPTER 5: SUMMARY OF MAJOR FINDINGS

In this study, the researcher sought to gain knowledge about intergenerational risk factors that hinder children's education potential. Risk factors are known to be passed down from generation to generation and to educationally hinder families, communities, and cultures. Hopefully, by better understanding what parents think and feel about parenting and what they think and feel about how they were parented, educators and other social interventionists can limit some of the risk factors that have been hurting families' education attainment for generations.

To understand intergenerational risk factors better, the researcher focused on 37 mothers identified as at-risk by the early childhood intervention organization, Moms Offering Moms Support (MOMS) program, housed at Spectrum Health Hospital in Grand Rapids, Michigan. In addition to completing the intake information for the MOMS program, the mothers responded to 52 questions about various aspects of parenting, either in face-to-face interviews (n=24) or by completing a mail-in questionnaire (n=13). Comparisons and contrasts were made between the parenting that study participants were providing for their children and the participants' reports of their own childhood experience. In this chapter, the researcher summarizes results previously presented in Chapter 4, specifically on major findings relative to the elements of the theoretical framework: culture, community, number of parents living in the home, parent education, socioeconomic status (SES), and low birth weight (LBW).

Major Finding One: Disparity Between What Mothers Stated In Comparison Studies and What was Observed.

The first and most prominent finding in this study was the difference between what the mothers stated during interviews and how they were actually parenting, as seen through the analysis of data from MOMS programs, on intake forms, interviews, and home visitations. Mothers in the study stated that they parented differently than their parents did, but there was little evidence for this assertion. Data suggest that the mothers are living similar lives and parenting much as they were parented. This disparity was evident in almost all at-risk areas studied.

Culture Analysis

Even though mothers stated that they parented differently than did their mothers, they reported that both they and their parents were good parents. As discussed in the literature review, low SES parents often look to parents or kin for parenting advice. It is not surprising that mothers found themselves to be good parents if they assessed their parents to be good parents. Continuation of attitude and behavior is concurrent with the research on generational parenting. What is surprising is that 71% of the current mothers stated that they parented differently than did their parents. Perhaps the mothers have become less comfortable with discipline a generation later. The answer for why the difference exists is unclear.

Some reasons for this phenomenon may be located in mothers' descriptions of parenting. While the mothers described themselves and their parents as "loving," they also described their parents as "strict." No mother in the present study referred to herself

as strict. Perhaps the mothers resented how strict their parents were and so they were consciously trying to be different from their parents.

Examples of how mothers in the study stated one idea about parenting, but actually lived differently from what they said, are as follows: In answer to question Q16 (Do you think your parents were good parents?) one mother stated that "(her) parents had no struggles," yet the same mother was an unwed pregnant woman, who was in her early twenties and without a job. Her previous job had been as a showgirl. Arguably, this may appear to many persons as a child with "struggles" and therefore parents with "struggles." Another mother responded to the same question by saying that her parents "put morals in me." However, this same woman said she had an unhappy childhood because she was raped by her mother's boyfriends. Another mother discussed how much her parents cared about her education stating that "I got beat if I skipped school," suggesting that this was a good way to encourage school attendance. (Other discrepancies concerning education are discussed later in the chapter.) These statements suggest that the mothers answered the question unrealistically, if their responses are judged by other standards (e.g., non-poverty families or middle-class values).

Neighborhood and Home Analysis

Observable difference was shown between how safe mothers felt in their neighborhoods and homes while they were growing up compared to their present neighborhoods and homes. Mothers felt safer in their neighborhoods and homes growing up than in their present settings.

Reasons for this reaction to questions dealing with neighborhood and home safety (Q3, Q5, Q9, Q11) vary. One reason could be the difference between childhood and

adult "fears." Mothers involved in the study may remember their childhood neighborhood and home as safer, since as children they had different fears and different safety issues than they do now. As adults, mothers have concerns that may feel much more real, like protection of their own children and the need to make the rent payment. Perhaps, one generation later, the homes and neighborhoods that families live in are not as safe. The exact reason was not addressed in this study or in the comparison studies, to which the present study outcomes were compared. However, social forces such as drugs, gangs, racial discrimination, and an increase in media violence may be factors.

