



First-Time Parents' Knowledge of  
Early Child Development:  
Focus Group Report

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**SUBMITTED TO:**

Claire B. Gibbons, PhD  
Senior Program Officer  
Robert Wood Johnson Foundation  
1634 I Street, N.W., Suite 810  
Washington, D.C. 20006-4015

**SUBMITTED BY:**

Lina Guzman, PhD  
Maria Ramos-Olazagasti, PhD  
Emily Miller, B.A.  
Jessica Dym Bartlett, PhD  
Child Trends, Inc.  
7315 Wisconsin Avenue, Suite 1200W  
Bethesda, MD 20814

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## OVERVIEW

The birth of a baby can be a joyous occasion for many new parents. At the same time, it may also be a time when they are faced with the sobering realization that they are responsible for both their child's immediate survival and long-term well-being. Research bears this out—evidence from multiple fields of practice demonstrates a strong link between parenting and child outcomes.<sup>1,2</sup>

Most parents understand that the stakes are high, care deeply about being a good parent, and seek information to help them parent effectively. Indeed, studies show that parents who are knowledgeable about child development are better prepared to support their children's development.<sup>3-6</sup> On the other hand, parents with little knowledge are more likely to engage in negative parenting behaviors (e.g., abuse and neglect) that can have harmful long-term effects on their children's well-being.<sup>1</sup>

Increasing parents' knowledge about child development and healthy parenting is a common goal among programs for parents with young children, and first-time parents of infants appear to respond especially well to such interventions.<sup>7</sup> However, little research has been done to clarify what parents know, what they want to know, and how they want to receive this information. To inform programs and policies aimed at enhancing parenting quality and promoting positive child development, it is essential to increase our understanding of these issues.

## ABOUT THE STUDY

To better understand what parents of infants and toddlers know and want to know about parenting and early childhood development, where they get their information, and how they make sense of it, Child Trends conducted a series of focus groups with parents of young children in three mid-size U.S. cities. The parents we spoke with were white, black, or Hispanic; represented the economic spectrum (although many were low-income);<sup>a</sup> and were mostly first-time parents.<sup>b</sup> This study sought to contribute to our understanding of parental knowledge of early child development among first-time parents, and how this may differ (if at all) across white, black, and Hispanic parents; between low- and non-low-income groups; and between mothers and fathers. Our discussions with parents focused on the first two years of a child's life. This stage is both critical for children's long-term trajectory and prime for information gathering and early parenting interventions.

Our study complements and extends an earlier literature review by Child Trends, which examined recent research on first-time parents' knowledge of parenting and early childhood development.<sup>8</sup> Our review of the literature suggests that, while parents of infants and toddlers are eager for information in these areas, they find that the amount of information available can be daunting—and are often underwhelmed by its quality. Notably, our review found limited research examining variability within and across racial/ethnic and income groups, as well as between mothers and fathers. In fact, much

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<sup>a</sup> We defined low-income as household income less than or equal to 200 percent of the federal poverty level. Just under two-thirds of the parents we spoke with were low-income.

<sup>b</sup> While most of the parents in our study were first-time parents with infants and toddlers, some were pregnant or had already a second child and others had slightly older pre-school aged children. For all their oldest child was five-years or younger. We asked parents of preschool-aged children to think back to the early years when their (first-)child was under the age of 3.

research to date focuses on white, middle-class mothers. Additionally, the literature provides little evidence on the most effective strategies for increasing parents' knowledge.

This report is organized into the following sections:

- [Summary of Key Findings](#)
- [Recommendations](#)
- [How Our Study Was Conducted](#)
- [What Do Parents Know and Want to Know?](#)
- [Why and When Do Parents Look for Information?](#)
- [Where Do Parents Get Information?](#)
- [What Do Parents Think About the Information They Get?](#)
- [How Does Knowledge About Parenting and Child Development Vary Across Groups?](#)
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## SUMMARY OF KEY FINDINGS

We first attempted to learn **what parents already know about children's development**. Our discussions with parents focused on two major areas of children's development: physical and social-emotional. Overall, parents reported eagerness to learn and many felt well-informed, especially about their children's physical development. Still, there were clear gaps in parents' knowledge, as well as some degree of uncertainty about how to best support their children's development.

- **Parents do not feel uninformed, but have a lot of questions.**
  - Parents' questions vary, but their uncertainty often coincides with transitional periods (such as the start of center-based care or preschool), developmental milestones, or behaviors (especially discipline and screen use).
  - Parents were especially eager for clear-cut answers about what to do and advice that works for their children and families.
- **Parents' knowledge about children's physical development differs in important ways from their knowledge about children's social-emotional development.**
  - **Parents feel knowledgeable and are confident in their understanding of their children's physical development.**
    - This knowledge and confidence is due in part to parents' view that physical development is more clear-cut, with observable markers and checklists.
    - The information parents receive during well-child visits to the doctor and through developmental screenings is particularly useful to parents and appears to answer most of their questions (e.g., Is my child meeting his/her milestones? What is the next milestone?).
  - **Parents are eager for more information on children's social-emotional development.**
    - Parents recognize the importance of social-emotional development for children's overall well-being, and they are eager to help support their children's progress in this developmental domain.

- While they generally feel knowledgeable about what social-emotional development means and which related skills to foster in their children (e.g., sharing, empathy, taking turns, regulating emotions, getting along with peers), parents are frustrated by the lack of clear-cut answers and recommendations.
- Regarding children’s social-emotional development, parents often asked some variation of “Is this normal?” For example, “Is my child developing normally? Is their behavior normal? How do I help them develop normally? What if they are not developing normally?”

Our conversations revealed that parents are active seekers and savvy consumers of information. First-time parents of young children sought information about what to expect from parenthood, how to foster their children’s development, and how to handle challenging moments or stages. The following are lessons learned about **why, how, when, and where parents seek information about parenting and child development.**

- **Being a parent means being a learner. Children’s development is not static, so parents must acquire and use new knowledge as their children grow.**

- Parents are open to new information and see knowledge acquisition as a continual process.

- **Parents’ knowledge-seeking tends to most often occur during periods of transition, as children reach developmental milestones, and when they encounter challenges.**

- First-time parents are especially active knowledge seekers in the early months of their children’s lives, when they are first adjusting to parenthood. This knowledge acquisition appears to slow once parents become more accustomed to parenting, and ramps back up as children begin to enter a new developmental stage and learn new behaviors, or when parents encounter a problem or behavior they do not know how to handle.

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- **Parents turn to the internet for information, support, and guidance.**

- Parents rely on Google<sup>c</sup> to search and find answers to their questions, Facebook and online parenting groups for support, and YouTube or Pinterest for information on how to apply new knowledge to everyday interactions with their children.
- Nothing compares to the ease of use and speed of information delivery that the internet and social media can offer. Parents also find comfort in its anonymity, where questions can be asked and answered without judgement, and in the volume of responses (information and opinions shared by many parents appear credible to other parents).

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<sup>c</sup> Here and throughout the report we refer to the specific type of search engine or social media platforms that parents reported using to reflect what we directly heard from parents. This should not be considered an endorsement of these companies or their products.

- **Pediatricians are a highly trusted source of information on children’s physical development.**

- Parents trust and rely on their pediatricians, but feel most comfortable turning to them for information about their children’s physical development, which they perceive to be pediatricians’ primary area of expertise.
- By contrast, parents do not see pediatricians as experts in children’s social-emotional development, in part because they assume that pediatricians are not necessarily well-trained in this area.

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Parents rely on Google to search for and find answers to their questions, Facebook and online parenting groups for support, and YouTube or Pinterest for instructional content.

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- **Parents value lived experiences when it comes to sources of information on their children’s social-emotional development.**

- Parents place a premium on parenting experience and rely on their social networks for advice and information about childrearing.
- Parents turn to their own parents and grandparents, and friends, and other parents for advice when they view these people as “good parents.”
- Pediatricians may provide information to parents about social-emotional development, but parents often feel that their knowledge stems from their training and *not from experience*.

We asked parents what they thought about the accessibility and quality of information they received on parenting and child development. **Parents generally felt that the information they needed was readily available, but that the “how-to”**—how to put information into practice—**was often missing.**

- **Knowledge is necessary but not sufficient.**

- Parents valued knowledge and felt that they were aware of the “what”—what they were supposed to look out for, what supports they should provide their child, etc. Parents were less clear on how to put knowledge into practice.

- **Parents crave a combination of knowledge and support.**

- Parents described support as the provision of information, along with clear steps on how to put it into practice in a judgement-free manner, and in ways that are tailored to meet the specific needs of their children and families.

**How do parents make sense of all the information they get?** Our discussions with parents revealed that most had developed varied and sophisticated methods to filter the information available to them.

- **Triangulation—parents used multiple sources of information to identify points of consensus.**

- When faced with inconsistencies or a lack of clear-cut answers to parenting dilemmas, parents often turned to multiple sources. They used the information gleaned across these sources to identify patterns or the majority opinion.

