

**RELATIONSHIP BETWEEN PARENTING PRACTICES AND
ATTACHMENT STYLES AMONG EARLY CHILDHOOD EDUCATION
PUPILS IN KADUNA METROPOLIS, NIGERIA**

BY

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**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELING,
AHMADU BELLO UNIVERSITY, ZARIA NIGERIA**

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**A THESIS SUBMITTED TO SCHOOL OF POSTGRADUATE STUDIES
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DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELING

AHMADU BELLO UNIVERSITY, ZARIA NIGERIA

June, 2016

DECLARATION

I hereby declare that this thesis titled Relationship between Parenting Practices and Attachment Styles among Early Childhood Education Pupils in Kaduna Metropolis, Nigeria, has been conducted by me in the Department of Educational Psychology and Counseling, Ahmadu Bello University, Zaria. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree or diploma at this or any other institution or university.

Jummai GARBA

Date

CERTIFICATION

This thesis entitled RELATIONSHIP BETWEEN PARENTING PRACTICES AND ATTACHMENT STYLES AMONG EARLY CHILDHOOD EDUCATION PUPILS IN KADUNA METROPOLIS, NIGERIA meets the regulations governing the award of the degree of Doctor of Philosophy in Educational Psychology of the Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This thesis is dedicated to my lost ones; my late mother, Hajiya Ai'shatsu Garba (Dada), my father, Alhaji Garba Shehu, my husband, Eng. AbdulGaniyu Bashir Mafindi, my brother, Usman Garba, and my sisters, Hajiya Halima Garba (Kumatu) and Zuwaira Garba (Bebi). May their gentle souls rest in peace, amin.

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TABLE OF CONTENTS

Declaration	i
Certification	ii
Dedication	iii
Acknowledgement	iv
Table of Contents	vi
List of Table	ix
List of Appendices	x
List of Abbreviations	xi
Operational Definition of Terms	xii
Abstract	xiii
CHAPTER ONE: INTRODUCTION	
1.1 Background to the Study	1
1.2 Statement of the Problem	6
1.3 Objectives of the Study	9
1.4 Research Questions	10
1.5 Research Hypotheses	11
1.6 Basic Assumptions	12
1.7 Significance of the Study	13
1.8 Scope and Delimitation	15
CHAPTER TWO: REVIEW OF RELATED LITERATURE	
2.1 Introduction	16
2.2 Conceptual Framework	17
2.2.1 Concept of Parenting Practices	17
2.2.2. Types of Parenting Practices	18
2.2.3 Concept of Attachment Styles	26
2.2.4 Types of Attachment Styles	33
2.2.5 Concept of Early Childhood Education	41
2.2.6 Types of Early Childhood Education	42

2.3	Theoretical Framework	47
2.3.1	Theories of Parenting Practices	47
2.3.1.1	Ferberization Theory	48
2.3.1.2	Attachment Parenting Theory	48
2.3.1.3	RIE Theory	49
2.3.2	Theories of Attachment Styles	49
2.3.2.1	Origin of Attachment Theory	50
2.3.2.2	Ethological Theory	51
2.3.2.3	Psycho-social Theory	52
2.3.2.4	Object Relation Theory	54
2.3.3	Theories of Early Childhood Education	55
2.3.3.1	Behaviouristic Theory	55
2.3.3.2	Constructivist Theory	56
2.3.3.3	Maturationist Theory	56
2.4	Review of Empirical Studies	56
2.4.1	Parenting practices and Children’s attachment styles	56
2.5	Summary of Reviewed Literature	74
CHAPTER THREE: METHODOLOGY		
3.1	Introduction	77
3.2	Research Design	77
3.3	Population of the Study	77
3.4	Sample and Sampling Techniques	79
3.5	Instrumentation	79
3.5.1	Scoring Procedure	81
3.6	Validity of Instruments	81
3.7.1	Pilot Testing	82
3.7	Reliability	82
3.8	Procedure for Data Collection	82
3.9	Procedure for Data Analysis	83

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1	Introduction	84
4.2	Analysis of Demographic Variables	85
4.3	Testing of Hypotheses	86
4.4	Summary of Major Findings	92
4.5	Discussion	93

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1	Introduction	102
5.2	Summary	102
5.3	Contribution to Knowledge	104
5.3	Conclusions	104
5.4	Recommendations	105
5.5	Suggestion for Further Studies	107
	Reference	108
	Appendices	130

LIST OF TABLES

Table		Page
3.01	Distribution of Population of Pupils in the 4 Government and 4 Private ECE Centres in Kaduna Metropolis	78
3.02	Distribution of Sampled Pupils in the 4 Government and 4 Private ECE Centres in Kaduna Metropolis	79
4.01	Distribution of Respondents by School Type, Local Government Area, and Gender.	85
4.02.	Relationship between Attachment Parenting Practice and Secure Attachment Style	86
4.03	Relationship between Attachment Parenting Practice and Ambivalent Attachment Style	87
4.04	Relationship between Attachment Parenting Practice and Avoidant Attachment Style	87
4.05	Relationship between Fosterage and Secure Attachment Style	88
4.06	Relationship between Fosterage and Ambivalent Attachment Style	89
4.07	Relationship between Fosterage and Avoidant Attachment Style	89
4.08	Relationship between Multiple Parenting Practice and Secure Attachment Style	90
4.09	Relationship between Multiple Parenting Practice and Ambivalent Attachment Style	91
4.10	Relationship between Multiple Parenting Practice and Avoidant Attachment Style	91

LIST OF APPENDICES

Appendix	Content	Pages
I	Letter of Introduction	130
Ii	Parenting Practices Checklist	131
Iii	Hausa Version of Parenting Practices Checklist	133
Iv	Child Attachment Style Checklist	135
v	Replicated Scales for the Childrearing Practices Q.Sort 2	137
vi	Child-Rearing Practices Report (CRPR)	150
vii	Child Attachment Checklist	185
viii	Reactive Attachment Disorder Checklist	186
ix	Answering of Research Questions	189
x	Output Intact Analyses	195

LIST OF ABBREVIATIONS

AAI	Adult Attachment Interview
API:	Attachment Parenting International
APSAC:	American Professional Society on the Abuse of Children
CRPR:	Child Rearing Practices Report
DSM:	Diagnostic and Statistical Manual for Mental Disorders
EAT:	Eating Adult Test
ECE:	Early Childhood Education
ECCDE	Early Childhood Care Development and Education
IAAD:	International Adoption Article Directory
ICD:	International Classification of Diseases
IEP:	Parenting Style Inventory
LEA:	Local Education Authority
LGA:	Local Government Area
NICHD:	Early Childhood Core Research Network
NPE:	National Policy on Education
NTI:	National Teachers' Institute
PBI:	Parental Bonding Instrument
PCCQ:	Parental Childrearing Cognition Questionnaire
PPMCC:	Pearson Product Moment Correlation Coefficient
RAD:	Reactive Attachment Disorder
RIE:	Resources for Infant Educare
SPSS:	Statistical Package for Social Sciences
SUBEB:	State Universal Basic Education Board
THAS-C:	Children Social Skill Test
UN:	United Nations
WW II:	Second World War

OPERATIONAL DEFINITION OF TERMS

The following terms have been operationally defined as used in this study:

Attachment Styles: Patterns of attachment that manifest as a result of proper bonding, lack of or poor bonding between parent/guardian or caregiver and the child. Secure, ambivalent and avoidant attachment styles are the focused of this study:

Ambivalent Attachment Style: Not being completely sure of something, the child is having conflicting feelings towards the parent/guardian or caregiver.

Avoidant Attachment: Keeping away or to shun somebody/something; the child is keeping away or not going near the parent.

Secure Attachment Style: Forming strong attachment with the parent; a child in this category feels he can depend on his parent. He/she knows that a person will be there when he needs support.

Early Childhood Education: Formal learning and teaching of young children by people outside the family or in settings outside the home. The age is from two to five years. Three types of early childhood education are in focus (day care, nursery and kindergarten).

Parenting Practices: Different ways of bringing up children by parents or parent-substitutes among different families and cultures. In this study, attachment parenting, fosterage and multiple parenting practices will be the focus:

Attachment Parenting: Practice of caring for the child that brings about nurturing connection between the child and the parent/guardian.

Fosterage: Act of raising up a child by non-biological parents.

Multiple Parenting: Act of raising up a child by many parents/guardians.

ABSTRACT

The study investigated the relationship between parenting practices and attachment styles of pupils in early childhood education in Kaduna metropolis, Nigeria. The study had nine objectives; nine hypotheses were formulated and tested. The population for the study was 451 early childhood education pupils out of which 83 pupils were studied; 39 males (47%) while 44 females (53 %). Correlation survey was employed in the conduct of the research. The instruments used in collecting data were parenting practices and child attachment style checklists. The attachment style checklist was administered by the research assistants on the sampled pupils while the parenting practices checklist was administered to the parents of the sampled pupils. Pearson Product Moment Correlation (PPMC) was the statistical tool used to analyze the data collected. Results of the analyses indicated significant correlation existed between attachment parenting practice and secure attachment style ($p = .003$), but there was no significant correlation between attachment parenting practice and ambivalent attachment style ($p = .212$) as well as between attachment parenting practice and avoidant attachment style ($p = .081$). Also there was no significant correlation between fosterage and secure attachment style ($p = .126$) but significant correlation existed between fosterage and ambivalent attachment style ($p = .012$) and fosterage and avoidant attachment style ($p = .015$). No significant correlation was found between multiple parenting practice and secure attachment style ($p = .822$) but significant correlation existed between multiple parenting practice and ambivalent attachment style ($p = .002$) as well as multiple parenting practice and avoidant attachment style ($p = .000$). Based on the findings of this study, it was recommended that parents and caregivers should employ best parenting practices like attachment parenting so that the child grows up in secure environment and develop secure attachment style among others.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The issue of proper child training and development has been clearly articulated by Amali and Ojogbane (2004) and Kopoka (2000). To these scholars, traditional Africa society was characterized by proper establishment of families and family functions were patterned by pathways, governed by mores and reinforced by moral code for proper child socialization and upbringing. They reported further that community opinion and spirit governed the behaviour of parents in terms of child rearing practices and so parents tended to conform to the standard so as to avoid the sanctions from the community. To these scholars, children were also highly treasured and they were protected from abuse/neglect as they were believed to be gifts from the creator of humanity. Kopoka (2000) further stated that in East Africa, a child was normally a member of a community and could not be separated from it. As such, the child was educated and socialized by the community for membership of the community and that adoption was not common as fostering of children by the extended families was the common practice, hence there was no need for institutions like orphanages.