Transience was a topic about which the mothers had similar feelings regarding present and childhood neighborhoods and homes. On average, mothers in this study lived in their home two years or less. Interestingly, when asked to describe their home or neighborhood growing-up, mothers would "pick one" of their homes. This may add to their feelings of safety as children because they could "pick" their favorite home, or the home in which they felt safest, from the various homes they had.

The literature review and prior studies pointed out that transient behavior does not support effective parenting strategies, because mothers do not get to know or care about their surroundings or community. This, in turn, affects parents' participation in the child's school or schools the children attend.

Observations made during home visits suggested that the White mothers seemed to dislike their neighborhoods now more than did Black and Hispanic mothers. One White mother talked of discrimination within her neighborhood; hers was the only White family on the block. She spoke of having people defile her yard with dirty hypodermic needles and broken bottles. One White mother spoke of having a homeless person

defecate in her backyard. She was planning to move soon after her baby was born. Even though she had remodeled much of her home and said that she really loved her house, the neighborhood was very upsetting to her. This may be an undercurrent feeling of being a numerical minority with few same-race acquaintances in the neighborhood. Without many neighbors of a similar race, a family can tend to feel isolated, unhappy, and alone. Negative feelings about one's neighborhood can lead to a dislike of the neighborhood even if a family loves the house they live in. Also important to note when acknowledging this one mother's experience are the factors of cultural differences and/or age differences toward feelings of sanitation. The couple were quite young and, as stated earlier, of a different culture than many of their neighbors.

In comparison to the White responses, more Black and Hispanic moms liked their childhood neighborhoods less than their present neighborhoods. Many of their families still lived in the area, but not necessarily in the same neighborhood or house. This idea parallels literature review and research findings on social capital that showed that many minority families live nearby other family members and actively spend time with their families. This family unity creates connections among families of similar SES and living situations and does not allow for families to branch out and interact with different families or organizations. Often, school is <u>not</u> an organization with which low SES and minority families feel comfortable, get involved, or make connections. Lack of social capital, developed in the area and applied in education settings, can leave students without the help they need to be successful in school and mothers without any person to turn to for help.

Social capital influences and helps to create generational parenting styles. When families have ties with only similar families and relatives and do not learn from peers in different environments, parenting habits that are similar to the ones with which they were raised are reinforced. Social capital tends to bond people with similar ideas, wants, and needs, and may not nurture educational, spiritual, or social growth beyond the immediate culture.

When discussing current and past homes, mothers used similar adjectives. "Big" and "roomy" were the most positive descriptors when mothers said why they liked their homes while growing up. Through the home visitations, the researcher noticed that almost every home was small and crowded. Although generally clean, many homes had unclean outdoors, visible debris, solicitors, and city smog. Many homes looked quite old and could have contained lead paint or other environmental hazards.

The literature review on home environments pointed out that children need to have room and space, not only for studying and playing, but areas that are clean and without toxins that can interfere with growth and brain development. Comparatively, children who do not grow up with adequate space and cleanliness are not as well equipped to handle education tasks as are children who live in roomy, nontoxic home situations.

Number of Parents in the Home Analysis

Results of this study, the literature review, and comparison studies lead to the conclusion that the number of parents living in the home affects parenting styles, and that, in turn, can influence a child's school success. In the risk area of number of parents living in the home, at least two generations of the families studied were headed by single

parents. In this study, only one of the mothers was married; 97% of mothers studied were not married, and 70% of mothers in the entire MOMS program were not married. The overall responses about the idea of marriage, as necessary to be a productive family unit, was negative. Many mothers did not make the connection between a spouse and an additional caretaker and increased income and other resources for the family.

The definition of number of parents living in the home for the purpose of this study was "the number of biological parents living with the child full-time." Mothers in this study responded to questions about whether they grew up "living" with both parents and whether they presently "live" with their child's biological father (Q30, Q35). Half of the respondents grew up in a single-parent home, and 53% are currently living with the father of their children. There seems to have been little generational decrease in single-parent homes between the generations. Even though mothers in the study stated that they were parenting differently than their own parents did, the number of single-parent homes in both generations was similar.

Observations made during home visitations determined that many mothers did have contact with a male figure who may or may not be the biological father. A majority of mothers in this study lived with other people--sisters, mothers, friends, and/or roommates--and did respond that they would live with the baby's father full-time if the dad were willing.