- **Parents also relied on their instincts and considered them to be a valuable resource.**

- Natural parenting instincts were based on parents’ own caregiving experiences, intimate knowledge of their children, and their personal preferences and family values.

- **Parents also relied on trial and error.**

- Lacking clear-cut options and recognizing that every child is different, parents tried different recommendations to find the approach that worked, and tailored recommendations to best fit the needs of their families.

Among other goals, this study was designed to contribute to our understanding of **how parental knowledge varies among groups of parents across racial, ethnic, and income divides, and between mothers and fathers.**

- **There were more similarities than differences across groups of parents.**
  - No matter their background or identity, parents appeared to possess similar knowledge, asked similar questions about parenting and early child development, sought information from similar sources, and used comparable strategies to make sense of the information they obtained. These commonalities held across white, black, and Hispanic parents; low- or non-low-income parents; and mothers or fathers.
- **The largest differences were seen between mothers and fathers.**
  - Both mothers and fathers struggled against societal expectations that focused on gendered ideas of parenting. Mothers struggled to meet what they perceived as the “super mom” expectation—always present and nurturing, well-organized, equipped to handle any challenge, with a highly functioning and well-mannered child that plays well with peers. Fathers resented the low expectations for paternal involvement that they perceived as pervasive in U.S. society (e.g., showing up for school events or an outing to the park elicited praise).
  - Compared to mothers, fathers appeared to think about child development in broader terms, focusing less on the day-to-day details and more on the future.
  - Compared to fathers, mothers spoke about their children’s development in greater detail and reported being more focused on their children’s current well-being. However, mothers also considered how daily interactions and activities might affect their children’s future.
- **Differences across racial and ethnic groups were rare; more striking were the similarities.**
  - Some black and Hispanic parents—as well as immigrant parents<sup>d</sup>—noted perceived differences in how racial/ethnic minority and immigrant communities approach discipline, particularly spanking.
  - Despite this perceived difference, parents across all race and ethnicity groups in our study voiced a common desire to improve their skills as disciplinarians. Parents wanted to be more consistent and less harsh, and to discipline their children in developmentally appropriate ways.
- **Regardless of income, parents worried about finances and recognized that parenting and child development resources and services are not equally available in all communities.**

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<sup>d</sup> While we did not recruit for parents who were immigrants or segment groups by immigrant status, the importance of being an immigrant or coming from an immigrant family was raised by several parents when they discussed discipline.

## RECOMMENDATIONS

Several recommendations derived from focus groups with parents have direct applications for programs and practice. Here, we briefly highlight some key recommendations that are described in greater detail in the conclusion.

- **Optimize the likelihood that parents will use information on parenting and child development by** (1) delivering it with clear and concise recommendations; (2) accompanying it with examples of how to use it in everyday interactions with children; (3) providing it in a supportive environment; and (4) offering options and alternatives to recognize that families' needs and preferences vary.
- **Borrow from what parents say the internet offers.** Parents value the accessibility, opportunities to see behaviors role-modeled, and sense of community provided by the internet. Several parents noted that these features are also incorporated in some of the parenting and home-visiting programs they have participated in and enjoyed.
- **Highlight the range of normal development.** The pediatric community and other service providers can alleviate many parents' concerns by emphasizing the fact that typical development includes a range of behaviors and growth patterns.
- **Use developmental milestones as windows of opportunity.** Parents actively seek and are receptive to information when their children approach developmental milestones.
- **Expand parents' perception of pediatricians' expertise.** Parents highly value advice from pediatricians, in part because they see them as experts. However, parents often view pediatricians as experts on children's physical development, not early social-emotional development.
- **Bring fathers into the mix.** Many parenting resources are targeted toward mothers. Resources geared toward fathers should consider building on areas that fathers consider to be their strengths or focus.
- **Address common parental concerns head-on.** Regardless of the topic, many parental questions center on how to parent more consistently and effectively, and in a more developmentally appropriate manner.

## HOW OUR STUDY WAS CONDUCTED

The Child Trends study team conducted 13 focus groups with parents of young children. Our discussions with parents focused on their knowledge of parenting and early development. We facilitated groups in three mid-size cities across the United States (Washington, DC, Chicago, IL, and Durham/Raleigh, NC) between July and December 2017. The sites were selected due to their racial/ethnic diversity and sizeable child population, and were intended to provide geographic diversity. The sections below describe the study's eligibility criteria, recruitment strategy, and participant characteristics.

***Inclusion criteria:*** To be eligible for our study, participants had to self-identify as white, black, or Hispanic; be at least 18 years old; and live with their biological or adoptive children for more than half of the year. Because the study aimed to understand what parents know and want to know about their young children's development when they first enter parenthood, we targeted first-time parents of infants and toddlers (children ages 0 to 2). However, it was necessary to modify the inclusion criteria due to challenges with enrollment. Consequently, we extended eligibility to parents whose children were all ages 0 to 5, but asked them to reflect on the first two years of their child's life. Study staff screened all potential participants in their preferred language (English or Spanish) to confirm eligibility.

***Study recruitment:*** We recruited participants using several strategies that evolved throughout the data collection period to accommodate study needs. We initially relied on recruitment methods that had been successful in previous studies with similar populations, including posting flyers in community boards, advertising on Craigslist, partnering with community organizations, parent referrals, and commercial phone lists of individuals likely to be in our target groups. Where possible, our study team conducted on-the-ground recruitment at strategic locations (e.g., day care centers, baby stores, metro stops, churches, pediatricians' offices) to recruit hard-to-reach populations (e.g., immigrants, Spanish speakers, fathers, etc.).

Collectively, these strategies were only modestly successful and none yielded a large enough sample of Hispanic parents. As a result, we explored additional recruitment strategies that we expected would resonate with parents of young children—namely, paid advertisements on Facebook, Instagram, and parenting websites. Facebook and Instagram proved to be effective platforms for advertising the study and attracting (mostly) white and black parents of young children. Additionally, we asked partner programs and organizations serving young parents—especially those working with Hispanic parents—to advertise the study on their Facebook pages. While much of our Facebook effort targeted Hispanic parents, the number of Hispanic parents recruited remained low and insufficient to support separate groups. We invited eligible Hispanic participants to join the groups held with black parents, resulting in focus groups with combined Hispanic and black mothers. We suspect that the difficulties we encountered recruiting Hispanic participants reflected, in part, the current political climate that many perceive as hostile to the Latino immigrant community. Conversations with staff at programs serving Hispanic families support this hypothesis, as programs were also experiencing difficulties enrolling Latino families.

**Participant characteristics:** A total of 90 parents participated in the 13 focus groups. Groups ranged in size from four to 11 participants. We stratified groups by gender, language, and (where possible) race and ethnicity. As noted above, it was necessary at times to group together participants who identified as Hispanic or black due to the small number of enrolled parents who identified as Hispanic. Of the 13 groups, eight groups included both black and/or Hispanic parents (one group of Hispanic parents was conducted in Spanish), four groups had only white parents, and one group included white, black, and Hispanic fathers (it was not possible to assemble a group of fathers that was racially homogenous). Across the 13 groups, two groups were held with fathers and one group (with mothers) was held in a rural location.

Most participants (62 percent) were low-income (defined as household income less than 200 percent of the federal poverty level), and most were mothers (n=80). Just over half of the parents were black (52 percent, n=47), 12 percent (n=11) were Hispanic, and 36 percent (n=32) were white. There were low-income and non-low-income participants in each racial and ethnic subgroup. Sixty eight percent of black parents were low-income, as were 73 percent of Hispanic parents and 50 percent of white parents.

### Data collection procedure

The Child Trends research team developed the focus group protocol, which was directly informed by findings from the literature review noted above.<sup>8</sup> The protocol included questions about parents' knowledge on parenting and early child development, and focused on the first two years of children's lives, the sources and uses of information, and barriers and facilitators to information use. Because some parents had children older than age 2, or had more than one child, we asked parents to think back to the time when their first child (if they had more than one) was 0 to 2 years old. To help parents situate themselves in that period, we started focus discussions with an icebreaker that asked parents to recall when they were expecting their first child, and to share either the best piece of advice they received or the one thing they wanted to know more about at the time.

Experienced qualitative researchers (usually two per focus group) who matched the gender of participants facilitated focus group discussions. Facilitators were Hispanic or white and all were fluent in both English and Spanish. Focus group discussions lasted approximately 1 hour and 45 minutes. Participants received food during the discussions and \$50 in cash at the end. Focus groups were conducted at local libraries or community centers that were accessible for parents and, when possible, where child care was provided. We also provided participants a guide with information about local resources for parents and young children. Participants signed consent forms and agreed to have the discussions audio recorded. Child Trends' Institutional Review Board (FWA 00005835) reviewed and approved all study procedures.