A parenting practice is a specific behavior that a parent uses in raising a child. Parenting practices refer to specific things that parents do while raising their children. These can refer to the imposition and use of schedules, rules, expectations, punishments, rewards, etc. Basically, parenting practices can refer to any type of regular interaction that a parent has with their children, Alley, 2014. But Heller, (2014) argued that parenting practices reflect the cultural understanding of children. Parents in individualistic countries like Germany spend more time engaged in face-to-face interaction with babies and more time talking to the baby about the baby. Children develop skills at different rates as a result of differences in these culturally driven parenting practices. Children in individualistic cultures learn to act independently and to

recognize themselves in a mirror test at a younger age than children whose cultures promote communal values.

Supporting theory of communal cultures, Oduabunmi, (2007) argued that in most societies, the family is the primary unit given the responsibility for raising children. There is considerable individual variation in practice from family to family, depending on the psychological make-up of the parents, including their own personality, the experiences they had as children, and the conditions under which they are living. The roles other members of the society play in raising up children differ depending on the specific cultural group. In some settings, community members play a significant role and in others they take on a more distant role. What may be right for one family or one child may not be suitable for another, thus, the model or practice that parent employs depends partly on how the parent was reared, what he/she considers as good parenting,

Scientific evidence especially behavioural genetics showed that all different forms of parenting do not have significant effects on children's development, short of cases of severe abuse or neglect. The purported effects of different forms of parenting are all illusions caused by heredity, the culture at large, and children's own influence on how their parents treat them. But many parents create their own ways from a combination of factors, and these may evolve over time as the children develop their own personalities and move through life stages (Griffins, 2000). While parenting practices may be different across cultures, scientific knowledge suggests that there are basic needs that all children have and pattern of development during the early years that are universal. Studies from different parts of the world revealed that all young children need adequate nutrition, health and emotional care from birth onwards. Lack of these supports during the early years have permanent effects on later development not only for the child's physical well-being but also for his social, cognitive and psychological

development. While these factors are influenced by the economic and political context within which the child lives, they are mediated through the family's parenting practices.

Thus, until a few decades ago, parents and even educators thought that the only thing children need from the day they are born through their development processes is to be provided with the proper physical needs i.e. food, shelter, fresh air, clean and hygienic environment. It is thought that if all these are available, then the best have been done for the child to attain normal development. However, we now know through modern psychology that to provide only physical needs is not enough. The emotional attachments of young children to their parents (and other caregivers) remain a cornerstone of psychological well-being in early childhood and in later adulthood.

Evaluating Attachment Styles in Romantic Relationships Affected by Childhood Experiences Attachment has been traditionally thought of as a pattern of thoughts, feelings, and behaviors that are resulted from the ability of a caregiver to meet an infants' need for closeness (Myrick, Green, & Crenshaw, 2014). Children, in their early childhood, rely on their attachment relationships for feelings of security. Securely attached children become well adapt at verbalising their needs. For example, a 4-year-old child may say "Please read me a story before you go", communicating their fear of being left alone. This increased ability to verbalise their wants and needs continue well into later childhood and adolescence (Hutchision, 2013).

The term attachment is used in contemporary scientific literature in four distinct senses: a form of behavior whose goal is to maintain proximity to the other person (smiles, vocalization, tears, approach behavior); the bonds of attachment that are related to the affiliation between parents and children; the system of attachment, in which the child's goal is to seek proximity with the attachment figure and obtain an internal feeling of security; and, finally, relationships that involve the offer of attention, emotional availability, and the search for comfort in parent-child relations. Attachment is a behavioural control system of biological origin, which involves

the use of the attachment figure by the child as a secure base from which it can explore the environment.

Within attachment theory, attachment means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Such bonds may be reciprocal between two adults, but between a child and a caregiver these bonds are based on the child's need for safety, security and protection, paramount in infancy and childhood. The theory proposes that children attach to carers instinctively, for the purpose of survival and, ultimately, genetic replication. The biological aim is survival and the psychological aim is security. Attachment theory is not an exhaustive description of human relationships, nor is it synonymous with love and affection, although these may indicate that bonds exist. In child-to-adult relationships, the child's tie is called the attachment and the caregiver's reciprocal equivalent is referred to as the care-giving bond.

Early childhood education as contained in the National Policy on Education (NPE, 2004) is the education given in an educational institution to children prior to their entering the primary school. Maduwesi as cited in NTI (2009) defined early childhood education as a semi-formal education arrangement, usually outside the home, whereby young children from about the age of three are exposed, through play-like activities in a group setting, to mental, social and physical learning suited to their developmental stage, until the mandatory age of government approved formal schooling. Several other terms used to describe early childhood education include nursery school, pre-primary and pre-school. Encyclopedia America defines early childhood education as “a form of education for children three to five years of age prior to their entry into the first elementary grade”. Akinola (2004) sees it as the education given in an educational institution to children aged three to five plus prior to entering the primary education.

An analysis of education situation in Kaduna state showed that education in Kaduna is moving in a positive direction; at the primary and secondary school levels, enrolments have increased dramatically in recent years due to the free and compulsory education program, but there is a particular need to improve early childhood care and development (ECCD) in the city, as many children do not attend pre-primary institutions. Early childhood care and development is limited in supply. In 2005/06, there were 1,261 primary schools with ECCD sections, catering for 67,605 children, approximately one child in ten, age three to five (Kaduna Education Strategic Plan (ESP), 2008).

The first formal school setting for the child is the early childhood education centre. Early childhood education is a time of bridge building, it is a time in a child's life when bridges are built between the shelter of the home and the demands of the school; between play with a few neighborhood friends and relationship with many children in the school; this is the time when environmental enrichment or deprivation makes its greatest impact (Fabian & Dunlop, 2005). Transition from home to school (ECCDE centres) setting involves support and adjustments. Children face different adults, peers, room design, location, schedules, expectations, values and ways of interaction outside the home. How children adjust in their first experiences may influence later success or problems in school. The levels of communication between school and home, and children's emotional and social well-being are central ingredients to children settling into school. The way children feel about themselves and the way they are supported by adults are the foundations for them to feel emotionally secured, ready to meet new challenges and continue learning from the very beginning of their school lives (Doyle, 2005).

The central theme of attachment theory therefore, is that mothers/caregivers who are available and responsive to their infants' needs establish a sense of security. When the infant knows that the caregiver is dependable, it creates a secure base for the child to then explore the

world around. This points to the fact that the type of immediate social environment of the child i.e. the family as well as the type of parenting practices the child is subjected to can determine the extent of bonding between the child and the caregiver and the subsequent development in later life experiences of the child. Thus, the type parenting practice the parent is practicing and the style of attachment the child exhibits at home or in school may be determined by the quality of interactions between the child and the parents on one hand and teachers/caregivers with other children in the caregiving centres. The quest to find out the outcomes of these interactions and relationships in the child's immediate environments informed the researcher on the need for this study.

1.2 Statement of the Problem

A lot of children are left without the most important foundation for healthy development i.e the emotional bonding to a caregiver. Some are flooding our child welfare centers while a sizable number are left on streets as hawkers, almajris or drug addicts. UNICEF's 2010-2012 report showed over 10 million children in Nigeria are out of school. The gap created by this neglect and abandonment of children by their own parents is perpetuated by the type of parenting practices adopted by their parents. These children portray serious overwhelming array of behavioral problems; emotional, social, cognitive, physical and moral, they grow up to perpetuate the cycle through their own children.

Pramanik, (2013) observed that children brought up without parental affection are not only among the most vulnerable members of the society, their care and protection also present a major child-care policy challenge. In spite of this, they are all but doomed to have their special needs ignored and their rights abused in many cases. Children without a biological family, who are cared for in some forms, also run the risk of a life which holds fewer possibilities for healthy development and a supportive environment than that of their peers with families. The range of threats is wide, from extreme neglect (lack of access to education,

medical care, a balanced diet, etc.) to stigmatization and marginalization and the fact that the loss of a family represents a serious trauma that stays with a person throughout his/her life and can potentially be seriously damaging if the person has not had any support in coping with it in childhood.

In many pre-modern societies, parenting practices like fosterage was a form of patronage, whereby influential families cemented political relationships by bringing up each other's children. Various ways of child fostering exist among relatives and non-relatives but child fostering among members of kinship group is more predominant in Nigeria. Within the ambit of fostering, children are transferred from their biological homes to other homes like the homes of uncles, aunts, cousins, etc., where they are raised (Isiugo-Abanihe & Wusu, 2006). The strong family ties existing among relatives facilitate this transfer and sharing of children and may expose the child to developmental and emotional problems including insecure attachment styles.

In some African cultures, the first child in particular is prone to some level of insecure attachment. The mother, usually a teenager, is not supposed to show open love to her first child, doing so will amount to being disrespectful and shameless. But today the society is changing and some of these practices have changed too, although they are still being practiced in some rural settings. Weaning the child is another practice that can lead to insecure attachments. The child suffers double trauma in the process. Apart from abrupt stoppage from suckling, he is also separated from the mother sometimes just for the weaning period but in some cases forever. Most psychologists agree that we all go through the same stages in the grieving process. Each one of us however, experiences that grief in our own unique way. Many will say that since infants and toddlers cannot conceptualize loss and because they cannot verbalize their experience, they do not experience grief. Nothing could be further from the truth that even though they cannot verbalize it, they still experience loss. The fact that they

cannot express this profound sense of loss, however, makes their grief even more difficult to overcome (Ellis, 2009).

Many children experience the loss of primary caregivers, either because they are physically separated from them or because the caregiver is incapable of providing adequate care. Removal from primary caregivers can cause serious problems by breaking primary attachments even if alternate caregivers are competent. Describing the process the child goes through during separation from the caregiver in a film entitled *A Two-Year-Old Goes to Hospital* Bowlby as cited in Van de Horst, (2008), showed that an infant goes through several phases in reaction to separation. The infant goes from protest to crying to a sad state and finally to a more desolate state of resignation regarding the loss.

The extended family structure, which comprises generations of close relatives rather than a married couple and children, who live in either the same house or compound and in a close and continuous relationship, dominate the sub-Saharan African society. Within the framework of this family structure, a series of parenting practices are maintained. Right from birth, surrogate mothers, maybe either mother-in-laws or sister-in-laws from either the husband's or wife's family, make themselves available to assist in caring for the new born baby and the nursing mother (Isiugo-Abanihe & Wusu, 2006). This practice lessens the emotional burden that a nursing mother goes through during the early period of parenting but may amount to multiple parenting which may lead to none or insecure attachment for the child.

Even within the nuclear family structure due to increased changing role of women as full housewives to working class wives, if the child is lucky, he is sometimes left to the care of a nanny otherwise to several changing nannies thereby creating inconsistent caregiving due to multiple caregivers the consequence may be none or poor attachment.