Research and comparison studies suggest that two-parent intact families are better for child-rearing than are single-parent settings. The literature review revealed how two-parent families can share responsibilities, increase income, and increase quality time spent with a child. Comparison studies showed that one long-term benefit of an early

intervention program can be to encourage intact two-parent families. Education success depends on children being able to spend quality time with their parents, and two-parent families offer more opportunities for this "quality time."

Socioeconomic Status (SES) Analysis

This study, the literature review, and comparison studies revealed that low socioeconomic status (SES) negatively affects parenting styles that, in turn, negatively affect a child's chances for education success. When considering SES studies, findings suggested that the majority of the MOMS population was considered poverty level. In fact, 100% of mothers in this study (n=37) were considered to have low SES, and comments by interviewed mothers, as well as observations made by the researcher, suggested that the mothers grew up in low SES as well. Again, the mothers studied stated that they were parenting much differently than they were parented, but responses and observations indicated that they were reflecting conditions and parenting styles similar to their own childhood. The mothers interviewed noted that money was important but not essential for happiness. They displayed overall feelings of uneasiness concerning money as important, other than to buy essentials (food and medicine), which mothers referred to as "stuff."

Some mothers made a connection between money and education with statements suggesting that a person needs an education to obtain a good job. Mothers made additional connections between home satisfaction and money in comments like "homes take money to purchase." Reasons for not seeking employment were as follows: laziness, lack of daycare, no endurance, moving, and no transportation.

One mother did comment that "children need stability," but many respondents did not verbalize that money can create stability in terms of housing, retirement funds, and education opportunities. The mothers seldom mentioned what money could buy them besides essentials for comfort, consistency, opportunities, and so on. Many mothers saw money as something used for the moment--to buy a household item like a TV or to purchase food--and not something to save or use for long-term goals.

The literature review and the comparison studies were clear that SES affects both parenting and education success. SES affects every aspect of a child's development, from prenatal care to nutrition to education opportunities, offered before and during school years (Cooley, 1995). "A definite relationship was found to exist between family income and parental knowledge: lower income parents tended to have lower knowledge scores than higher-income parents. Also, a relationship was found between family income and parental attitudes" (Coughran, 1985, p. 161). Comparison studies of early childhood intervention demonstrated that higher SES and quality early childhood intervention can increase the chances for school success, which should then increase the chances for higher SES later in life. "Because the gap is already huge at three years of age, the most important focus of this investment should probably be early childhood programs" (Rothstein, 2004, p. 10).

Low Birth Weight (LBW) Analysis

Information in this study and in the literature review noted that low SES, single parenthood, and poor prenatal care can increase a woman's chances of delivering a low birth weight (LBW) child, and that LBW can increase parental stress and decrease a child's chances for school success. Children who are born with LBW, regardless of other

positive factors in their life, often have a more difficult time in school. Often, LBW can be connected to low SES factors like nutrition or parental stress (e.g., single parenthood).

Even with the knowledge that LBW can be harmful for infants, mothers in the study seemed unconcerned about the possibility. The research demonstrates that infants born at LBW are subject to many complications and health risks, and, thus, the researcher finds it positive that 7% fewer mothers in the study reportedly gave birth to LBW infants then did their mothers (LBW infants reported at 10% (Q40) and 17% (Q41) respectively). Although the number of mothers in this study and in the MOMS program who delivered LBW babies was higher than the national and state averages, the MOMS program should take credit for the fact that their clients gave birth to LBW infants less often than the generation before them. Diligence to prenatal check-ups and visitations to mothers from nutritionists, as part of the MOMS intervention, most likely has a great deal to do with this phenomenon and should be continued.

Major Finding Two: Disparity in Education

A second major finding from the study showed that, although mothers stated that education was important to them and for their child's future, the mothers were not personally enhancing their own education or working hard to create education opportunities for their children. The discrepancy discussed earlier in this chapter between what mothers say and what mothers do is extended in the discussions surrounding education.

Regarding parent education, findings in this study showed that although 87% of participants noted that education was important to being a good parent (Q21), few mothers continued their education after receiving their high school diploma or equivalent.

Many mothers said that they wanted their children to attend and finish school, but few said that they had high aspirations for education for themselves or wanted to be role models for their children.

Many of the mothers in the study did not appear to be overly concerned with education in terms of formal schooling for themselves, their children, or their children's father. They seemed to assume that their children would go to school and graduate from high school or the equivalent. The MOMS program community health workers (CHWs) tried to encourage mothers to enroll in GED classes and post-high school classes, but none of the mothers interviewed seemed concerned with these ideas.