## Data analysis

The study team drafted a summary of participant characteristics and key themes after each focus group. Focus group facilitators held debriefing sessions throughout the data collection period to identify preliminary themes and modify the protocol as needed. We transcribed audio recordings and translated the Spanish recording into English prior to data analysis. Two experienced qualitative researchers reviewed all transcripts and identified themes using an inductive approach, allowing new and unexpected themes to emerge from the data. The two researchers coded participants' responses, discussed commonalities across groups, and identified connections among themes to create a narrative.<sup>9,10</sup>

This report presents themes that were most common and salient across groups. We note when themes were not universal, and where we identified differences between groups (e.g., mothers versus fathers). The demographic composition of our sample and our study design preclude us from making direct comparisons by income level or specific races and ethnicities: Not all groups were stratified by income, and two groups combined participants who identified as black or Hispanic. Another group (with fathers) included participants of all three racial and ethnic groups.

## WHAT DO PARENTS KNOW AND WANT TO KNOW?

We asked parents what “parenting” and “child development” meant to them. The answers were quite similar across groups of parents. Parents saw themselves as providers, teachers, and role models. They also considered themselves responsible for creating an environment that would foster their children’s development and protect and prepare them for the outside world.

The parents in our study spoke about child development with confidence and thought of it in terms of physical development, social-emotional development, and cognitive growth. Parents appeared to be most knowledgeable about physical development, in part because it is observable and they could easily determine whether their child was on track. For parents in our groups, physical development largely referred to developmental milestones—an infant holding up his or her head, sitting up, crawling, walking, weight gain, and so forth.

Social-emotional development was more of a gray area for the parents in our study. Parents understood broad social-emotional markers, such as learning to smile and communicate, playing with similar-aged peers, and management of emotions. However, they had many questions about what behaviors are considered normal, specific actions they could take to foster their child’s social-emotional development, and how they could take the information they gathered and make it work for their children. In short, parents often know (or have the ability to learn) concrete information about children’s social-emotional development, but are less sure how to apply it. Parents often spoke with great pride about their children’s cognitive development. For parents, this includes many concrete activities such as reading books, telling stories, or narrating activities, as well as measurable abilities like recognizing colors or counting to 20.

### ***A note about how we report our study findings***

This report focuses on themes that were common and most salient across groups. We attribute quotes to mothers or fathers to illustrate similarities in parents’ remarks across gender with one exception. When illustrating differences and similarities by race/ethnicity, we note both the gender and racial/ethnic composition of the group the participant took part of. We note when themes were not common across the focus groups, and indicate where differences were identified by subgroups of parents. By design, we were unable to make direct comparisons between parents of different income levels, as not all groups were homogenous in terms of participant income.

The focus groups were intended to learn what first-time parents of young children (i.e., infants and toddlers) know and want to know about parenting and child development. Most (but not all) participants were parents of infants and toddlers. Because some participants had children that were up to five years in age, we asked parents to recall the time when their (first) child was 0 to 2 years old. Although parents mostly spoke about this developmental period, they also discussed their child’s future development, sometimes going as far as adulthood. For this reason, we use the term “child” or “children” rather than “infant” or “toddler.”

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“When you invest in your kid, you are literally investing in a life. What you put in is what you get out.”

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Notably, parents recognized early childhood as a critical period of development and highlighted the role of early investments in shaping their children’s future. One participant in a group of black fathers explained, “When you invest in your kid, you are literally investing in a life. What you put in is what you get out.”

Still, there were clear gaps in parents’ knowledge about certain aspects of child development, uncertainty about how to achieve the desired outcome, and questions about how to best support their children’s development. Parents shared the following about their knowledge of children’s physical and social-emotional development.

***Parents relied on pediatricians and screenings during well-child visits to remain informed about their children’s progress, to know what changes to look for in upcoming months, and to ensure that their children reached the next milestone.***

At every checkup, [my pediatrician] ... would say, in the next three months you should looking for this, this, and this. So, I had that checklist of things I was looking for. That made me more secure in what I was doing as [my child] was growing and reaching those milestones. — Participant, in a group of mothers

Due to the knowledge and sense of security parents gained during well-child visits, some parents viewed information gathering on physical development as less necessary when their child was on track developmentally. One mother noted, “I take him to the doctor’s. As long as he’s fine, it’s like a lot of worry is off.”

***Parents appear to search for information about their children’s social-emotional development on an ongoing basis, and express frustration at the lack of clear-cut answers.*** One parent in a focus group of mothers stated, “I feel like the physical things are pretty obvious, but the social-emotional things are more difficult. Like, how much whining is OK? And the sleep. Is it really OK to make the baby stay in her room until 6 a.m.?”

In sharp contrast to their sources of information on physical development, parents mostly relied on friends and family, the internet, and Facebook—not their pediatricians—for information on social-emotional development. Whether or not parents worried about their children’s physical or social development, ***their true concerns often focused on whether a behavior was “normal” and whether their child would be fine.*** Parents expressed a strong desire for their children to be normal. Parents (especially mothers) felt that milestones helped them know what to expect at different stages, but the thought that their children might not reach a milestone elicited considerable anxiety for many. One participant in a focus group of mothers stated, “I’m always worried, is my daughter gonna fall behind on that normal

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“I feel like the physical things are pretty obvious, but the social-emotional things are more difficult.”

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level? I just want to ... do my best to make sure that my daughter is growing normally.” Fathers also recognized that milestones set expectations that can be stressful for parents. One participant in a group of fathers stated, “... pediatricians give you this sense that this is the way that your kid should be, so people get freaked out about trying to be that.” To verify that their children are developing normally, parents in the focus groups reported that they constantly sought information about benchmarks:

At first, I was really nervous about her meeting all the benchmarks at the right time. So, I was crazily looking up stuff online, and I had one or two apps as well, like Babycenter. I looked at trusted sources, and when my baby wasn't sitting at five months I was really concerned. When she finally started walking, I [thought to myself] just let it go. — Participant, in a group of mothers

Parents were concerned when their children engaged in new behaviors that they did not perceive as normal or desirable. For example, one father explained his concern when his young son first began masturbating, “My son, he really, like, plays with himself. I'm talking like two, three. They told me that this is soothing. To let them do it. I'm just like, man, like, stop that! Cut that crap out!”

For some parents, it was embarrassing to inquire about what they perceived as problematic behavior, and they did not immediately know where to turn or how to address the issue. One parent reported that her son had started to bang his head during temper tantrums:

I didn't want anyone to know because I was embarrassed by it. Thought something was seriously wrong with my kid ... I went to Google ... As I read, it [became clear that it] was really common. Then I started asking people around that I probably won't see again ... And then my mother-in-law was like, 'Oh yeah, your husband did that.' If I had just gone to a source earlier ... But I think a lot of it was my pride. I didn't want to appear like I had some crazy kid that had tantrums. — Participant, in a group of mothers

***Parents (particularly mothers) do not feel entirely uninformed about their children's development, but they do have many questions.*** Parents frequently sought the following information, ordered by salience and frequency in study focus groups.

- **Social-emotional development.** Parents across all groups indicated that several aspects of social-emotional development were important for their infants and toddlers to develop: ability to share, show empathy, take turns, socialize with others, and regulate emotions. However, parents wanted more information about *how* to support these aspect of development: “How do I support developmentally appropriate [behavior...like] being a kind person? Self-regulation of emotions?” asked a parent in a group of mothers. In addition, parents found temper tantrums particularly challenging to handle, especially

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“I [wish I] had known better about how to discipline a two-year-old rather than a ten-year-old, 'cause they're obviously not the same ... [Learning] how to set boundaries based on [what is] developmentally appropriate would have been good for me.”

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when they occurred in public. One parent's account of an experience with her son illustrates how stressful these situations can be, especially if parents do not feel that they have the tools and support to address the situation:

My son throws so many temper tantrums and I really need help with this. Sometimes, if it is a serious temper tantrum, I get so mad and I am like 'OY, WHAT DO I DO?'... because I don't want to hit him ... but I get so stressed out and I know I need help but I don't know what to do. I cry ... all these people [at the store] are like, 'What is going on with your kid?' He is like, 'I want snacks,' 'I want juice.' I say, 'I am not going to buy that,' and someone was like 'Kid, come here ... don't behave that way [with] your mom.' Then I was crying because I didn't know what to do. I wish I always had someone to help me, because I need so much information. — Participant, in a group of mothers

- **Feeding.** One of the most pressing questions from mothers during pregnancy was about infant feeding—especially breastfeeding. Mothers and fathers received clear messages about the importance of breastfeeding, but little guidance or support on how to do it. One participant shared the challenges she experienced breastfeeding:

My first two weeks [after my child was born], breastfeeding was very difficult. I didn't really know what I was doing, wondering if he was getting enough milk. It's just frustrating...[I kept thinking,] what the heck did I just get myself into? It was a process and eventually we got it together and he did latch. — Participant, in a group of mothers

Participants in a group fathers report that they had repeatedly heard that babies are “supposed to” be breastfed because “it's good for their immunity; it's a lot more nutritious than formula.” Still, many parents were unsure how long babies should be breastfed and how much to persevere when they encountered challenges with breastfeeding. As their infants grew older, parents often wondered what type of formula to give their children and when to introduce different foods and liquids.