Infants form attachment to any consistent caregiver who is sensitive and responsive in social interactions with them. The quality of the social engagement is more influential than the amount of time spent. The biological mother is the usual principal attachment figure, but the role can be taken by anyone who consistently behaves in a mothering way over a period of time. This means that parents should engage in lively social interaction with the child and readily respond to signals and approaches of the child. This type of interaction is assumed to develop in children secure attachment. On the other hand, disrupted, inconsistent and anxious caregiving not only leads to emotional and social problems, but also affects the developing brain. Infants raised without loving-touch and security have abnormally high levels of stress hormones which can impair the growth and development of their brains and bodies. The consequences of emotional neglect can lead to insecure attachment (Cassidy & Shaver, 2008). Insecure attachment styles (ambivalent and avoidant) may result from poor parenting; abuse, neglect, interrupted, poor foster placements or multiple caregiving.

It is against this background that the study investigated the relationships between parenting practices (attachment parenting practices, fosterage and multiple parenting practices) and attachment styles (secure, ambivalent and avoidant attachment styles) among early childhood education pupils in Kaduna metropolis.

1.3 Objectives of the Study

The main rationale for undertaking this study was to find out whether parenting practices were related to attachment styles of pupils. Specifically the study therefore, sought to:

1. find out the relationship between attachment parenting practice and secure attachment style among early childhood education pupils in Kaduna metropolis;
2. determine the relationship between attachment parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis;

3. determine the relationship between attachment parenting practice and avoidant attachment style among early childhood education pupils in Kaduna metropolis;
4. find out the relationship between fosterage and secure attachment style among early childhood education pupils in Kaduna metropolis;
5. determine the relationship between fosterage and ambivalent attachment style among early childhood education pupils in Kaduna metropolis;
6. determine the relationship between fosterage and avoidant attachment style among early childhood education pupils in Kaduna metropolis;
7. find out the relationship between multiple parenting practice and secure attachment style among early childhood education pupils in Kaduna metropolis;
8. determine the relationship between multiple parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis; and
9. determine the relationship between multiple parenting practice and avoidant attachment style among early childhood education pupils in Kaduna metropolis.

1.4 Research Questions

Based on the objectives, the following research questions guided the study:

1. What is the relationship between attachment parenting practice and secure attachment style among early childhood education pupils in Kaduna metropolis?
2. What is the relationship between attachment parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis?
3. How does attachment parenting practice relate to avoidant attachment style among early childhood education pupils in Kaduna metropolis?
4. How does fosterage relate to secure attachment style among early childhood education pupils in Kaduna metropolis?

5. What is the relationship between fosterage and ambivalent attachment style among early childhood education pupils in Kaduna metropolis?
6. What is the relationship between fosterage and avoidant attachment style among early childhood education pupils in Kaduna metropolis?
7. How does multiple parenting practice relate to secure attachment style among early childhood education pupils in Kaduna metropolis?
8. What is the relationship between multiple parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis?
9. How does multiple parenting practice relate to avoidant attachment style among early childhood education pupils in Kaduna metropolis?

1.5 Research Hypotheses

Based on the objectives and the research questions, the study analyzed the following hypotheses to establish the relationships or otherwise among the variables.

- H₀₁: There is no significant relationship between attachment parenting practice and secure attachment style among early childhood education pupils in Kaduna metropolis.
- H₀₂: There is no significant relationship between attachment parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis.
- H₀₃: There is no significant relationship between attachment parenting practice and avoidant attachment style among early childhood education pupils in Kaduna metropolis.
- H₀₄: There is no significant relationship between fosterage and secure attachment style among early childhood education pupils in Kaduna metropolis.

H₀₅: There is no significant relationship between fosterage and ambivalent attachment style among early childhood education pupils in Kaduna metropolis.

H₀₆: There is no significant relationship between fosterage and avoidant attachment style among early childhood education pupils in Kaduna metropolis.

H₀₇: There is no significant relationship between multiple parenting practice and secure attachment style among early childhood education pupils in Kaduna metropolis.

H₀₈: There is no significant relationship between multiple parenting practice and ambivalent attachment style among early childhood education pupils in Kaduna metropolis.

H₀₉: There is no significant relationship between multiple parenting practice and avoidant attachment style among early childhood education pupils in Kaduna metropolis.

1.6 Basic Assumptions

The study was based on the assumptions that:

1. Attachment parenting practice might have relationship with secure attachment style of children.
2. Attachment parenting practice could have relationship with ambivalent attachment style of children.
3. Attachment parenting practice could be related to avoidant attachment style of children.
4. Fosterage might have relationship with secure attachment style of children.
5. Fosterage could be related to ambivalent attachment style of children.
6. Fosterage could have relationship with avoidant attachment style of children.
7. Multiple parenting practice might be linked to secure attachment style of children.

8. Multiple parenting practice could be linked to ambivalent attachment style of children.
9. Multiple parenting practice could have some link with avoidant attachment style of children.

1.7 Significance of the Study

Parenting and caregiving are essential elements in the child emotional development, the absence of which can result to emotional instability in the child. The findings of the study would be of significance to parents and caregivers, to understand the link between parenting practices and attachment styles of children so that parents and caregivers provide good care that will lead to secure attachment and emotional development of the child. Parents and caregivers can also use this knowledge to avoid those parenting practices that lead to insecure attachment styles in pupils.

There are variety of parenting practices, depending on the kind of society, culture and the way the parent is brought up; some are child-friendly while others are not. The results of the study would provide parents and caregivers with knowledge on variety of parenting practices that can foster good child-caregiver relationship for secure attachment and those that cannot foster good child-caregiver relationship and consequently lead to poor or no attachment in pupils.

Understanding attachment styles and patterns of parenting and incorporating that knowledge into ECE programmes is crucial if early childhood development is to serve the variety of children and families in the society. With the findings of this knowledge, teachers as caregivers and school managers can select appropriate learning materials and create conducive learning environment that can help the child to interact well with the caregivers and other children in the school.

The findings on attachment styles would help social workers, parents and caregivers on how to relate with children in their care so as to establish some level of bond with the children to prevent insecure attachments. It will also help to detect and manage children with insecure attachments by employing adequate therapies or making appropriate referrals where necessary. This will help in preventing violent behavior tendencies and help reduce crime rate among our youths in the long run.

Children in ECE centers display a variety of behavior problems which the caregiver may not understand the causes of such problems and cannot help the child adjust learn. With the findings of this study, the caregiver, the guidance counselor and parent should be able to detect and identify children at risk of insecure attachments and maladjustment. This can help the school counselor to identify appropriate intervention strategies that can help children adjust and learn in school.

Trained teachers of early childhood education are grossly inadequate, majority of teachers in ECE centres are NCE holders of other disciplines. The findings of study can also help curriculum developers in early childhood education with the knowledge of attachment styles as they affect child. This can help them select appropriate learning experiences, teaching strategies and appropriate instructional materials to be included in the curriculum for effective care and development of the children.

Children in the process of development do not only satisfaction of their physical needs but their emotional needs too. The findings of the study provide information to policy makers and educational planers on the need for secure attachments among children in early childhood education. This will help to plan and formulate policies that take care of not only physical needs of children but their emotional needs too.

Parenting practices like fosterage and multiple parents are practiced in our society without knowing their consequences on attachment style of the child. The findings of study exposed the level of prevalence of some parenting practices existing in our society against attachment styles of children and how they affect child's development. Thus, the study contributes to literature in the related fields of study to stakeholders and scholars in parenting practices, attachment styles and early childhood education. It could also provide baseline knowledge from where further researches can be carried out.

1.8 Scope and Delimitation

The study was conducted in Kaduna metropolis which consists of 2 Local Government Areas (LGAs); Kaduna North and Kaduna South with 75 government and 586 private ECCDE centres. The choice of Kaduna metropolis was for proximity and because of the cosmopolitan nature of the setting. The study was delimited to 8 care-giving centres; 4 centers from government schools: L G E As Kawo, Badarawa, U/Sunusi and M/Gwarzo while the 4 ECE centres from private schools included Zabib schools U/Dosa, Smiles International schools, Malali, Scintillate International schools, Barnawa and Model International Schools, Badikko. These centres were selected because of their central locations in the two Local Government Areas. Children in first and second year of early childhood education both males and females in the 8 selected centres were the target population from which a sample was selected for the study. The choice of children in early childhood education was based on the assumption that these children will display the different attachment styles. It was also assumed that attachment styles can be identified among this group of children using the research instruments. The study focused on parenting practices (attachment parenting, fosterage and multiple parenting) and attachment styles (secure, ambivalent and avoidant).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The chapter reviewed literature related to the research topic. The review critically examined and analyzed the views of some psychologists and other concerned scholars on the concepts and theories of the main variables; parenting practices, attachment styles and early childhood education. Similarly, the review examined empirical studies related to the research and lastly a summary of the whole review and uniqueness of the study. Thus, the review covers the following sub-headings:

- Introduction
- Conceptual Framework:
 - Concept of Parenting Practices
 - Concept of Attachment Styles
 - Concept of Early Childhood Education
- Theoretical Framework:
- Theories of Parenting Practices:
 - Ferberization Theory
 - Attachment parenting theory
 - Over parenting theory
- Theories of Attachment Styles:
 - Psycho-social Theory
 - Object-Relation Theory
 - Psycho-analytic Theory
- Theories of Early Childhood Education:
 - Behaviouristic theory
 - Constructivist theory

Maturationist theory

- Review of Empirical Studies
- Parenting practices and attachment styles
- Summary of reviewed literature

2.2 Conceptual Framework

The conceptual perspective of the main variables in the study; parenting practices, attachment styles and early childhood education are discussed in this section.

2.2.1 Concept of Parenting Practice

Parenting practices is as old as the creation of earth but documented works on parenting started with two philosophers who independently wrote works that have been widely influential in parenting; John Locke and Jean-Jacques Rousseau in Michele (2007). They both proposed that early education should be derived less from books and more from a child's interactions with the world beginning with the family. Other theorists, mainly from the 20th century, focused on how children develop and have had a significant impact on childhood education and how parents raised their children. One of such theorists is Frank Furedi, a sociologist with a particular interest in parenting and families. He believed that the actions of parents are less decisive than others claim. He describes the term infant determinism, as the determination of a person's life prospects by what happens to them during infancy, arguing that there is little or no evidence for its truth (Furedi, 2001). Clinton, 2002 also endorsed the idea that a person's life is determined by events during the first three years of life, and therefore parents must tread very carefully during that crucial period.