Through comments made on interview forms, observations made during home visitations, and comments from CHWs, "education" seemed to mean a high school diploma to study participants. If mothers had finished some form of high school, they seemed to feel that they had completed the goal of school, and held this as the goal for their children, as well. Attitudes expressed relate to intergenerational issues, as studies show that persons with higher education degrees earn more money in a lifetime, are able to afford better housing, offer more education opportunities for their children, and are higher SES. Further, parents with higher education degrees tend to raise children with higher education degrees, a desirable intergenerational phenomenon in today's world.

Of mothers studied, 42% reported finishing high school, and 50% reported that their mothers finished high school as well. Therefore, there was little difference between generations in school attainment. This could be due to a lack of role modeling or to environmental factors such as transportation and money for supplies. The exact reason is unclear. Some researchers argue that a mother's education is the number one criterion

for a child's education success. Parents' feelings about education, as well as educational attainment, seem to be generational.

The discussion of education leads to the issue of education role modeling. While a mother stated, "If you have education then (you can) pass (it) on to your kids," the mothers in the study did not consider obtaining the higher education to pass on to their kids. One mother even spoke of the need for a good education for a "great future." The mothers seemed to want their children to achieve in school, but their transient lifestyle and other life choices did not make school attendance easy for the child. Interestingly, 65% of biological fathers reportedly finished high school. This is not common for low SES, minority males. This percentage may be high because of the large number of "no responses" to this question.

Interview vs. Mailed-In Discrepancies

Thirteen of the 37 interview/questionnaires were mailed in. Of the 52 questions on the questionnaire, nine showed differences (16% or more) between answers given by interviewed mothers and answers given on mailed-in questionnaires. These nine questions were discussed in chapter 4. Reasons for the differences are suggested in the following paragraphs:

Asked about how safe the mothers felt in their homes as children in Q11, 63% of those interviewed felt "extremely safe" whereas 42% of mail-ins felt "extremely safe." Reasoning for this gap may be that the mothers interviewed reminisced more about their childhood homes because two people were there to listen to them (the researcher and the community health worker). Perhaps having two people listen to answers to the interview questions may have also played a role in differences seen in Q20, "Is money important to

being a good parent?" Having two people listening, who were not low SES, may have made more interviewed mothers (54%) answer "yes," than the much lower 15% of mothers who mailed in their response.

There were large differences between the participants interviewed personally and those who mailed in responses to questions about high school attainment of fathers of their children and for their mothers (Q 27b and Q 28). Mothers interviewed reported 77% high school completion for children's fathers versus 44% of mailed-in responses, and 60% of those interviewed compared to 36% of mailed-in responses noted high school completion for their mothers.

Mothers who mailed in questionnaires may have felt more comfortable about reporting honestly the education attainment of their children's father (Q27b) and that of their own mothers (Q28). Conversely, perhaps, having two educated people involved in the personal interviews made the mothers who were interviewed feel the need to suggest that their mothers and the fathers of their children had more schooling than they actually did. Perhaps the mail-in mothers did not think about the questions as hard as those personally interviewed, because there were not two people sitting in front of them expecting an answer.

It is unclear why there is a large difference between interview and mail-in responses for Q18, "Do you parent differently than your parents?" and Q19, "Rate the difference from which you parent from your parents." Perhaps the interviewed mothers felt that they needed to appear to be different in front of the researcher and the CHW, as they answered with a larger margin that they parented differently and that the difference was less similar. This explanation of the difference would be reasonable considering that

the CHW was trying to educate the mother to parent more efficiently, and the mother knew that this was why she was involved in the program.

The reasons for large differences in question 40, "Were you a LBW infant?" and question 41 "Was your child LBW?" are also unclear, as it would seem that the interviewed mothers were perhaps more honest, stating that they and their mothers have had more LBW infants. Perhaps the mail-in mothers did not understand the question or were unsure about the definition of LBW.

Clarification of reasons behind all the differences may be something to explore in future research. In future studies it may be beneficial to conduct both a mail-in and personal interview for every participant, as there may be discrepancies in answers. Conducting both mail-in and personal interviews provides twice as much data and important comparison information and helps establish reliability.