- **Discipline.** Across all groups, parents had questions about how to discipline their children in an effective, consistent, developmentally appropriate, and nonpunitive manner. One mother explained that parents often feel frustrated because they do not have the tools to discipline effectively: “I started with ‘please stop,’ then ‘please stop’ louder [and that did not work]. That's my issue [and question]: discipline techniques [for] two-year-olds.” Parents described the challenge of setting boundaries and also fostering independence in their children, while at the same time managing their own expectations about what is developmentally appropriate.

It's important to me that I set boundaries for my daughter ... [That] she knows what's acceptable and not. [S]he's gonna have to hear 'no' and that's okay with me. But I feel like ... it took me a few months to realize that I'm just being so critical ... I [wish I] had known better about how to discipline a two-year-old rather than a ten-year-old, 'cause they're obviously not the same ... [Learning] how to set boundaries based on

[what is] development[ally appropriate] would have been good for me.  
– Participant, in a group of mothers

- **Sleep.** Several mothers wanted more definitive answers on how to help their children sleep through the night, and in their own bed. “Sleep has always been an issue,” said a participant in a group of mothers. Parents shared techniques they heard about or tried, and their frustrations when these did not work. Among parents in our groups, sleep appeared to take a bigger toll on mothers, who reported being primarily responsible for their infants and toddlers in the middle of the night. One mother stated, “[The child’s father] sleeps very hard, and when she’s crying in the night, he sleeps right through it. It’s like I’m the only person in the house who hears her cries, and I’m always having to get up. I can’t sleep through it.”
- **Screen time.** Mothers in the study had questions about how much screen time and what kind of programming is appropriate for young children. They also voiced concerns about the impact of screen time on their children’s social-emotional development.

One thing I would like to know ... is about screen usage, like phones and TV and stuff like that. He started like a month ago, he’s already staring at screens. If I’m using my phone, he’ll follow it with his eyes. I guess when he turns one, it’s gonna be grabbing [the] phone to try to use it. When he’s five, he’s gonna be addicted to it. I would like to know more about how that affects a baby’s social development, and older children’s social development. — Participant, in a group of mothers

Mothers in the focus groups reported conducting internet searches on the topic of screen time, but did not generally find definitive or satisfactory answers. One parent explained that she had conducted a literature review on the subject and was unable to reach any conclusions:

I did an entire literature review on it, and the data is not there. There is no good study and even when they do a mass look at all of the studies, there are so many complicated factors ... You can’t draw any conclusions because it depends on like socioeconomic status, what kind of screen time, what people do during the screen time, etc. — Participant, in a group of mothers

## WHY AND WHEN DO PARENTS LOOK FOR INFORMATION?

**Parents in the study were active seekers of information, critical consumers of that information, and open to receiving new information.** As first-time parents and parents of young children, participants reported seeking information about what to expect, how to support their children’s development, and how to respond to changes in their children’s behavior as they emerged.

Below, we describe what parents said about why and when they seek information, how and where they find information, what they think about the information that is available, and how they decide how to put the information into use.

**Parents are open to and eager for information.** Many parents are both open to receiving new information and actively seeking it (often from multiple sources). One participant in a group of mothers noted, “I only have one child, I’m still learning every day. I’ve just been gathering ... information like a sponge, just everything, soaking up new information online, be it from friends, be it from Facebook, Youtube.” Similarly, another mother stated, “I won’t close the door to new information. I know, I know, but I’m always open.”

**Information seeking occurs in waves.** Parents sought information frequently in the first few months of their children’s lives, when developmental changes occur rapidly. After that, parents conducted searches less often, mainly coinciding with milestones or to answer a specific question. One parent in a group of mothers stated, “In the first year I looked everything up. Now that he is one ... I will look something up, for crucial questions. If he isn’t sleeping through the night, or the other week I looked up something about the teeth. It is a lot more specific now.” Another parent explained:

When I had a newborn, [I searched for information] every day. Why is my child sleeping so much, why isn’t my child sleeping so much? I’m a worrier so I always looked up everything. Now that she’s made it to two, it’s just the sleep that is my main question, sometimes whining.... —  
Participant, in a group of mothers

## WHERE DO PARENTS GET INFORMATION?

Parents reported relying on a wide array of sources for information about parenting and child development. They often gathered information from multiple sources, including digital media outlets (e.g., Google, YouTube, online parent groups), printed sources (e.g., books, information bulletins), professionals (e.g., doctors, midwives), and social networks (e.g., family, friends) (see Table 1 for a complete list). Parents were more likely to trust information that came from professionals and was based on scientific knowledge; they also placed a high premium on experiential knowledge. The sources they used did not always align with those they trusted most, mainly because the sources used most frequently were more accessible, convenient, and relatable.

### The internet is the new village.

The internet has become a primary source of information and support for parents. Parents noted that information on parenting and child development is widely accessible thanks to the internet: “I feel like everything is accessible at your fingertips now,” reported one mother. Parents reported using the internet in the following ways:

- **Google provides information.** Google (and other internet search engines) surfaced as a popular source of information on early parenting and child development. Parents appreciated that they could gather information from the internet at any hour, from the comfort of their home or through the ease of their phone, and without fear of judgement. Due to its convenience and accessibility, parents often turned to Google

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“My phone is always in my hand. As soon as something’s happening, I Google it. I usually go there first to see if this is normal, or if it’s something I need to seek more expert advice on.”

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first for information when they had questions, and used that knowledge to determine whether additional information was needed. One parent in a group of mothers explained, “I’ll definitely Google first .... My phone is always in my hand. As soon as something’s happening, I Google it. I usually go there first to see if this is normal, or if it’s something I need to seek more expert advice on.”

- **YouTube and Pinterest show parents *how to use* information.** In several focus groups, parents noted using YouTube or Pinterest to see how to implement the information they received. Parents found these sites helpful because they model how to use the information received, thereby helping parents transform information from knowledge to practice. Parents went to these platforms to get ideas for activities to do with their children, learn how to swaddle a baby, or listen to what whooping cough sounds like, for example. One parent provided a detailed account of how YouTube had been particularly useful when trying a new feeding strategy with her infant:

I read on Kellymom [website] ... about paced feeding and cup feeding. ...[It] just seem so farfetched, like how could you feed your infant from a cup, you know? They [Kellymom] would describe how to do it ... It just didn’t make sense. Then when I watched the video of it, I was like, oh, you could see, they had like preemies and newborns actually drink from a cup. I think it gave me confidence that maybe I actually could [do it]. Because just seeing an illustration or reading words, it was like, this just seems impossible. Then [the video] showed it, kind of their in-between steps that you wouldn’t explain when you’re typing it [instructions] out ... but you intuitively see it and you know. — Participant in a group of mothers

Parents noted that being able to see how to apply information was empowering. After watching a YouTube video, many parents reported feeling better able to use information and were more confident in their abilities.

- **Facebook and online groups provide support.** Many parents, especially mothers, used Facebook and other online parent groups to connect with other parents and feel supported. Mothers used these portals to share experiences and challenges with their children, ask questions, and seek parenting advice. One parent in a group of mothers described Facebook as “the Yelp of parenting.” When describing her Facebook group, another mother in the same focus group called it “an amazing group. I learn everything about parenting from that group.” Having an online network of parents created a valued sense of community and social support for mothers. They noted, however, the importance of monitoring interactions among group members to ensure that it remained a supportive and respectful environment. Others cautioned against letting posts from other parents about their child’s accomplishments exacerbate their anxiety about their own children meeting milestones.

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“[Facebook is] the Yelp of parenting.”

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**The internet provides comfort in numbers.** Because internet search results are ordered by number of visitors and reviews, parents felt that the internet provided ready-made filters. One participant from a group of mothers asserted, “I am never go to the second page of Google, ever. I’m a millennial. I trust the collective mind. So, if the collective mind has decided

that these 20 sites are the most useful, then I trust it.” Others made similar remarks about how user comments on YouTube helped them decide which information and channels to use and which to disregard. A participant who reported using YouTube for information about paced feedings explained how she used user comments to decide which videos to watch:

The comments underneath [YouTube videos] where people are saying if something worked for them or not ... Even before watching a video, I ... kind of quickly scan, and they usually put like the top comments on the top. Somebody might say, ‘this was perfect’ ... When I was looking at cup feeding, people would say, ‘it worked. Thank you.’ That made you think, oh I can trust this video. — Participant, in a group of mothers

**“You have to use [the internet] in**

**moderation.”** Although the internet offered extensive, readily accessible information, parents noted that the amount of information available could be overwhelming. Parents set limits for themselves on the amount of information they searched online, particularly when searching for information on medical issues. Parents felt that internet searches

approached without caution can create or magnify worries and instigate panic. One participant in a group of mothers observed that a simple question could lead parents to wonder, “Is it strep throat or is it cancer?” Similarly, another mother said, “You just have to use it in moderation. If you get to a place where you think you’re dying, you should probably stop.”