Parenting, therefore, consists of practices which are grounded in cultural patterns and beliefs. Put in the simplest terms, parents have a set of practices/activities available to them. These have been derived from cultural patterns, ideas of what should be done, and constitute the accepted practices or norms. These in turn, are based on beliefs about why one or another

practice is better than another. The practices, patterns and beliefs affect the style and quality of caregiving. For instance, the practice of constantly carrying a child has a different effect on the development of that child than the practice of placing the child in a cradle or playpen. Isiugo-Abanihe & Obono, (2006). Thus, parenting practices are embedded in the culture and determine to a large extent, the behaviours and expectations surrounding a child's birth and infancy.

Mckay, (2006) argued that while the patterns govern the culture as a whole, these patterns may or may not be followed by individuals; there are variations in the particular circumstances in which a child is raised and individual caregivers differ in their beliefs and knowledge. Sometimes within a culture there is considerable latitude in terms of adherence to cultural patterns. In other instances, deviation leads to ostracism.

The concept of parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. It also includes aspects of raising a child aside from the biological relationship (Davies, 2000). Thus, parenting practices refer to those specific things that parents/caregivers do while raising their children. These can be the imposing and use of schedules, rules, expectations, punishments, rewards, etc. Basically, parenting practices refer to any type of regular interaction that a parent has with their children.

2.2.2 Types of Parenting Practices

What may be right for one family or one child may not be suitable for another, the practice that parents employ depends partly on how they themselves were reared, what they consider good parenting, the child's temperament, their current environmental situation, and whether they place more importance on their own needs or whether they are striving to facilitate their child's future success. Parents who place greater importance on the child's physical security may be more conservative, while parents who are more concerned with

intellectual development may push their children into a number of organized extra-curricular activities (Crittenden, 2008).

Griffins, (2000) argued that scientific evidence especially behavioral genetics showed that all different forms of parenting do not have significant effects on children's development, short of cases of severe abuse or neglect. The purported effects of different forms of parenting are all illusions caused by heredity, the culture at large, and children's own influence on how their parents treat them. But many parents create their own practices from a combination of factors and these may evolve over time as the children develop their own personalities and move through life's stages. Parenting is affected by both the parents' and children's temperaments and is largely based on the influence of one's own parents and culture. Most parents learn parenting practices from their own parents some they accept and some they discard. The parenting practices discussed in this section include:

1. Attachment Parenting

Attachment Parenting is an approach to childrearing that promotes a secure attachment bond between parents and their children. Attachment is a scientific term for the emotional bond in a relationship. The attachment quality that forms between parents and children, learned from the relational patterns with caregivers from birth on, correlates with how a child perceives – and ultimately is able to experience – relationships. Attachment quality is correlated with lifelong effects and often much more profound an impact than people understand. A person with a secure attachment is generally able to respond to stress in healthy ways and establish more meaningful and close relationships more often; a person with an insecure attachment style may be more susceptible to stress and less healthy relationships. A greater number of insecurely attached individuals are at risk for more serious mental health concerns such as depression and anxiety.

Attachment parenting, a phrase coined by pediatrician William Sears (2014), is a parenting philosophy based on the principles of attachment theory in developmental psychology. According to attachment theory, the child forms a strong emotional bond with caregivers during childhood with lifelong consequences. Sensitive and emotionally available parenting helps the child to form a secure attachment style which fosters a child's socio-emotional development and well-being. Less sensitive and emotionally unavailable parenting or neglect of the child's needs may result in insecure forms of attachment style, which is a risk factor for many mental health problems (e.g. depression, anxiety and eating disorders). In extreme and rare conditions, the child may not form an attachment at all and may suffer from reactive attachment disorder. Principles of attachment parenting aim to increase development of a child's secure attachment and decrease insecure attachment.

To Gill, (2007) this type of parenting seeks to create strong emotional bonds, avoiding physical punishment and accomplishing discipline through interactions recognizing a child's emotional needs all while focusing on holistic understanding of the child. Many attachment parents also choose to live a natural family living lifestyle; such as natural childbirth, home birth, stay-at-home parenting, co-sleeping, breastfeeding, baby wearing, home-schooling, un-schooling, the anti-circumcision movement, natural health, cooperative movements, naturism and support of organic and local foods.

Sears, (2014) summarized attachment parenting as the practice of caring for your infant that brings out the best in the baby and the best in the parents. Attachment parenting implies opening your mind and heart to the individual needs of your baby, and eventually you will develop the wisdom on how to make on-the-spot decisions on what works best for both you and your baby. A close attachment after birth and beyond allows the natural, biological attachment-promoting behaviors of the infant and the intuitive, biological, caregiving qualities of the mother to come together.

Attachment parenting focuses on the nurturing connection that parents can develop with their children. That nurturing connection is viewed as the ideal way to raise secure, independent, and empathetic children. Proponents of this parenting philosophy make the case that a secure, trusting attachment to parents during childhood forms the basis for secure relationships and independence as adults.

Attachment Parenting International (API) is a worldwide educational association for this style of parenting. API (2001) identifies eight principles of attachment parenting. Parents have considerable leeway in how they interpret and put these principles into action. The eight principles are:

1. Prepare for pregnancy, birth, and parenting.
2. Feed with love and respect.
3. Respond with sensitivity.
4. Use nurturing touch.
5. Engage in nighttime parenting.
6. Provide constant, loving care.
7. Practice positive discipline.
8. Strive for balance in personal and family life.

One criticism of attachment parenting is that it can be very strenuous and demanding on parents. Without a support network of helpful friends or family, the work of parenting can be difficult. Warner, (2006) contended that a culture of total motherhood, which she blames in part on attachment parenting, has led to an age of anxiety for mothers in modern American society. Sociologist Hays, (2007) argued that the ideology of intensive mothering imposes unrealistic obligations and perpetuates a double shift life for working women.

Another criticism is that there is no conclusive or convincing body of research that shows this labor-intensive approach to be in any way superior to what attachment parenting term mainstream parenting in the long run (Gill, 2007).

2. Fosterage

Fosterage is an arrangement in which a child is brought up by a family that is not his biological parent. Fostering in archaic civilizations was so common, the mother's brother was often called the "up-bringer" or "fostering brother," and among Hittites, Greeks, Romans, Celts and Germans, mother's brothers (would) supervise initiation and ritually sodomize his ward. Fosterage was practiced in all complex civilizations in every continent on earth, right into modern times. Parents would simply ask the uncles or grandparents if they needed a child and shipped one off to them without tears. If one sent one's child to royalty and was killed due to abuse, one was expected to thank the foster parent and bring another (Fitzsimons, 2001).

Everyone agreed at that time that it is good to remove children from the sight of their father and mother and give them to friends so that they do not become quarrelsome; also, when they are in a strange house, they are more timid and do not dare to enjoy themselves for fear being scolded. Half of the total population of all persons who came to the colonies in the American South were indentured children. England continued to send hundreds of thousands of children to Canada and Australia for fosterage well into the twentieth century; a Canadian minister complained about England practice using Canada as a dumping ground for the refuse of the highways waifs, strays, and the children of vicious and criminal tendencies. The practice continues in many areas of the world for tens of millions of children today (Ellis, 2009, 2004).

The traditional parenting practices in Nigeria are communal within the context of the extended family system or lineage and the costs of raising children are not borne solely by the biological parents. A close knit of relatives commonly shares the costs of rearing children, in terms of emotion, time, finance and other material support, since all children together comprise

the strength of the lineage. Studies have indicated that the prevalence and cohesive nature of the extended family structure in traditional societies is the pillar supporting such parenting practices as fosterage (Wusu & Isiugo- Abanihe, 2006).

McCuteon, (2010) contended that fosterage was found mainly among royalty and other well-to-do parents and was so common that the remark that 'all the children grew up at home' was offered as an unusual occurrence; sons obtained new networks of kin relations, but bonding with the mother was most often precluded and-most surprising to the modern reader; she did not seem to have desired her son's company. Children might be sent to fosterage for affection or for payment as soon as they returned from wet nurse, usually to other family members and not returned until adolescence. Since so many families simply traded children with each other, the custom was puzzling unless one realizes that adults emotionally were able to treat foster children more abusively; working them like slaves, beating them, using them sexually-than if they had kept their own children and not traded them to others. Parents who foster their children today usually explain that they cannot effectively discipline their own offspring if they keep them themselves.

Omigbodun & Olatawura, (2008) argued that there was little difference between fosterage, adoption, apprenticeship and service. All involved virtual slavery without rights for the children. The opinion of the Italian at the end of the fifteenth century that the want of affection in the English is strongly manifested towards their children they put them out both males and females to hard service in the houses of other people. Few are born who are exempted from this fate, for everyone, however rich he may be, sends away his children into the houses of others; whilst he, in return, receives those of strangers into his own is often quoted but in-fact, Italians of the time equally fostered and apprenticed their children.

Beyond formal abandonment like fosterage and apprenticeship, mothers throughout history were constantly giving away their children for all kinds of rationalized reasons; because

the mother was expecting another child, to learn to speak, to cure timidity, for health, as pledge for a debtor simply because they were not wanted. If no one wanted the child, it would most often be assigned to older children or nurses or others to care for. Even in the modern period, when mothers began to show some delight in infants, they soon grew tired of caretaking and sent their children elsewhere. But Omigbodun & Olatawura, (2008) argued that child fostering and labour have negative consequences on the child's later behavior.

3. Multiple Parenting

Roberson (2006) showed the dual challenge faced by adoptees and their adoptive parents is inherent in the adoption process. By design, as adoptees transition from out-of-home placement to adoption they are permanently separated from their biological parents and are, perhaps, experiencing one of multiple separations and associated feelings of loss. Adoptive parents must acknowledge these losses and simultaneously utilize adaptive caregiving strategies that encourage the adoptee's adjustment into the new family, and ultimately, encourage secure attachment. A review of social work and psychology literature on adoption suggests that multiple caregiving methods, including flexible and adaptive parenting strategies contribute to a secure parent child relationship. Secure relationships help the child develop confidence that their adoptive parents will provide consistent, protective care. In contrast, inflexible parenting, and unrealistic expectations about child outcomes contribute to low attachment security. Attachment theory is the most relevant theory identified. Future implications for child welfare practice are discussed.

Sometimes having kids is simply a juggling act on all fronts. If you are working outside the home, you might have to put together a patchwork of caregivers based on budget, availability and the logistics of taking care of your little ones. But Dr. Morrissey argued that having multiple caregivers could result in more behavioral problems, especially with younger children. But before you freak out about the damage you are possibly causing, the author also

suggests that it might very well be the instability that often goes along with multiple caregiver situations that causes the problems, indicating that as long as your multiple caregiver situation is a stable one, behavioral issues are not likely to occur (siemens.co.za/Hospital-Solutions).