Relation to Hypothesis

The null hypothesis for the study states that environmental and cultural beliefs do not affect generational parenting beliefs or risk factors within the Kent County and Grand Rapids area. The findings from the study are that many of the risk factors appear to be generational for the population studied.

Culturally, participant mothers were transient and lived in neighborhoods and homes similar to those where they grew up. Black and Hispanic mothers were happier with their homes and neighborhoods than were White mothers. This finding reinforces the concept of low social capital and generational parenting belief systems, as minorities tend to live in closer proximity to other family members than do White mothers. Mothers in general, regardless of race, felt that they and their parents were good parents and both

generations seemed to have similar parenting styles. However, although mothers may have been parenting within similar cultural contexts as they themselves were parented, the majority stated that they were parenting differently than their parents. The number of single parents in the home seemed to decrease slightly in the present generation, from 53% to 50%, and although many parents stated that two-parent households were important, they were living as single parents. Reasons for generational at-risk parenting may be in the participants' definitions of discipline, their living under disparity and in denial, and/or their lack of education.

Mothers studied stated that education was important. Parent educational attainment was less for study participants than the participants claimed for their parents. Forty-two percent of participants finished high school while 50% of participants' mothers did. (However, there was a high "no response" rate about participant's mothers, NR=11 of 37 or 30%).

The concept of low SES was generational as well. All mothers in the study (100%) were considered low SES, and all were noted as having lived similarly in low SES situations as children. One reason so many participants remained on government assistance from childhood to the present could be related to the extent of welfare benefits today and how well they can be accessed. Looking into government assistance programs and how widely they are used from generation to generation is definitely something to study in the future.

Ten percent of infants of mothers in the study were LBW, and 17% of the infants of their parents were LBW, a decline in LBW that was rewarding to find. This was a positive outcome for the MOMS program that pushes nutrition information, stop smoking

education, prenatal exams, and other positive interventions. However, the national and state LBW average was only 8% and the LBW for the MOMS population was 11%, so, clearly, there is still work to be done in this at-risk area.

Thus, the null hypothesis for this study was not accepted based on the prevalence and continuance of risk factors showing generational trends.

Recommendations for Practice and Policy

Disparity between what the mothers say and what they do is important for educators to realize for several reasons: (a) If mothers believe that they are raising their children differently from the way they were raised, but are actually raising their children with the same risk factors, the discrepancy needs to be made apparent to the mothers; (b) educators need to consider this disparity when they discuss issues with parents; (c) educators may want to consider starting programs of home visits in the hopes of realizing and identifying discrepancies early on.

Mothers may feel that education is crucial but are unable or unwilling to improve their own or their child's educational attainment. The more educational attainment a mother achieves, the better off her children will be. Helping parents to realize and act on educational opportunities for their children and themselves is crucial. For children to arrive at kindergarten ready to learn, mothers need to be educated and their children need to be offered educational opportunities. According to Rothstein (2004) "patterns do exist, and that they are bound to have influence on how children learn, at what rate they learn, and what instructional approaches will be most effective in schools" is eminent, and educators need to address these issues so that all children can arrive at school ready to learn (p. 24).

The transient behavior that this culture experiences is also important for educators to note and to work to accommodate. Transient behavior is also prevalent for migrant workers, who elicit many of the behaviors of some mothers in this study except that migrants may move greater distances and they move to maintain employment. The transience phenomenon may warrant added study. As suggested in the literature review, transient behavior hinders school success in many ways. The family is less connected to the community and school, the school staff won't know the family well, and concerns, like disparities in what parents say and what parents do, are not as easily recognized. School can be more difficult for at-risk children, and moving among many different schools only makes the school experience that much more difficult.

Need for Further Research

Results of this study are the basis for recommendation for further research. There are obvious generational trends that are unhealthy for young people and are, unfortunately, continuing for this population.

1. The issue of disparity between what parents state they do and what they actually do is crucial to the understanding of at-risk families. Further research about how at-risk mothers view their lives, ways for them to recognize the risk factors in their lives, and ways for them to improve upon their parenting, would be extremely beneficial. If these tasks could be accomplished while children are young, or even prior to children's birth, some at-risk factors could be reduced and more children could arrive at school ready to learn.