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“I’m a millennial. I trust the collective mind. So, if the collective mind has decided that these 20 sites are the most useful, then I trust it.”

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**TABLE 1: WHAT SOURCES DO PARENTS USE?**

- Google/internet Searches
- Pediatricians/doctors
- Family (*their own parents, spouse, grandparents, sisters, cousins, elders*)
- Friends/other parents
- Facebook/online mom groups
- Parenting/child development websites (*BabyCenter.com, Parenting.com, Kellymom.com, The Bump.com, etc.*)
- YouTube
- Apps (*e.g., BabyCenter, Baby Spark, Ovia*)
- Developmental assessments
- Lactation consultants
- Blogs (*Pregnant Chicken*)
- WebMD
- Midwives
- Daycare teachers/schools
- Books (*What to Expect When You're Expecting, Kelly Rowland's Whoa, Baby!, The Incredible Years*)
- Pinterest
- Instagram
- Support groups
- Google Scholar, academic journals (*e.g., American Academy of Pediatrics*)
- WIC clinics
- Parenting programs/classes (*e.g., Birth to Three, home visiting*)
- Clinics, nurses (hotlines), health care staff
- Hospitals, medical insurance staff
- Magazines
- Church groups
- Nonprofit organizations (*e.g., Child Care Services Association, Catholic Charities, Book Harvest*)
- Government websites
- Own child
- Podcasts
- Pre-natal classes
- Social workers
- News stories
- Coworkers
- TV shows (*e.g., Teen Mom*), documentaries
- Stores (*e.g., BabiesRUs*)
- Children's shows (*e.g., Sesame Street*)
- Children's toys

## **Pediatricians are the most trusted source when it comes to physical development.**

Most parents indicated that pediatricians were their preferred source of information on physical development. Parents trusted doctors for this information because they were viewed as experts with formal schooling. "I say you should trust them because they supposedly have the education and research behind, depending on the practice, like MDs, have a lot of research, school," noted one mother. Parents highlighted the importance of establishing a relationship with their doctors, and identifying the right doctor for their families. Many parents shared that they had gone to different doctors before finding one they could trust and feel comfortable with. A participant in a group of mothers stated, "I just look [at] ... how attached they are to my child. ... [It] really shows that they care about my child, not just rushing through ..." Once trust was established, parents found well-child visits ideal for monitoring children's physical development, particularly if children were on track with their milestones.

**Pediatricians may miss the mark with parents in areas of development other than children’s physical development.** Although parents preferred to receive information on their young children’s physical development from pediatricians, they often felt they did not get all the information they needed. This was especially the case for social-emotional development and when children were not reaching a particular milestone. One parent in a focus group of mothers stated, “I feel I have enough information about the physical growth because I do take my daughter to checkups. But I feel like I need more information about the emotional and social development. Like my child’s pediatrician can tell me so much.” Parents indicated that they did not trust doctors for information on this topic because they did not perceive them as experts. In addition, several mothers shared stories about how they expressed concerns to their doctor that their children were not at par with their peers developmentally, only to have their doctor dismiss their concerns or not provide enough information to counter their concerns. One parent whose child was eventually diagnosed with a speech problem elaborated:

I took my son to the doctor’s office and filled all the things out. ... I tell them every appointment, what are you seeing? Any concerns you have? And they just kind of brushed over it for a while. It wasn’t until I was in the mom’s group that I was like, that kid is like a month older than mine and he is saying all this stuff, and my kid is stuck. ... At the next appointment I told the doctor I think he’s pretty far behind, and they said ‘Oh no, he’s fine.’ And I said well, another thing is, he says ‘peas’ [instead of please] ... and they were like, ‘Oh, maybe we should get him into the birth-to-three program.’ So we started the birth to three program and here he was almost a year behind where he should be for speech. — Parent, in a group of mothers

**Pediatricians are knowledgeable and trustworthy, but not always accessible.** Parents generally did not consider their pediatricians to be accessible. Well-child visits felt rushed and often left much to be desired. One mother articulated, “They don’t want to hear you breathe, they don’t want to hear you cough. Their day is full ... So, you gotta get to the point, you gotta say the important part, they don’t want to hear every little thing.” Fathers shared similar concerns. “Doctors could spend more time with you ... get to know your child, treat you as a person,” said one parent in a focus group with fathers.

Parents reported that short doctor visits also created barriers to establishing trusting relationships. Perhaps for this reason, they generally did not feel comfortable asking their pediatricians questions about parenting, and sometimes feared being judged by them. To some parents, midwives and nurses appeared more willing to provide the information that parents were looking for, and in a more personable way.

## **The lived experiences of family, friends with children, and other parents are highly valued.**

Parents emphasized that lived experiences from other parents provide unique and diverse perspectives on how to parent, and on what child development looks like for different children. In fact, many reported disregarding advice that came from individuals who were not parents. Parents recognized that information parents relayed was not necessarily based on science. Instead, participants perceived information from other parents as relatable and practical. They specifically turned to family members (e.g., their own parents and grandparents, siblings), friends with children, and other parents who could provide different perspectives and who knew their children and families.

**Many parents cited the “grandparent effect.”** Parents identified their own parents and even their grandparents (primarily mothers and grandmothers) as sources of information and support. They saw themselves as the product of their parents’ own parenting, and some (but not all) wanted to emulate the behaviors that they thought shaped their identities. Many turned to their parents for “old-school” health remedies when conventional methods were not successful. As one mother noted, “Those old-school methods ... really works. Stuff that you wouldn’t think of that older people or your grandma, great-grandma would say like ... ‘Put some corn starch on the butt, and it’ll dry right up!’, and it really does.” Participants trusted that their parents’ advice was well-intentioned, but also recognized that sometimes it went against current knowledge. When asked how trustworthy they considered their parents’ input, one participant in a focus group of fathers replied, “Very trustworthy, but not always applicable.” The push and pull between the two generations often caused tension and frustration. One participant provided an example of challenges associated with following contemporary wisdom when it contradicted the advice followed by older generations:

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“[Grandparents are] very trustworthy, but not always applicable.”

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... breastfeeding was a huge ordeal. Now there’s so much science behind it and I wanted to give it a try. My mom didn’t breastfeed, nothing wrong with it, but it [breastfeeding] was a choice I wanted to do. The entire time I breastfed, it was like, ‘He’s not sleeping because you’re breastfeeding.’ It was constantly something like that. Or, ‘That’s not what I did.’ — Parent, in a group of mothers

In addition, some parents felt that their own parents undermined them. One mother called it “the grandparent effect,” when, for example, a parent tried to instill good habits in their children (such as eating well) and a grandparent contradicted their efforts by offering the child candy.

**Other parents are seen as role models.** Even in an era during which technology dominates the information landscape, parents highly valued personal interactions with other parents. One participant from a group of mothers noted, “I go to people versus apps because there’s an experience I get from hearing YOU talk and YOU talk.” Exchanges with other parents and observations of their interactions with their children allowed parents to see different parenting styles and adopt strategies that they perceived as effective for their own children. For example, one parent in a group of mothers reported frequently turning to a specific friend because she admired the way that the friend parented her children: “I just like her way of disciplining and explaining things to kids in a way they understand.” Participants judged the advice they received from other parents by observing the outcome (the children themselves). Another mother noted, “If I know their kid’s clean, and I know their kid’s well-behaved, then I’m [gonna] take their advice. But if I know their kid’s, like, dirty and disobedient, then I’m not gonna take their advice.” Others shared how they turned to their friends or other parents who had gone through experiences like their own. Fathers also valued speaking to other parents about their experiences. One father noted, “By networking with different people, you get a better understanding of your child, or children as a whole.” However, fathers reported having fewer informal connections with other parents, relative to mothers.

## WHAT DO PARENTS THINK ABOUT THE INFORMATION THEY GET?

**Information is abundant, but the “how-to” is often missing.** Overall, parents felt that there was ample—and often too much—information on parenting and child development. However, their accounts also revealed that *knowledge is not sufficient*. Parents were eager for information accompanied by clear action steps and guidance on how to apply the knowledge in their everyday interactions with their infants and toddlers. One parent in a group of mothers stated, “[I want] practical tips, like how do you turn this really good idea [into something I can do.] ... Sometimes with the emotional regulation, they’re like ‘Make sure you know you’re validating their emotions.’ ... [T]hat’s nice, but I’m used to validating parking tickets. So, what does that mean, what do I tell them, what do I say?” Another mother offered a similar account: “For me it’s the same thing, milestones. They told me by a year, she’s supposed to be walking, and she’s crawling, and walking with assistance, but she’s not walking by herself. I’m like, what can I do?”