McCullough & Hall, (2003) postulated that many polyamorists have children, either within the relationship(s) or from previous relationships. Like other elements of polyamory, the way children are integrated into the family structure varies widely. Parents are primarily responsible for their own children (biological, adoptive, or step-), but other members of the relationship act as an extended family, providing assistance in child-rearing. Adults raise children collectively, all taking equal responsibility for each child regardless of consanguinity. Parents are wholly responsible for their own children, with other members of the relationship relating to the children as friends of the parents. Children treat parents' partners as a form of stepparent or are told to think of them as aunts and uncles.

The choice of structures is affected by timing: an adult who has been present throughout a child's life is likely to have a more parental relationship with that child than one who enters a relationship with people who already have a teenage child. (The issues involved often parallel those of step-parenting). The degree of logistical and emotional involvement between the members of the relationship is also important: a close-knit triad already living under one roof with shared finances is far more likely to take a collective approach to parenting than would a larger, loose-knit group with separate living arrangements:

Some poly families are structured so that one parent can be home to care for the children while two or more other adults work outside the home and earn an income, thus providing a better standard of living for all concerned. More adult caretakers means more people available for child care, help with homework, and daily issues such as transportation to extracurricular activities. Children thrive on love. The more adults they have to love them who are part of the family, the happier and well-adjusted they are. There is no evidence that

growing up in a poly family is detrimental to the physical, psychological or moral well-being of children. If parents are happy in their intimate relationships, it helps the family. Happy families are good for children Mchale (2007).

2.3 Concept of Attachment Styles

Attachment as a concept is primarily evolutionary; for decades, researchers have wondered what encourages a baby's attachment to parents. Is it that a caregiver provides food and other necessities or is it the emotional comfort that a caregiver offers? Some psychologists set out to answer these questions in series of now classic studies. Immediately after the WWII, homeless and orphaned children presented many difficulties and a psychiatrist and psychoanalyst John Bowlby was asked by the UN to write a pamphlet on the matter. Bowlby as cited in Van de Horst (2011) wrote a monograph on *maternal care and mental health* in which he explained the nature of child's tie to the mother.

In the monograph he put forward the hypothesis that "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment", the lack of which may have significant and irreversible mental health consequences. This was also published as '*Child Care and the Growth of Love*' for public consumption. The central proposition was influential but highly controversial. At the time there was limited empirical data and no comprehensive theory to account for such a conclusion. Nevertheless, Bowlby's theory sparked considerable interest in the nature of early relationships, giving a strong impetus to, (in the words of Mary Ainsworth), a "great body of research" in an extremely difficult, complex area. Bowlby's work (and Robertson's films) caused a virtual revolution in hospital visiting by parents, hospital provision for children's play, educational and social needs and the use of residential nurseries. Over time, orphanages were abandoned in favour of foster care or family-style homes in most developed countries (Rutter, 2008).

Harlow, working with primates, provided experimental proof of the independence of attachment and the satisfaction of physiological needs. He and his colleagues demonstrated this by separating new born monkeys from their natural mothers, providing them instead with surrogate mothers. In one study Harlow raised each baby monkey in a cage with two surrogate mothers, one made of stiff, bare wire and the other covered with soft terry cloth. Harlow found that even though the wire mother was equipped with a milk dispenser, the babies still preferred the terry cloth mother. They spent a great deal of time clinging to its soft body, just as baby monkeys cling to their real mother's fur. When alarmed, the infant monkeys always ran to their terry cloth mothers. They concluded that the tactile sensations a mother monkey provides seem to encourage the formation of attachments (Harlow & Harlow as cited in Van de Horst, 2011; Holms, 2001).

Based on his initial work and Harlow's experiment, Bowlby as cited in Holms, (2001) proposed the concept of "attachment behavior" and emphasized its importance for normal development. To him, attachment is a behavioral control system of biological origin which involves the use of the attachment figure by the child as a secure base from which it can explore the environment. That the form assumed by the child's attachment is based on its actual interactive experiences with its attachment figures and not with the fantasies they arouse. These feelings of security or insecurity about the parental figures are organized during the first year of life in the form of an 'internal model of work' that will give rise to stable forms of reaction in the face of distress and novelty.

A developmental psychologist and student of Bowlby, Mary Ainsworth in the 1960s and 70s reinforced the basic concepts of attachment, she further introduced the concept of the "secure base" and developed a theory of a number of attachment patterns in infants: secure attachment, insecure-avoidant attachment and insecure-ambivalent attachment. A fourth pattern, disorganized attachment, was identified later (Bretherton, 1999).

Mercer, (2006) argued that attachment is not a psychoanalytic concept but it is part of ethology. However, the concept was developed and applied within the context of psychopathology and the study of infant development by a psychoanalyst, a leading member of the British Society of Psychoanalysis, who had been responsible for training for many years. To the great regret of its inventor, the concept of attachment, although it underwent considerable development in the field of developmental research, was not extensively used in clinical practice, at least, not until recently. Of course, the concept of attachment clashes with the classical theory of anaclisis. It is also true that from the point of view of attachment theory, infantile sexuality is of little importance and the emphasis is on the real and repeated experiences of early childhood (Main & Solomon 1990). However, contemporary psychoanalysts would be wrong to neglect this essential dimension of human relations, important because of its development in the first year of life.

Therefore, attachment as a concept is primarily evolutionary and ethological. In relation to infants, it primarily consists of proximity seeking to an attachment figure in the face of threat, for the purpose of survival. Although an attachment is a "tie" it is not synonymous with love and affection although they often go together and a healthy attachment is considered to be an important foundation of all subsequent relationships. Infants become attached to adults who are sensitive and responsive in social interactions with the infants and who remain as consistent caregivers for some time. Parental responses lead to the development of patterns of attachment which in turn lead to 'internal working models' which will guide the individual's feelings, thoughts and expectations in later relationships Hinde, (1991).

Attachment is not something that parents do to their children; rather, it is something that children and parents create together, in an ongoing reciprocal relationship. Attachment to a protective and loving caregiver who provides guidance and support is a basic human need, rooted in millions of years of evolution. There is an instinct to attach: babies instinctively reach

out for the safety and security of the "secure base" with caregivers; parents instinctively protect and nurture their offspring. Attachment is a physiological, emotional, cognitive and social phenomenon. Instinctual attachment behaviors in the baby are activated by cues or signals from the caregiver (social releasers). Thus, the attachment process is defined as a "mutual regulatory system" - the baby and the caregiver influencing one another over time (Cassidy and Shaver, 2008).

Molander, (2008) believed that attachment is the bond resulting from the process of interaction that occurs between a child and a caregiver during the first few years of the child's life. When the infant has a need, she/he expresses the need through crying. Ideally, the caretaker is able to recognize and satisfy the need. Through this interaction, the child learns that the world is a safe place and trust develops. Attachment is therefore, a reciprocal process and an emotional connection that forms between the child and the caregiver. This connection allows the child to feel safe in his or her environment. This basic safety works as a secure base from which the child can confidently explore the world around. Attachment is essential for optimal brain development and emotional health, and its effects are felt physiologically, emotionally, cognitively and socially.

Cassidy & Shaver, (2008) argued that when initial attachment is lacking, such children do not develop the ability to form and maintain intimate relationships. They grow up with an impaired ability to trust that the world is a safe place and that others will take good care of them. Children with insecure attachments are hyper vigilant in order to look after their own safety. This means they don't allow others to take care of them, love or nurture them and they become extremely demanding and controlling in response to fear. Emotionally they believe that if they don't control their world they will die. Because these experiences happen so early in life the children have learned these lessons at a preverbal stage and at a biochemical level in

the brain. They also have an unusually high level of stress hormones, which have effect on the way the brain and body develops.

There is remarkable convergence between the concept of attachment and psychoanalytic theory in the work of John Bowlby and Mary Main on the trans-generational transmission of styles of attachment through the consistency of parents' speech concerning their own infancy. Starting from the "secure base" represented by the analyst, the patient can explore the disturbances in his earliest relationships and eliminate their continuation in his interpersonal relations and their transmission to his own children through the expression in narrative form of his emotional experience which is re-expressed in the transference. They came up with four different styles of attachments; coherent, avoidant, involved, and disorganized (Prior & Glaser, 2006).

Although attachment styles tend to occur in the context of some institutions, repeated changes of primary caregiver or extremely neglectful identifiable primary caregivers who show persistent disregard for the child's basic attachment needs result in insecure attachment but that not all children raised in these conditions develop attachment problems (Prior & Glaser 2006).

Also Molander, (2008) argued that having attachment difficulties is not the same as having an attachment disorder. Many adoptive and foster families deal with attachment and bonding issues but that does not mean the child has reactive attachment problems. Neglect and pathological care don't always result in reactive attachment problem and the disorder seems to be uncommon. In another perspective, Mercer (2006) argued that insecure attachments is most often used to describe emotional and behavioral problems of young children, but is sometimes applied to school-age children or even to adults. The specific difficulties implied depend on the age of the individual being assessed and a child's attachment-related behaviors may be very different with one familiar adult than with another, suggesting that the problem is within the

relationship and interactions of the two people rather than an aspect of one or the other personality.

There are currently two main areas of practice relating to the definition and diagnosis of insecure attachment behaviors. The first main area is based on scientific enquiry, is found in academic journals and books and pays close attention to attachment theory. It is described in International Classification of Diseases (ICD-10) as reactive attachment disorder (RAD) for the inhibited form, and disinhibited attachment disorder (DAD) for the disinhibited form. In Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) both comparable inhibited and disinhibited types are called reactive attachment disorder (Cassidy & Shaver, 2008; Mercer 2006).

Prior & Glaser, (2006) argued that the absence of officially recognized diagnostic criteria, and beyond the ambit of the discourse on a broader set of criteria discussed above, the term insecure attachment has been increasingly used to refer to a broader set of children whose behavior may be affected by lack of a primary attachment figure, a seriously unhealthy attachment relationship with a primary caregiver, or a disrupted attachment relationship. Although there are no studies examining diagnostic accuracy, concern is expressed as to the potential for over-diagnosis based on broad checklists and 'snapshots'. This form of therapy, including diagnosis and accompanying parenting techniques, is scientifically invalidated and is not considered to be part of mainstream psychology despite its name, to be based on attachment theory with which it is considered incompatible. It has been described as potentially abusive and a pseudoscientific intervention that has resulted in tragic outcomes for children.

A common feature of this form of diagnosis within attachment therapy is the use of extensive lists of symptoms which include many behaviours that are not related to attachment, or to any clinical disorder at all. Such lists have been described as wildly inclusive. The American Professional Society on the Abuse of Children (APSAC) Taskforce (2006) gives

examples of such lists ranging across multiple domains from some elements within the DSM-IV criteria to entirely non-specific behavior such as developmental lags, destructive behaviors, refusal to make eye contact, cruelty to animals and siblings, lack of cause and effect thinking, preoccupation with fire, blood, poor peer relationships, stealing, lying, lack of a conscience, persistent nonsense questions or incessant chatter, poor impulse control, abnormal speech patterns, fighting for control over everything and hoarding of food. The APSAC Taskforce, (2006) expresses concern that high rates of false positive diagnoses are virtually certain and that posting these types of lists on web sites that also serve as marketing tools may lead many parents or others to conclude inaccurately that their children have attachment problems (Chaffin, 2006).