2. Transient behavior that many at-risk families exhibit and have lived by for generations is harmful. Few of the families studied had lived in the home in which they

were interviewed more than two years, and many were thinking of moving again soon. This lifestyle had many negative implications for young children. There is a connection between caring for one's home and subsequent care for the neighborhood and care for the community. When people care for their neighborhood many positive outcomes are possible. The ability to stay in one home for an extended amount of time can build social capital. Staying in one neighborhood and one neighborhood school could allow school professionals to be more connected and helpful.

Further study of the reasons at-risk families move and, more importantly, ways for them to stay in one home for extended periods of time would benefit the families and schools.

3. Mothers seem not to understand or acknowledge how risk factors are interrelated. For example, many mothers did not connect that education and socioeconomic status often go together. Many mothers answered that money was important to buy things and that education was important (even though many of the mothers had limited education), but few seemed to understand that there are connections between the two. Few mothers seemed to understand the need to finish their own schooling to better their lives and the lives of their children. Their lives and their children's lives seemed to be separate. Understanding how risk factors from generation to generation build upon one another is crucial, because "individual risk behaviors 'track,' that is, they have early forms that evolve into fully developed forms over time" and risk factors 'cluster'…(which is) the occurrence in the same individual of multiple risk factors" and, if "allowed to continue (these risk factors will be) more difficult to overcome" (Finn, 1993, p. 4) for the mothers and their children. Connecting the need to finish school to improve their life and their children's lives should be important for this

population. They do not seem to understand how living in a two-parent household could be beneficial and provide potential for two incomes, twice as much for support for children, and sharing of parenting responsibilities that can reduce parental stress. LBW is connected to all other risk factors and can be greatly reduced with an increase in SES, a lessoning of parental stress, and an increase in education.

4. There is a lack of role models for at-risk mothers. Their own mothers are not a role model for them, nor are their friends or relatives. The majority of the participant mothers in this study were Black and Hispanic, and these groups also have few role models in the media.

In response to Q16, one mother suggested that all she knows about parenting she learned from her parents, posing questions for the researcher: Do at-risk women understand role modeling? Did they have role models? What did they really learn from their parents? It is well known that it is human nature to do as you were shown. People learn by example – this is the definition of culture. Thus, if we as a society want to break the cycle of at-risk motherhood, we must find a way to instill new modeling and mothers need to observe new modeling and follow the examples. A study of potential role models, and the type and methods of interaction that the role models could deliver, would be extremely useful and beneficial.

5. The MOMS program has been shown in this study to be working with the appropriate clientele. MOMS program participants in this study had made small strides in the area of LBW (7% decrease) on a generational basis. The MOMS program continues to work on increasing educational attainment, heightening SES status, and decreasing LBW for this at-risk population. A longitudinal study of this early

intervention program would be beneficial to all involved, as well as to other early intervention programs and affected schools (in this case, the Grand Rapids Public Schools).

Summary

Environmental and cultural beliefs have affected, are affecting, and continue to affect generational parenting beliefs and risk factors in this study group. Generational similarities are shown to exist in all at-risk areas studied. Perhaps, if the idea of community is better achieved, the at-risk mothers will be less transient and more positive environmental influences could be achieved. Reciprocally, better connection to community could encourage an increase in parent participation in schools, as well as greater participation in community and, in turn, lessen the transient behavior noted in the participant group of mothers. Educational attainment for mothers and children could also increase with community and school support.

An understanding that the mothers in this study (the present generation) are NOT raising their children much differently than they themselves were raised might help the mothers attain a more realistic view of their parenting style, and hopefully lead them to be better parents. Enlightenment of the mothers could help assuage some of the negative generational at-risk factors, such as a single parenting and unemployment/low SES.

Mothers are feeling responsible for their children's upbringing but were not necessarily taking action to better their own or their children's development. Programs like MOMS effect some positive changes. MOMS can model new behaviors and help give incentives to mothers to take responsibility for their actions (e.g., change in prenatal care and decrease in LBW babies).

A better understanding of the women such as those in this study can only help intervention programs like MOMS to increase the organization's capability to support and educate these at-risk families. Who knows how much worse the mothers' situations could have been without MOMS intervention? The MOMS program has already made strides, even if small ones, against at-risk parenting, that can affect a child's chances for school success. It is the MOMS program's hope that, by participating in the program, clients' children will not need their services. Only time will tell.