**Information provided with support is often lacking.** Information coupled with adequate support was equally important to parents. Without it, many felt that the recommendations they received were difficult to implement and left them with feelings of incompetence and frustration. A parent recounted her frustration with the difficulties she faced breastfeeding:

Breastfeeding is super, super hard ... It’s natural to breastfeed, but ... nobody told me how hard it was gonna be. It hurts, it’s frustrating, you have to pump, your breasts get hard. ... I didn’t want to breastfeed anymore ... I gave up. I used to cry, I was frustrated. And I just stopped and gave her the bottle since it was easier. People just said it’s the best for your baby, and it will help with this ... They actually have a poster in the WIC office, 101 things that are great about breastfeeding. You see that and you feel horrible. — Participant, in a group of mothers

Parents’ frustrations (especially among mothers) about not being able to follow through with a recommendation that could benefit their child were exacerbated by feelings of being judged and shamed by others. When they were not able to follow a recommendation, parents perceived it as a personal failure and did not always know where to turn for support. One parent described how unsupportive and judgmental she felt her pediatrician had been:

There was one doctor, maybe two, that sent me home in tears when my baby was new, because he wasn’t gaining weight ... [The] doctor was talking to me like I was not feeding him on purpose because I didn’t love him. I came home and my husband was like, what’s wrong? I was like, she assumes because she is looking at these charts and he isn’t heavier from three days ago... that I’m not feeding him. I’m killing myself to feed him and make breastfeeding work, or at least trying to combine it with formula. I’m trying so hard, and I’m already a mess, and then I go to this professional and because the charts say one thing she immediately jumps to, “are you really?” She asked me the same thing three times in a row: “Are you really feeding him this often?” — Parent, in a group of mothers

Several parents wished they could have on-demand, judgment-free support systems to use as issues emerged, similar to the accessibility of the information they obtained online. For some mothers, online or in-person parent groups provided this type of support. One mother explained, “I’m part of a moms group on Facebook ... We ask questions and post pictures, like, ‘Is this normal?’ Or like, ‘I took my baby to the doctor today and he got this shot, but they weren’t very informative. Does anyone know about this?’ ... So you get different views, from different cultures and levels of experience, so I find it really helpful.”

Fathers, too, wanted information coupled with support and noted the benefits of having this is a resource. One father who was part of a fatherhood program shared how beneficial it had been for him to join a support system that was delivered in a nonjudgmental way: “[The program] it’s the greatest thing ever. Because what it does is, it helps fathers. No matter what’s your background, I don’t care. You come in there with tattoos all in your face ... you just got out of jail for murder, whatever. They’re gonna meet you where you are and bring you up.”

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“I’m here because I love my kid, and I need help ... Help me, don’t make me a unicorn, because I’m doing what I’m supposed to do.”

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Fathers perceived these types of programs as being rare and reported that supports for fathers were hard to find. One parent who participated in a group of fathers described how he felt when he sought support, “I’m here because I love my kid, and I need help like the mom needs help. Help me, don’t make me a unicorn, because I’m doing what I’m supposed to do. Help. What can it hurt? Help me.”

## Making sense of the information

Despite facing challenges, parents were savvy consumers of information. Most, if not all, had developed strategies to filter and make sense of the sometimes contradicting and overwhelming amount of information at hand. Parents used certain strategies most frequently.

**Parents often triangulate to arrive at consensus.** Parents of young children repeatedly described resolving inconsistencies by seeking information from multiple sources, identifying patterns, and selecting the answer or approach recommended by the majority. For many, accumulating evidence pointing to a single, shared perspective was reassuring. One participant from a group of mothers explained, “I would do a wisdom of the crowd type [of] thing, looking at all of these things and see what comes to the top. Then I would see what makes sense for my family and make a decision based on that. But, it’s actually ONE SOURCE that I trust the least. I want to see a consensus forming.” Similarly, one mother shared that she would initially gather as much information as she could, and then decide what information to use based on where she saw consensus forming: “I look at 6 or 7 websites or blogs or articles before I decide ... I feel like if they all say the same thing, then it has to be true.”

**Sometimes, parents put the greatest trust in their instincts.** Parents agreed that, ultimately, they had to make judgment calls about parenting and what would be best for their children. One mother explained that parents gather information from different perspectives but must ultimately rely on their instincts, even if it goes against others’ advice, because they know their children best: “I take it in from different sources and then go with my motherly instinct. I carried my child for nine months, so I know how to provide and what is best for my child.” Another participant provided an example of how she relied on her own instincts to respond to her child’s needs:

Sometimes I feel like my gut is my best resource. [Others voice agreement.] If I'm giving you a bottle, and that's not filling you up, maybe I should try something else ... They said 'do this,' but if I'm uncomfortable with it, I'm not going to do it. Vice versa, if they say 'Don't do that' but I think it's maybe time, if I'm comfortable with it, I can try it....and see if it pans out. — Parent, in a group of mothers

Other parents described filtering out information that did not align with their preferences, values, and lifestyle. A participant in a group of mothers reported feeling uncomfortable adopting the sleep recommendations she received from a friend: "She did the cry it out thing. I was like, 'What if your kid throws up?' and she was like, 'I don't know, we turn off the monitor and we see her in the morning.' I just can't do that personally. And I love her [my friend] to death, but I don't lock my kid in for 16 hours in her room."

**Parents sometimes used trial and error.** Parents repeatedly noted that every child is different. For that reason, many parents regularly tried different strategies until they found one that worked with their child. Although parents yearned for definitive answers to their questions about childrearing, they appreciated having options to try. Likewise, parents commented on the benefits of tailoring recommendations and strategies to meet the needs and characteristics of their families. One participant in a group of fathers noted, "You gotta put a spin on it though. Some things you just can't follow to the T. ... I think mainly it just boils down to tweaking everything that you hear to fit ..... your personality and your family's personality." Another parent provided a detailed account of working closely with his mother to try different discipline strategies with his daughter until they found one that was successful:

Like, the whole discipline thing ... My mom told me ... start taking her stuff away from her. And then like, she [my daughter] stopped caring about [the stuff that was taken away]. She'll be like, 'Oh well. I just don't got that anymore. I'm fine ...' And then I was like, well that's not gonna work. She's got so many toys, you can't hide all of them ... she's gonna find them regardless. But then as soon as she was like, 'Okay, that didn't work,' then we [my mother and I] spent like 10 minutes on the phone. 'Well, what if we try this?' And I was like, 'Okay, hold on.' And so ... then we moved up to, like, cutting her from things like sweets and everything ... — Parent, in a group of fathers

**Parents used different sources to address different issues.** Parents did not appear to rely on a single source for all types of information about parenting and child development. Instead, they used multiple sources and developed systems for deciding what source to use in a particular situation. For example, a participant in a group of mothers described how she relied on different sources for different questions: "I go to doctor for more medical things, and I won't listen to anybody else for that ... And if it's like manners and how to raise her, then I depend on family and friends."

Similarly, another mother shared, "So, for parenting, psychological/social development, I would start

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"I go to doctor for more medical things, and I won't listen to anybody else for that ... And if it's, like, manners and how to raise her, then I depend on family and friends."

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with a Google search, and then if I have more questions I would ask other moms, and then I would go to doctors. But when it has to do with health, then I go to doctors first.”

Parents also organized sources according to the severity of the issue. One parent described:

I would put it in categories of how serious it is ... I say, between the not-so-serious to the ... iffy kind of category, I'll go to family members and things like that. Then I'll be like, I go strictly to the professionals, and people who have more experience in those fields, for ... the more serious questions. — Participant, in a group of fathers

Another father from the same focus group added, “And I think Google falls under that not-so-serious category as well. Like, if it's not that serious ... like, ‘How long is too long for a baby to be on a pacifier?’ ... I'll ask Google. But if it's something like, ‘What are symptoms of ... autism?’ I'll ask a specialist.”

## HOW DOES KNOWLEDGE ABOUT PARENTING AND CHILD DEVELOPMENT VARY ACROSS GROUPS?

A key goal of this study was to examine how knowledge about parenting and child development differs by gender, race and ethnicity, or income level. These differences might point to whether and how efforts to inform and support parents should be tailored.

Below, we highlight some differences we found among different groups of parents who participated in the focus groups. However, while some differences were present—particularly between mothers and fathers—the similarities among participants from different genders and racial and ethnic groups were striking. Most of our findings held across all parent groups involved in the study. In each group, parents shared a common desire to be as knowledgeable as they could to support their child's development.

### Differences between mothers and fathers

Most parents who participated in the focus groups agreed that parenting differed for mothers and fathers. Although their thoughts on these differences did not always converge, there was a consensus across groups that society has different expectations for mothers and fathers. Additionally, mothers and fathers differed somewhat in how they described their roles as parents, and how they defined child development.