Thus, there is a lack of consensus about the precise diagnoses of 'insecure attachment behavior although there is general agreement that such problems only arise following early adverse care-giving experiences (Cooper et al 2007). Many leading attachment theorists, such as Zeanah and Leiberman have recognized the limitations of the DSM-IV-TR and ICD-10 criteria and proposed broader diagnostic criteria. There is yet no official consensus on these criteria. The APSAC Taskforce recognized in its recommendations that insecure attachments extending beyond RAD are a real and appropriate concern for professionals working with children to set out recommendations for assessment is important (Chaffin, 2006).

Boris and Zeanah (2005), have offered an approach to insecure attachment styles that considers cases where children have had no opportunity to form an attachment, those where there is a distorted relationship, and those where an existing attachment has been abruptly disrupted. This would significantly extend the definition beyond the ICD-10 and DSM-IV-TR definitions because those definitions are limited to situations where the child has no attachment at all or no attachment to a specified attachment figure.

No list of symptoms can legitimately be presented but generally insecure attachment refers to the absence or distortion of age-appropriate social behaviors with adults. For example, in a toddler, insecure attachment behavior could include a failure to stay near familiar adults in a strange environment or refuses to be comforted by contact with a familiar person, whereas in a six-year-old insecure attachment behavior might involve excessive friendliness and inappropriate approaches to strangers.

Insecure attachment is therefore a broad term intended to describe problems of mood, behaviour, and social relationships arising from a failure to form normal attachments to primary care giving figures in early childhood resulting in problematic social expectations and behaviours. Such a failure would result from unusual early experiences of neglect, abuse, abrupt separation from caregivers after about six months but before about three years, frequent changes of caregivers or excessive numbers of caregivers, or lack of caregiver responsiveness to child communicative efforts. A problematic history of social relationships occurring after about age three may be distressing to a child, but does not amount to insecure attachment (Chaffin, 2006).

2.3.1 Types of Attachment Styles

Although nearly all children form attachments of some kind during infancy, the strength and equality of those attachments vary greatly. Ainsworth and her colleagues in Mcheod (2008), demonstrated that the sensitivity of the caregiver is a critical determinant in the quality of the child's attachment. When a caregiver responds to the baby's needs promptly, appropriately, and consistently, the child tends to develop a 'secure attachment'. That is, the infant comes to expect that the caregiver will be available and responsive, quickly and effectively remedying any distress the child may experience. In contrast, a baby whose caregiver cannot be counted on for comfort when it is needed develops 'anxious attachment'. Such caregivers are emotionally indifferent or even rejecting toward the baby, often showing

their feelings in an intrusive, over controlling style of care that totally ignores the infant's needs. Others try to respond to the baby some of the time, but at other times fail to do so, only adding to the child's distress.

Ainsworth as cited in Mcheod (2008), proposed the experimental paradigm of the "strange situation," which could be used in the laboratory or at home to study the reactions of infants over a year old to the presence of a stranger followed by a short separation and reunion. It was used to classify attachment behavior with either of the parents into types: secure attachment (type B) against various insecure attachments (anxious-avoidant, or type A; anxious-resistant, or type C; and disorganized, or type D).

Thus, attachment style or pattern refers to the various types of attachment arising from early care experiences called secure, anxious-ambivalent, anxious-avoidant, (all organized), and disorganized. Some of these styles are more problematic than others although they are not disorders in the clinical sense but are sometimes discussed under the term 'attachment disorder'.

1. Secure Attachment Style

Ainsworth as cited in Mcheod (2008), described the securely attached child as one who rests comfortably in mother's arms and makes good eye contact with child. Eye contact between mother and child is reciprocal and both of them feel at one. When mother leaves the child and separation occurs, the child feels distress. When mother returns, the child is delighted to see the mother and the mother is delighted to see the child. The child will quickly settle into mother's arms and refuel. The child will be ready for a nap or will be ready to venture into the world until he tires and is ready to refuel again. This process will be repeated thousands of times until object constancy is attained. A child who seeks primary caregiver when distressed is easily comforted; can become absorbed in play; is curious and responsive to environment.

Lynette, Judith & Love (2011), argued that secure attachment is the strongest type of attachment. A child in this category feels he can depend on his parent or caregiver, he knows that that person will be there when he needs support and knows what to expect. The secure child usually plays well with other children of his age. He may cry when his mother leaves but will settle down if a friendly adult is there to comfort him. When parents pick him up from childcare, he is usually very happy to see them but may have a hard time leaving childcare. This can be confusing if the child was upset when the parents left at the beginning of the day but it does not mean that the child is not happy to see the parents.

Welch, (2011) summarized the features of child with secure attachment as competent, self-confident, resilient, cheerful much of the time, anticipating people's needs (not from a co-dependent place), empathic, humorous, playful, tries harder in the face of adversity; not vulnerable to approach by strangers because won't go to strangers, good self-esteem, achieving, able to use all mental, physical, emotional resources fully, responsive, affectionate, able to make deep commitments as appropriate, able to be self-disclosing as appropriate, able to be available emotionally as appropriate, able to interact well with others at school and in jobs/careers, likely to be more physically healthy throughout life, self-responsible, giving from a "good heart" place of compassion, has true autonomy, no co-dependent self, because of well-developed internal modulation system, less likely to turn to external devices (addictions) to modulate affect.

2. Ambivalent Attachment Style

Ambivalence (not being completely sure of something) is another way of showing that a child may be insecurely attached to his parents. Children who are ambivalent have learnt that sometimes their needs are met and sometimes they are not. They notice what behaviour got their parents' attention in the past and use it over and over. They are always looking for that feeling of security that they sometimes get. Ambivalent children are often clingy, they tend to

act younger than they really are and may seem over-emotional. When older preschoolers or early-elementary children want an adult's attention, they might use baby talk or act like a baby. Ambivalent children often cry, get frustrated easily, and love to be the center of attention. They get upset if people aren't paying attention to them and have a hard time doing things on their own. They seem to latch onto everyone for short periods of time and have a very hard time letting parents go at the beginning of the day and the crying may last a long time (Lynette, Judith & Love, 2011).

Dicke, (2011) sees these children alternating between seeking proximity and resisting contact; they have problems directing attention to the environment; anxiety and fear is prominent. As they grow older, the insecure ambivalent child is likely to be clinging and shadowing with adults; whiny, dependent and demanding; eager to please; intrusive on adult space; pouty when limits are set; have excessive separation problems and lack confidence. They easily feel rejected or betrayed and exhibit regressive or immature behaviors when craving for love or affection. Although they are likely to sabotage the relationship when parents are feeling emotionally close the child tries to engage the parent through manipulation when the latter is distant.

Welch, (2011), described the anxious/ambivalent insecure attachment as being resistant that the child is clingy, sometimes rebuffing, or clingy and rebuffing, tense a lot (the physiology of stress = the physiology of separation), impulsive; the mother's presence modulates the child's physiological state which helps them control their behavior, passive, defeatist - not trying harder in face of adversity, volatile temper tantrums, difficulty making commitments and following through, difficulty in school and at work, irritable, reactive, more likely to engage in high risk activities (takes up more dangerous hobbies), more likely to depend on external modulation devices to control affect, more likely to develop a co-dependent

way of giving and relating to others (I'll take care of you, if you'll take care of me), not fully self-responsible, at risk for more physical illness throughout life.

3. Avoidant Attachment Style

These children are insufferable and cry constantly because their mothers drive them crazy. Their mothers miss many cues as to the needs of their children and consequently, the children are constantly frustrated. Frequently, these mothers are alternatively abandoning or intrusive. They may need to control their children for their own narcissistic gratification by intruding on them when the child does not want to be intruded upon. Or they alternatively ignore the child when he has a legitimate need to be met. These children are very angry, anxious and depressed. They frequently become personality disordered, borderline or narcissistically disordered delinquents (Ainsworth as cited in Mcheod, 2008).

These children are friendlier with strangers than with parents; they do not look to caregivers for comfort; they pay more attention to the environment than to people. Gradually they become hostile and distant with peers and teachers alike, socially isolated, less compliant with rules, and more expressive of negative emotions. As they grow older, these children are frequently very independent; sullen and oppositional; not likely to seek help when injured or disappointed; angry and distant; lacking in empathy; omnipotent in their approach to the world and rejecting of nurturing. Avoidantly attached children are disproportionately represented in samples of abused or neglected children.

Dicke, (2011) postulated that avoidant attachment style is characterized by anxiety and fright within the child because he does not feel safe when he attempts to secure attachment with mom. Mom may well be anxiously avoidantly attached herself and doesn't trust physical closeness. The child is aware of her discomfort and tends to keep the mother at a distance, thereby preventing the child from being injured should he attempt to attach and be rejected. He however, does not allow the mother to get too far away lest his abandonment anxiety become

too great and he should panic. This attachment style keeps the child in tension all of the time but prevents him from having an acute anxiety attack should too much separation occur or narcissistic injury should he be rejected.

Welch, (2011) enumerated the problem behavior of the avoidant attachment child as actively hostile, bullying, whiny, needy but distant, compulsively self-sufficient - "I don't need you", not able to give and take but can take in negative ways, cannot receive as part of reciprocal cycle, unable to make commitments, isolating/withdrawing, difficulty developing and maintaining good relationships, can go as far as to be sociopathic - a "user/taker" in the world, blames others for self-mistakes, unable to show affection, easily angered, takes others' actions personally and may seek revenge, often depends on external modulation devices to control affect (esp. alcohol/drugs), often engages in dangerous hobbies; prone to physical illnesses throughout life.

Avoidant children have learned that depending on parents will not get them that secure feeling they want, so they learn to take care of themselves as such they may seem to be too independent, they do not often ask for help, but they get frustrated easily. They may have difficulty playing with other children of their age and may be aggressive at times. Biting, hitting, pushing, and screaming are common for many children, but avoidant children do those things more than other children. Avoidant children usually do not build strong relationships with caregivers in their childcare setting they don't complain when the parents leave them, and they usually do not greet them when the parents return. They know that the parents have returned, but it is almost like they want to punish them by ignoring them (Lynette, Judith & Love 2011).

Research suggests that there are possible connections among perceived child-rearing practices with parents' attachment styles, endorsed cultural values and self-construal. Children whose parents are neglectful develop the sense that other aspects of the parents' lives are more

important than they are. Many children of this parenting style often attempt to provide for themselves or halt depending on the parent to get a feeling of being independent and mature beyond their years. Thus, parents and their children, often display contradictory behavior. Children become emotionally withdrawn from social situations. This disturbed attachment also impacts relationships later on in life. In adolescence, they may show patterns of truancy and delinquency.