CHAPTER 6: NARRATION OF KEY POINTS

Colleagues suggested that a narrative of key points addressed by the data in this study would be beneficial for educators. The amount of data created by and for the study made total disclosure in a dissertation of the information impossible. As the researcher, I gained much more insight than I was able to represent in the dissertation form. Further, when conducting a qualitative study with ethnographic elements and concepts, there will always be happenings, feelings, and views involving the researcher that may not be easily included as part of the data findings. Hopefully, a narrative of key points will help clarify some ideas presented in this study and add to its usefulness for educators.

That parenting is generational and cultural is an obvious key point of the study. Research supporting this concept was discussed in Chapter 2, and most early childhood interventionists I have met have witnessed and attest to this idea. "The apple does not fall far from the tree" is a not-so-original but representative statement often spoken by early childhood interventionists.

Findings in Chapter 4 explained the great discrepancy between what parents said and what they actually did. Characteristically, I feel that the mothers who were studied learned this response to parenting from watching their own mothers (generational). Many of the areas studied revealed similar data for both generations. I believe that if I had interviewed mothers of the women who participated in the study, a discrepancy would also be seen between what they said about their children's upbringing and what actually did happen to their children growing up.

Attitude, a part of culture, is shown to be something learned, and the hope is that early childhood intervention programs can teach positive parenting attitudes that will

trickle down to the next generation. One way that early intervention programs can teach mothers is through home visitations. Home visitations have been shown to be of importance for many different reasons, including that the visitations give educators an authentic view of the family's life, of the parents' and children's abilities, and of any discrepancy between what the mother may state is occurring and what actually is occurring in the home.

Attitudes matter. This study shows that what mothers *feel* about parenting, compared to how they actually parent, affects how well their child is being raised. Ways in which a child is raised affects their attitudes, as shown in generational research, and research discussed in Chapter 2. Parents' attitudes shape their children's attitudes, which in turn affect school success. School success is affected by what parents say to their children about school, how involved they are in their children's school, how involved they are in their children's learning outside of school, and how consistently mothers get children to school on time, for example.

Comparison studies have backed key ideas of this study on many levels. Comparison studies suggest that parenting is learned, is generational, and can be controlled through early intervention services. Comparison studies suggest that early intervention services can positively affect parenting styles to influence educational success. "In sum, there is considerable evidence that preschool programs of many types--including Head Start--have persistent effects on academic ability and success" (Barnett, 1993, p. 40).

Comparison studies suggest that early intervention can break negative cycles that families emulate, like dropping out of school, divorce, and low SES. "Two types of

programs seem most promising--those that help parents learn the behaviors that promote child development and school readiness and those that directly teach poor and low-income children school readiness skills, both intellectual and behavioral" (Haskins & Rouse, 2005, p. 2). Moms Offering Moms Support (MOMS) demonstrates that a variety of good outcomes can come from early intervention services that specifically help parents. For example, this study shows how low birth weight (LBW) statistics have declined for MOMS' clients, in just one generation of intervention. Further, as discussed in the sections dedicated to interrelated risk factors, one risk factor affects another, so the ability to change one risk factor positively may change others in the same direction. Educational disparities created by risk factors are interrelated and can be impacted negatively or positively. "Educational programs for parents and preschool education programs for children have the potential to narrow these disparities by at least half" (Haskins & Rouse, 2005, p. 1).

Finn's (1989) idea of risks "cluster and track"—so early intervention is imperative if we hope to influence the cycle of poverty. Early childhood intervention can help create positive interactions for at-risk children that will help them be successful in future educational endeavors. Research strongly supports the idea that certain parenting styles increase a child's ability to perform well in school. Early interventionists can teach strategies, like taking children to museums or reading to infants, to at-risk mothers. When at-risk parenting styles become positive influences, children who may have been unready to learn can start preschool or kindergarten much better equipped. With early school success, there is obviously a greater chance for future school success. The

potential of educational achievement is the reason early childhood intervention is so important, for today, but especially for tomorrow.

Because poverty is such a crushing condition, society can't expect schooling and educators alone to do a job that requires cooperation among social agencies. Identification of the discrepancies between what is said and what is done in practice is but a first step in addressing intergenerational poverty.

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Author's Note

An alternative plan had to be initiated because I was unable to conduct home visits after August 19, due to a serious illness in my family that caused me to temporarily move two hours north of my home and the MOMS Program office. Without allowing for mail-in interviews I would not have been able to complete enough interviews in the six month time period for my study to be valid.

APPENDICES