A small number of fathers participated in the study and majority of fathers identified as black. Thus, our findings should be treated with caution as they may not represent the views of fathers generally or white or Hispanic fathers specifically.

### *Managing societal expectations for mothers and fathers—the two ends of the spectrum*

**Mothers are expected to do it all (perfectly).** Many mothers in the focus groups felt pressure to be a perfect parent—one who can do it all, and do it all well. One mother stated, “Society puts pressure on you to perform in a certain way.” When asked to explain, another mother in the same group responded, “Breastfeed for really long, make your own baby food, cloth diapers ... it's just so much.” When mothers were not able to fulfill these expectations, many felt they had failed. For some mothers, the challenge of being perfect was intensified by the need to balance multiple roles (as mothers, workers, and partners)

and being expected to excel in all roles. One participant in a group of mothers summarized: “Motherhood is a lot of work, to be a wife, to be a homemaker. Everything is on me, from the grocery shopping to everything.”

Overall, most mothers—whether they were single-parents, stay-at-home-moms, or in the workforce—felt that the responsibility of raising their children fell heavily or exclusively on them. One parent in a group of mothers described, “You hear so much about the importance of the first three years. I felt a lot of pressure. Especially being a stay-at-home mom, I’m the one person with my child, I’m responsible for making sure I don’t mess this up.” A single parent in a group with mothers shared how challenging parenting can be when one is raising a child alone: “Balancing being a single parent, raising him, going to work, taking care of my mother with her health issues ... HOW?”

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“You hear so much about the importance of the first three years. I felt a lot of pressure. Especially being a stay-at-home mom, I’m the one person with my child, I’m responsible for making sure I don’t mess this up.”

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Several participants shared how other mothers contributed to their feelings of incompetence and anxiety, by doing what one mother described as “mommy shaming.” Some mothers felt that competition among mothers was fueled by posts on social media (e.g., pictures of a child who reached a milestone early). Although mothers generally tried to avoid comparing themselves or their children to others, they reported that comparisons were inevitable at times. One mother shared, “I wish people [would] tell me not to compare myself to other mothers and other milestones that their children are doing.”

Several mothers wished for more support handling the pressure. At the very least, as one parent in a group of mothers explained, mothers longed to be reassured that “It’s okay to not be okay sometimes.” Others expressed an interest in mental health support for first-time mothers, which they felt was largely absent.

I think there should be more information about your mental health after you have the baby, because I have ... a five-month-old ... I adjusted to the role of mother really fast, but it was a transition for myself, to like, the woman I am, like, who am I after the child ... I think it was very stressful.... I don’t think there’s enough programs out there that focus on the mother’s mental health. Like, we’re moms, but we’re still human beings, and how do we adjust after having the baby, like, mentally? — Participant, in a group of mothers

**Fathers feel that society sets a low bar for them.** In sharp contrast to the high expectations set for mothers, fathers reported feeling that for them bar was set very low. This sentiment was shared universally by fathers in our study, including those who viewed themselves as highly involved parents. One father commented, “They have low expectations of you. They don’t expect you to be with your child. They expect you guys to have fun, as dads. But ... I handle my kids. They’re wild but I’m wild and I love that. I’m that guy running around the store with his kids.”

Fathers lamented that they were praised for simply showing up, as illustrated by a participant in a group of fathers: “... When I’m out with my two kids, they’re like ‘Oh, you got double duty,’ and I’m just like

‘Yeah, I have two kids. I’m with my children.’ As if it’s a big event.” Another father from the same group added, “Every time I have [my daughter] by myself, it’s like random people just come and be like ‘Aw, you’re a good dad.’ And I’m like ... ‘I’m not doing anything ... I’m not doing anything special.’ I’m just like in the mall ... People will come up, and ask for high fives and stuff.”

Both mothers and fathers agreed that biology placed fathers at a disadvantage, as fathers are not the ones carrying or delivering the child—nor do they breastfeed. Fathers argued—and to some degree mothers agreed—that society and its institutions exacerbate this disadvantage by not engaging fathers, by setting expectations too low, or not providing programs or resources geared towards fathers. One parent in a group of fathers pointed out that the only institution that he considered specifically for fathers was a punitive one: “Instead of being the little [advertisements for programs for mothers] on the bus stop, we have child support court.”

Fathers in the focus groups also felt that resources, programs, and support groups available in communities targeted mothers, not fathers. Some black fathers suggested that there were no programs for fathers because fathers are perceived as being largely absent in their community. One participant in a group of black fathers described his experience visiting his child’s school: “We’re an endangered species. I told you, I go to [my child’s] school, I’m the only male ... I’d be feeling like I walked into the girl’s washroom.” Another father from the same group of black fathers added, “None of those [resources] could be geared towards fathers because honestly, we’re unheard of as fathers.” The fathers in our groups suggested that these perceptions were held by both society at large and within their community.

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The perceived dearth of fathers in the black community should be considered in the context of long-held stereotypes, negative assumptions about fathers from social institutions that exclude them, systemic inequality leading to mass incarceration of black men, and disparities in the labor market.<sup>11-17</sup> In addition, concerns about the relative absence of fathers in children’s lives took many forms throughout our discussions with parents, and was not limited to any one racial or ethnic group. White, black, and Hispanic mothers also noted that they were their children’s primary caregivers, either because the father was not present in the home or because he worked longer hours. Other mothers and fathers (across racial/ethnic groups) noted shared caregiving roles with an intentional goal to co-parent. Indeed, recent research suggests that black fathers are similarly involved or more involved in their children’s lives than white or Hispanic fathers.<sup>18-20</sup>

**Fathers think of child development and their role as parents in broad, general terms.** Fathers were generally not as specific as mothers in describing child development. For example, when describing children’s social-emotional development, mothers provided examples such as “taking turns,” “sharing,” and “having empathy for others ... like if you see someone crying ... he’ll console you.” Fathers described the same concept using phrases like “being able to sit there and converse in a group of people,” “integrate them to society,” and “social interacting.” Often, the behaviors that fathers described were characteristic of older children or adults; when they described their roles as parents, they built on what they expected of their child as an adult. Fathers described parenting, for example, as “teaching them responsibility,” “preparing them for the real world,” and “guiding humans to be great people.” Mothers also considered their infants’ future, but described specific ways in which they were supporting their

development in this early stage in life. One participant reported constantly reminding her husband of their daughter's age and what was appropriate for a child at that age:

I don't think he thinks as critically about parenting, as far as how to respond to different behaviors. If she has a meltdown, how do you respond? He sees it as a form of control and I'm like she's not necessarily challenging your authority. I have to keep reminding him she's three. She talks like a grown-up, she doesn't have the same emotion management as an adult so you have to be the grown-up. — Parent, in a group of mothers

In most cases, mothers in our study were the primary caretakers and spent the most time with children. Perhaps for that reason, mothers reported paying more attention to detail and being more planful. One parent in a focus group of mothers explained feeling that mothers are more invested and worry more about details: "Moms are always protecting the kids, they are always trying to make sure the diaper is perfect and put on exactly right, things like that. And the men ... for them [what is important is] to put the diaper on so it stays, it doesn't matter what it looks like." Some mothers described their roles as managers, and fathers as the parents who implement what mothers have decided or planned. One mother said, "You're the mom manager, you do have to schedule, what's our discipline problem of the week, here's what he's been doing. So, when the husband turns around and says like 'Oh my gosh, did you just see that?' you're like, 'Yeah he's been doing that a lot so here's what we've been doing.'" However, both mothers and fathers recognized the variation in gender roles within families.

In general, mothers had more questions about their children's development and parenting than fathers, as well as more specific questions. One father summarized: "I think we're safe with Google, man." Other fathers in the group nodded agreement.

## Differences by race and ethnicity

Overall, there were more similarities than differences across black, white, and Hispanic parents. Parents of different racial and ethnic backgrounds obtained information from similar sources, had a common understanding of parenting and child development, and wanted similar information. However, we noted a few differences, which we describe below.

**Parents recognized differences in disciplinary approaches across racial and ethnic groups. However, most parents expressed an interest in improving how they discipline their children.** Parents across racial and ethnic groups identified discipline as an important role for parents. Many parents also expressed a desired for advice to improve their skills as disciplinarians. For parents in the study sample who identified as black or immigrant,<sup>e</sup> discipline appeared to carry different meanings. For example, several parents stressed the importance of having a well-behaved and well-mannered child because their child's behavior was a reflection of themselves.

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<sup>e</sup> Although the study did not ask for immigration status, several participants across groups with white, black, and Hispanic parents described their experiences as an immigrant parent (or with having immigrant parents).