Attachment problems can result from poor parenting; abuse, neglect, insecure or interrupted attachment, or poor foster placements. Maltreatment itself is associated with insecure attachment organization, poor emotional and behavioral self-regulation, and problems in development of the autonomous self and self-esteem. Toxic and traumatic events directly affect brain development, as neuronal connections do not form well when stress hormone levels are high (Pearce & Pezzot-Pearce, 2007; Perry, 2001).

Beckman-Weidmen, (2006); Gill, (2007); Schofield & Beek, (2005) believe that children in foster care appear to be at increased risk for attachment problems due to early pathological care such as abuse and neglect. When a child comes into a foster/adoptive home, he may have already lived in several different homes with many, ever changing adults taking care of them. The lack of steady, reliable caregiver in their life can cause the child to have trouble learning to trust people. The child in foster care with attachment problems cannot form bond with his foster caregiver, he only knows that people come and go, and it's not safe to love and trust anyone. The young infant has never learned the security that lies in the arms of a consistent caregiver. It can be very frustrating for both the foster parent and the child. Sheperis, Renfro-Michel, & Doggett (2003) illustrated that foster children with attachment problems are often not accurately diagnosed and that improper diagnosis may prevent attachment problems in foster children from being addressed. And that while a foster child of any age can have attachment problems, so far experience has only been with infants.

One common myth about attachment problem is that if a child is foster care as an infant, then he or she will not have any attachment issues. The reason behind this is that they will receive the love and nurturing that they need right from the start. It is true that the younger a child is at the time of adoption, the less likely that child is to experience severe attachment problems, but it does not eliminate the possibility of attachment problems in the future. This is because attachment problems are not caused by the adoption or the age of the child at the time of adoption. Early interruption or poor quality of attachment often underlies many of the behavioral problems of children in foster care (McCutcheon, 2010; Harden, 2004 & Leslie et al., 2005).

Attachment problem is caused by the shame that the child internalizes as a result of the perceived abandonment and rejection from the birth mother. When a birth mother chooses not to raise her child, the child experiences abandonment and rejection and will come to the conclusion that he/she was not good enough for the birth mother or that he/she is unlovable. This is the beginning of shame. When the child is very young and is receiving the love and nurturing needed from his or her adoptive parents, the shame may not come out. As the child gets older he/she will begin to have questions about why the birth mother chose not to raise him/her. If these issues have not been addressed and resolved effectively during adoption, the result will be attachment problems.

Ellis, (2009) argue that these issues of attachment problems as a result of abandonment and rejection can appear at any time, but there appears to be a few key developmental stages when they are likely to appear. The first is when the child begins school, he is beginning to discover who he is apart from his mom and dad. As he goes through this discovery process, his insecurities due to shame may arise. Another stage that attachment may first arise is at the beginning of adolescence. As the child moves into adolescence, which is already a time of insecurity, the questions about why he wasn't good enough for the birth mom may become

more consuming, causing greater insecurity and attachment problems. Finally, as the child becomes an adult and begins to think about a life partner and raising children, the shame may arise and cause difficulties.

2.2.3 Concept of Early childhood Education.

Early childhood education as contained in the National Policy on Education (NPE, 2004) is the education given in an educational institution to children prior to their entering the primary school. Maduewesi as cited in NTI, (2009) defines early childhood education as a semi-formal education arrangement, usually outside the home, whereby young children from about the age of three are exposed, through play-like activities in a group setting, to mental, social and physical learning suited to their developmental stage, until the mandatory age of government approved formal schooling.

Encyclopedia America defines early childhood education as “a form of education for children three to five years of age prior to their entry into the first elementary grade”. Akinola (2004) sees it as the education given in an educational institution to children aged three to five plus prior to entering the primary education.

Heffernan as cited in NTI (2009) said that it is an educational programme designed for pre-school children and aimed at training them for operation and mutually helpful living, and to foster in them consciousness of interdependence. To him, early childhood education covers Nursery school education and Kindergarten education. Such an educational programme may be home-based or centre-based.

Browing, (2006) maintained that early childhood education is an activity that takes place before the school age. In this case preschool is a part of early childhood education. The aim of early childhood education is a versatile development of child’s personality. Besides education and teaching, early childhood education also includes a basic care. Early childhood

education should help a child to be ready and mature for a smooth transfer to school. Ojala as cited in NTI (2009) defines early childhood education as an inter-active process in the sphere of life at home, day care and preschool that is purposefully aimed at an all-encompassing personality development of between the ages from 0 to 6 years. Care, education and teaching in early childhood education are integrated into one functional entity.

Education begins from the moment the child is brought home from the hospital and continues on when the child starts to attend playgroups and kindergartens. The learning capabilities of humans continue for the rest of their lives but not at the intensity that is demonstrated in the preschool years. With this in mind, babies and toddlers need positive early learning experiences to help their intellectual, social and emotional development and this lays the foundation for later school success.

2.2.3.1 Types of Early Childhood Education

Several other terms used to describe early childhood education include nursery school, pre-primary and pre-school. Early childhood education is also referred to as Nursery or Pre-school Education. Available literature on early childhood education reveals that there are three types of early childhood education; day care, nursery school and kindergarten.

1. Day Care Education

Day Care Education is an early childhood educational programme for children of ages 2 years and below given in day care centres and homes. Traditionally, day care centres and homes are places where children of age 2 years and below are kept and looked after by nannies, Akinola (2004). They are centres or homes where children of working class mothers are looked after while their mothers are at work. The children are normally dropped in the morning by their mothers on their way to work, and picked later in the day or after office hours. The children are taken to the center along with their daily feeds and clothing.

Most day care centres or homes operate half-day programmes. Because of the age of the children who attend day care centres and homes no emphasis is placed on formal teaching and learning. The major activity that goes on in such centres and homes revolve around meeting the physical needs of the children. Thus, most staff of day care centres and homes are untrained nannies. Their major work includes feeding the children when hungry, changing their nappies, putting them to bed and other activities that centres around the physical and emotional needs of the child in the absence of the mother.

Evans in NTI, (2009) however observed that times are changing in the traditional function of day care centres and homes. Many countries and especially in the United States is gradually giving way for a broad services approach. According to Evans, it is now very common, especially in the United States to hear people talk of Developmental Day Care Centres instead of just “Day Care Centres”.

In Nigeria for instance, day care centres and homes have gone one step forward by bringing some basic educational services to their traditional function of meeting the physical and emotional needs of children in their custody. The educational activities however centre around simple language development. If you visit some of the day care centres for example, you are likely to hear Nannies teaching the children simple things like the names of objects, words like food, water, come, sit down, stand up, mummy, daddy and so on. As a result of this development many day care centres now employ semi-literate Nannies. Presently in Nigeria most of the day care centres and homes are operated by private individuals and they are therefore profit oriented.

2. Nursery School Education

Nursery education is an early childhood educational programme offered to children of ages three-to-five years. In Nursery school, individual children are provided with a variety of learning activities, materials and experiences suitable to their level of development and

developmental needs. Nursery school education is probably the most prevalent form of early childhood education dating back to the early part of this century (Casper, 2009).

Akinola, (2004) traced the Nigeria Nursery Education back to the colonial days when pre-school education was the exclusive preserve of the colonial officials. Today, Nursery schools are found all over the place. Such schools are found on the campuses of our colleges and universities, in churches, mosques and homes. Some are commercially operated while others are non-profit.

However, a greater percentage of nursery schools in Nigeria are operated by private individuals and organizations and therefore profit-oriented. Some nursery schools admit three to four or to five-year-old children; others admit only four year old children. Thus in some nursery schools, children spend up to three years before going to primary school while in others, children spend only two years before going to primary school. Some operate full day programmes, but most of them operate half-day programmes for five days in a week. In essence, variation in the operation of the programme is a rule rather than the exception. In theory, the objectives of all the nursery schools existing in Nigeria are not grossly different. On the other hand, the actual procedures of running the schools are not uniform.

In spite of the differences in the operational procedures of the so many nursery schools most operators of nursery education recognize and keep to the importance of basic socialization, and the child's physical health needs. In most of these schools, emphasis is placed on fantasy-play to promote sensory-motor and emotional development. Nursery school educators have long realized that it is only through organized and free play that a child learns to know himself and his capabilities, and the realities of his social existence, Evans in NTI, (2009). Play also provides children the medium through which aesthetics and self-expression activities may be expressed.

Apart from the responsibility nursery schools assume for the physical well-being of children, they are also concerned with their social and intellectual development. Consequently the curriculum of most nursery schools consists of group activities such as games, dances, singing, listening to stories, colouring, cutting, and other activities that the teacher may initiate Lefrancois in NTI, (2009). This means that there should be good rapport between the teacher and each child to foster self-confidence, and be comfortable with self. This will help the child to feel secured. Therefore the teacher-child relationship is a critical factor in nursery schools (Qswalt, 2008).

However, a visit to most nursery schools around the country will reveal that classes are overcrowded and with very few teachers. Such conditions are not healthy for children's development. It was suggested that nursery groups should not exceed twenty (20) children, for four-year old and not more than fifteen (15) children per group, in a room for two and three-year-olds. This assumes further that at least two teachers should be available for constant supervision within such groups.

Apart from preparing the children for formal primary education, nursery school education is of immense benefit to them in the area of social development. Walsh in NTI (2009) observed that nursery education helps beneficiaries to become more confident of themselves, more spontaneous, less inhibited, more independent, more self-reliant and more interested in their environment compared to pre-school children who did not receive nursery education.

3. Kindergarten Education

The word "Kindergarten" is a German word for "garden of children" and thus portrays the original analogy of children as garden plants to be nurtured carefully. Kindergarten, entering-class level of elementary school or the last year of preschool are all the same. Kindergarten programs emphasize creative play, social interaction, and natural expression.

They also teach social skills and provide children with an academic foundation for first grade (Casper, 2009).

Kindergarten pupils are typically four or five years of age. In class, they are introduced to the alphabet, numbers, and colors; they study their bodies, their families, and their communities; they listen to stories read aloud; they make art projects; they participate in skits and dramatic productions; and they learn about holidays, plants, animals, and other topics in science and social studies. Some kindergartens also teach introductory reading and mathematical skills. Kindergartens strive to offer children a foundation for the development of social skills, self-confidence, motivation, and cognition (the process of knowing) (Jeffery, 2006).