Perceptions about discipline also appeared to vary across black, white, and Hispanic parents. Several black parents, for example, reported that spanking (or “whupping”) was more acceptable in their community. One parent in group of black mothers noted, “... almost all my friends who are black were spanked as children, and held very strict standards that way.” Parents who identified as black explained that this belief was transmitted across generations. One parent in a group of black fathers shared his thoughts: “Because it’s been taught to you. Then the people who taught you have been taught by other people, and it’s been passed down from generation, like whupping. They don’t know how to talk, but beat them ... That goes from the mom, from the grandma, to the mama, to the daughter. Now she’s doing it to our daughter.” He believed that harsher physical discipline was a response to the trauma and violence of racism and discrimination. Together with other parents in the group, he expressed an interest in finding better approaches:

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“I’m raising a young black man, who’s already born to this world a minority, and I have to make sure that he lives up to certain standard, and doesn’t fall into a stereotype.”

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I don’t think the way the black[s] [have] discipline[d] each other, it hasn’t worked. I think we got it from slavery, getting beat on, and start going on to doing it to our wife and kids. It’s a taught behavior. We couldn’t take it out on the people who’s enslaving us, so when we got back after all the beatings, and in the field picking cotton, we took it out on our wife. That just went out through our generation. — Parent, in a group of black fathers

This finding should be treated with caution given our small sample size and because attitudes on physical discipline may vary by several factors, including education, age, region, religion, and income level. Further, there is evidence that individuals who experience racism may internalize negative beliefs about their race.<sup>21,22</sup> Future research should examine and control for these factors.

**Most parents desired to provide better (and more equal) opportunities for their children.** Repeatedly, participants who identified as black or Hispanic voiced a desire to help their children live better lives and have more opportunities than those that were available to them. These parents reported making sacrifices to provide such opportunities for their children:

You’re raising your child to do better than you did, or to exceed whatever you’ve done. For example, say if you’ve never finished high school, you’re gonna work hard to make sure that your child has the tools in order to complete high school and go onto college ... You’re gonna encourage your child, give them the tutoring that he or she needs, whether you have to pick up another extra job to pay for that tutoring service, you’re gonna do whatever you need to do in order for your child to thrive in the society that we have now. — Parent, in a group of black mothers

Parents who identified as black also expressed an awareness of racism and how it shapes their goals as parents. One participant in a group with black mothers stated, “I want to raise someone who’s gonna be an asset to the world. That’s gonna benefit and also be beneficial to others. I’m raising a young black

man, who's already born to this world a minority, and I have to make sure that he lives up to certain standards and doesn't fall into a stereotype." Similarly, another parent talked about how he wanted to build a business that his child could manage later on so that he did not have to perpetually work for others—as has been the case across generations for people in the black community:

My investment is not for my child to get to my age and be asking anybody for a job. I don't want my child working for nobody. My investment is to build a business now with some property so after they finish school, they could just lay back and take care of the properties and all that. They ain't got to be out here in this workforce going against all this racism. They don't have to deal with that, because they got their own [property] ... Our kids are born to work for other people who we've been working for generation after generation ... Once we break that, then we can start. That's what I want to start with my kid. —  
Participant, in a group of black fathers

## The role of income

The configuration of the focus groups did not allow for direct comparisons between parents of different income levels, as not all groups were homogenous in terms of participants' incomes. However, parents discussed how finances and social position shaped their experiences and the opportunities available to their children.

**Parents worry about finances, regardless of income level.** Parents thought of themselves as providers, and—apart from their income—worried about how they would provide for their children. Parents began thinking about the financial aspect of parenting long before their children were born, from buying diapers to paying for daycare. One participant in a group of mothers recounted her concern about affording child care: “I remember spending a lot of time thinking about daycare ... I remember thinking like, the baby is going to come out one way or another, but daycare. ‘Cause I go back to work. How to pay for these things.” Another mother recalled how, during her pregnancy, she worried about not having a safety net if she could not afford essential things like diapers or formula: “I wanted to know, if I need emergency diapers or formula, where would I go? As a single parent finances are tight.” Some fathers also shared how parenting can be particularly stressful when money is tight—and how, ultimately, this stress affects their children. One father in a shared, “I think finances play a role, too ... the stress level. If you got [money], it's way more easier. But the more you have to struggle, the more stress that I see some people take out on their kids.” Money appeared to be a consideration for parents across income levels, but places a bigger burden on families with limited resources.

**Some parents saw a “pay to play” dynamic around access to resources.** Parents in some groups noted that resources and opportunities for children were dissimilar across neighborhoods and income levels. One parent explained that the environment in which children develop, and the resources available in that context, shapes the family's experiences and behaviors:

Environment and behavior ... what I mean by that is, like, how they interact with the environment around them. Like ... if you grew up in poverty, and you have nothing but negative influences around you ... you're gonna, like, try to involve yourself in that because that's what you're surrounded by. Versus someone that lives in a wealthy environment, they're surrounded with different activities that they can

get into, instead of having to like, go out of their neighborhood and find different activities. Like, in the poverty-stricken area, you have to go outside of your area to find activities, versus, in a wealthy environment, you have those activities inside of your neighborhood. — Participant , in a group of mothers

Another parent in a group of mothers explained that, because resources varied so starkly by neighborhood, she had made sacrifices to live in a better neighborhood where her son would be exposed to the environment she wanted him in: “I live in a nicer neighborhood, and I wanted my son to be exposed to those people and those activities and those things. And you gotta pay to play. So ... I could have a nicer car ... But instead I chose to put it [in housing].” Participants in a group of fathers also talked about how people with higher incomes have more options, and expressed an interest in providing those options to their own children. One father asserted, “I want to give them options, not just things, but options. That’s [the difference] between rich and poor. Rich people are not better. They have more options to do stuff.”

## CONCLUSION

Becoming a parent can be both a joyous and daunting experience. Research strongly suggests that mothers and fathers who have a good understanding of child development and effective parenting strategies are better equipped to support their infants’ and toddlers’ positive growth and well-being.<sup>1,23,24</sup>

The parents in our study clearly believe this as well, and are eager for information that can support their parenting and their children’s development. Our findings suggest that parents are active and savvy consumers of information. For the most part, they feel well-informed, but have many unanswered questions. Importantly, our study suggests more commonalities than differences in parents’ knowledge—and how they seek and use information—across race, ethnicity, and income, and between mothers and fathers. Collectively, our discussions with parents have several direct applications for programs and practitioners that deliver information about parenting and early child development.

- **Don’t merely deliver information about parenting and child development.** Parents are eager to learn about how to best support their child’s development and be good parents, but knowledge or information on the “what” is not sufficient.
- **Optimize the likelihood that information on parenting and child development will be adopted:**
  - **Deliver it with clear and concise recommendations** that do not leave parents overwhelmed with information. Parents especially value the clarity that comes with developmental checklists and milestones, and information that is supported by science.
  - **Accompany information with “how-to” guidance** so that parents can model behaviors with their infants and toddlers. Seeing role models put information into practice provides parents with confidence in their ability to implement recommendations.
  - **Provide support** to parents as they implement recommendations. It is equally important that parents do not feel blamed or ashamed when they experience challenges implementing recommendations. Rather, they should receive help troubleshooting and finding the solution(s) that best meets their families’ needs and circumstances.
  - **Give options and alternatives** that recognize the diversity of family experiences and resources. When information or recommendations don’t reflect the reality of parent’s lives and lived experiences, they are likely to be dismissed.

- **Borrow from what parents say about the internet’s offerings.** Parents value the speed and accessibility of the internet. They also value seeing information put into practice, whether through YouTube videos or Pinterest. Parents appreciate the sense of community and the judgement-free zone provided by many internet forums. Notably, these are similar to the qualities that some parents most appreciate from parenting and home-visiting programs.
- **Highlight the range of what is considered “normal” development.** Parents are eager to know that their child’s behavior, growth, and development is “normal.” At the same time, missing milestones produces anxiety for parents. The pediatric community—along with program providers—can address these concerns by emphasizing that normal development is not dichotomous in nature, but includes a range of behaviors.
- **Use developmental milestones as windows of opportunity.** Parents actively seek information as their children reach new developmental milestones. These periods are opportunities to reach out to parents and provide them with information, and prime them for when they will seek information again.
- **Improve upon parents’ perceptions of pediatricians’ advice.** Parents highly value advice from pediatricians in part because they see them as experts. However, they often view pediatricians’ expertise as primarily related to children’s physical development and not early social-emotional development. The medical community should consider whether and how to shift parents’ perceptions, and how to enhance pediatric training on early social-emotional development. Pediatric practices may benefit from including staff with expertise and training in early social-emotional development, and promoting the availability of this expertise.
- **Bring fathers into the mix.** Many resources for parents are targeted toward mothers. Resources geared toward fathers should consider building on areas that fathers consider to be strengths or focal points. Fathers in our focus groups appeared to approach parenting with an emphasis on future goals. Information that highlights how early investments in parenting benefit children’s future outcomes may be especially appealing for fathers.
- **Address common concerns directly.** Parents want more information on discipline, screen time, sleep, and feeding and nutrition (among other topics). Regardless of topic, many parental questions center around more consistent, effective, developmentally appropriate parenting.

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