The idea of Kindergarten can be traced back to the philosophy of Frederick Froebel (1782– 1852). Froebel's interest in the education of the pre-school child and the training of young, single women to teach young children were contributions of lasting importance to the concept of Kindergarten (Evans, NTI (2009)). Froebel established his first school for young children in Germany in 1837. The school was child-centred. Froebel's child-centered orientation greatly influenced his successors and provided, at least in theory, the backbone of modern nursery and kindergarten education. The concept of kindergarten as a matter of regular public school experience however, was not formalized until several years after Froebel's death (Oswalt, 2008).

In Nigeria Kindergarten education is an integral part of Nursery education and its history can be traced to the colonial days. Kindergarten education was generally restricted to five-year old children, and they spend one year in activities in readiness for formal primary school education. According to Akinola (2004) most Kindergartens operate half-day sessions. Like in the Nursery schools, the teacher-children ratio is very important. Class groups of over

twenty five children are directly antithetical to the principle of individual differentiation, which is very basic to the general philosophy of Kindergarten education.

Although the objectives of Kindergarten education may vary in their specific terminology from school to school, there are certain general growth objectives that are common to all. These include sociability, aesthetics, sensory-motor development, and achievement motivation. Headley as cited in NTI (2009) also suggested that some of the functions of Kindergarten education are to assist children achieve the followings:

- (i) Friendliness and helpfulness in relationships with other children.
- (ii) Greater power to solve problems based on individual activities and group relationships.
- (iii) Respect for the rights, property, and contributions of other children.
- (iv) Responsiveness to intellectual challenge.
- (v) Achievement of good sensory-motor coordination.
- (vi) Understanding of concepts necessary for the continued pursuit of learning.
- (vii) Responsiveness to beauty in all forms.
- (viii) Realization of individuality and creative propensities.

2.3 Theoretical Framework

The study is guided by theories on the following:

2.3.1 Theories on Parenting Practices

Theories in psychological literature are linked, interrelated or seen as extension of existing theories; this is promoted by research and the need to understand more and more the human and animal behavior. Psychological phenomenon like ‘parenting’ has been a topic of concern and for continuing research due to its prominent position and effect on the smallest unit of the society, the family and consequently the society at large. Parenting theory originated from theories of basic and modal personality patterns, psychoanalysis, and cross-cultural comparisons (Caplin, 2007).

Darling & Steinberg; Crittenden, Chan & Koo (2008) put forward the following theories:

1. Ferberization Theory

The advocates of this theory led by Dr. Richard Ferber believe that if a child is well fed, clean and otherwise healthy or not in pain, then he/she ought to be able to sooth him/herself to sleep on his/her own. Holding him/her all night long might result in an attached and spoiled child (eHow.com, 2012). This theory is important to this study in the sense that the theory is advocating for attending to only the physical needs of the child while neglecting the emotional aspects of the child's needs.

2. Attachment Parenting Theory

The advocates of "attachment parenting" believe that it is impossible to spoil a baby and that the most important thing you can do for your child is to help him/her feel secure. The attachment parenting suggests the following: sleep next to baby; wear baby close to the body; cuddle, snuggle and kiss the baby; always respond to crying and follow baby's lead when it comes to a sleeping schedule. This theory as opposed to the Ferberization theory has placed importance of emotional bonding between the child and caregiver that leads to secure based attachment as proposed in this study.

One criticism of attachment parenting is that it can be very strenuous and demanding on parents. Without a support network of helpful friends or family, the work of parenting can be difficult. Warner (2008) contended that a culture of total motherhood, which she blames in part on attachment parenting, has led to an age of anxiety for mothers in modern American society. Sociologist Sharon Hays argues that the ideology of intensive mothering imposes unrealistic obligations and perpetuates a double shift life for working women.

3. R.I.E. Parenting Theory

R.I.E. stands for Resources for Infant Educators. The theory suggests that in his natural state a child is learning and will do so if left alone. Parents should stay out of the way and allow the child to develop at his own pace. They should also not force a child into an unnatural position, which is one that he would not naturally get into on his own. For example, your baby might learn to crawl by watching an older child crawl and following her lead, but you shouldn't try to help him by placing a towel under his chest. Modeling is great, but doing things for the child is a no-no.

What may be right for one family or one child may not be suitable for another, with attachment and R.I.E. parenting theories on opposite sides of the spectrum, most conventional and modern models of parenting fall somewhere in between. The model or style that parents employ depends partly on how they themselves were reared, what they consider good parenting, the child's temperament, their current environmental situation, and whether they place more importance on their own needs or whether they are striving to further their child's future success.

2.3.2 Theories on Children's Attachment Styles

Attachment parenting theory describes the dynamics of long-term relationships between humans. Attachment theory is an interdisciplinary study encompassing the fields of psychological, evolutionary, and ethological theory (Cassidy, 2008)

The concept of infants' emotional attachment to caregivers has been known anecdotally for hundreds of years. From the late 19th century onward, psychologists and psychiatrists suggested theories about the existence or nature of early relationships. Early Freudian theory had little to say about a child's relationship with the mother, postulating only that the breast was the love object. Freudians attributed the infant's attempts to stay near the familiar person to motivation learned through feeding and gratification of libidinal drives. In the 1930s, British

developmental psychologist Ian Suttie suggested that the child's need for affection was a primary one, not based on hunger or other physical gratifications. William Blatz, a Canadian psychologist and teacher of Mary Ainsworth, proposed that the need for security was a normal part of personality, as was the use of others as a secure base. Observers from the 1940s onward focused on anxiety displayed by infants and toddlers threatened with separation from a familiar caregiver (Thompson, 2008; Prior & Glaser; 2006).

Origin of Attachment Theory

Drawing on concepts from ethology, cybernetics, information processing, developmental psychology, and psychoanalysis, John Bowlby formulated the basic tenets of attachment theory. Psychologist John Bowlby was the first attachment theorist, describing attachment as a "lasting psychological connectedness between human beings". Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival (Bowlby, 1969). The major components of attachment are four:

- **Safe Haven:** When the child feels threatened or afraid, he or she can return to the caregiver for comfort and soothing.
- **Secure Base:** The caregiver provides a secure and dependable base for the child to explore the world.
- **Proximity Maintenance:** The child strives to stay near the caregiver, thus keeping the child safe.
- **Separation Distress:** When separated from the caregiver, the child will become upset and distressed.

In 1970's psychologist Mary Ainsworth expanded greatly upon Bowlby's original work. Her groundbreaking "Strange Situation" study revealed the profound effects of attachment on behavior. In the study, researchers observed children between the ages of 12 and 18 months as they responded to a situation in which they were briefly left alone and then reunited with their mothers (Cherry, 2012). Based upon the responses the researchers observed, Ainsworth described three major styles of attachment: secure attachment, ambivalent-insecure attachment and avoidant-insecure attachment. Later, researchers Main and Solomon (1990) added a fourth attachment style called disorganized-insecure attachment based upon their own research. A number of studies since that time have supported Ainsworth's attachment styles and have indicated that attachment styles also have an impact on behaviors later in life.

1. Ethological Theory

According to the ethological view, babies are biologically prepared to contribute actively to establish a bond with their caregivers this promotes the chances for their individual genes to survive. Since ethologists believe that children's behaviors can be best understood in terms of their adaptive value, they seek a full understanding of the entire organism-environment system, including physical, social, and cultural aspects (Hinde, 1991). Although ethology emphasizes the genetic and biological roots of development, learning is also considered important because it lends flexibility and adaptiveness to behaviour.

Ethological theories and methods have played an important role in the formulation and development of John Bowlby's theory of attachment in humans. This theory was originally developed to explain the behavior of children who had been separated from their mother and raised in a nursery during the Second World War, and was greatly influenced by Lorenz's ideas about imprinting. Attachment theory postulated by Bowlby is analogous to the filial behavior system in young birds. In both cases, the newborn infant or chick possesses a number of behavior patterns that keep it in contact with the parent (or other caregiver) and that attract

the attention of the parent in the parent's absence. Furthermore, both infant and chick must learn the characteristics of the parent, which is considered to be the formation of a bond between the two. Factors influencing the formation of the bond are also similar, including all the factors we have discussed above such as length of exposure, sensitive periods, irreversibility, and predispositions. Studying the importance of these factors in the human situation has resulted in a large body of literature, some of which has supported the theory and some not Rutter, (2002, 2008). The theory itself has been modified to take these results into account, and has also been expanded to include development of attachments throughout life.

2. Psychosocial Theory

Erikson as cited in Cherry, (2014) believed that personality develops in a series of stages. He described the impact of social experience across the whole lifespan based on the ego identity theory which states that 'the conscious sense of self can be developed through social interaction'. According to Erikson our ego identity is constantly changing due to new experience and information we acquire in our daily interaction with people around us. Each stage in Erikson's theory is concerned with becoming competent in an area of life. If the stage is handled well, the person feels a sense of mastery which he sometimes referred to as ego strength or ego quality. If the stage is managed poorly, the person emerges with a sense of inadequacy.

The first stage in psycho-social theory is the most fundamental stage in life because at this stage the infant is utterly dependent. The development of trust which is the main task at this stage is based on the dependability and quality of care-giving the child gets. If the child successfully develops trust, he or she will feel safe and secure in the world. Caregivers who are inconsistent, emotionally unavailable or rejecting contribute to feelings of mistrust in children in their care. Failure to develop trust will result in fear and a belief that the world is inconsistent and unpredictable (Wortman, Loftus & Weaver, 1999). Attachment theory also

postulates that inconsistent, emotionally unavailable and rejecting caregiver result to insecure attachments (mistrust) in children.

Supporting the psychosocial theory, Horney, (1999) argued that humans have basic need for love and security and become anxious when they feel isolated and alone. She argued that adult personality is largely shaped by childhood experiences; she focused on relationship with parents and described what she called basic anxiety as a situation where parents are indifferent, disparaging and erratic, the child feels helpless and insecure. The resultant reaction of such a child towards the parents is deep resentment or what she called basic hostility. The hostility cannot be displayed directly but will be repressed resulting into feeling of unworthiness and anxiety. Consequently, the child developed to be a neurotic adult who adopts one of the three modes of social interactions; moving towards others (compliant, always anxious to please in order to seek for affection and approval), moving against others (attempting to find security through domination) and moving away from others (attempting to find security by becoming aloof and withdrawing, refusing to allow close relationships). All these self-protective strategies are indication of many interpersonal problems experience in early childhood (Wortman, Loftus & Weaver, 1999; Bufka & Barlow, 2009).

This theory is in consistent with attachment theory because lack of attachment early in life can produce anxiety in children, the anxiety results in different insecure attachment styles with various behaviour problems. Thus, this theory can form the basis for carrying out the present study.

Erikson as cited in Cherry (2014) also used Freudian theory to explain how parenting practices affect societal functions. Erikson claimed that adult struggles have their root in issues of infancy. Erikson maintained that Freud's developmental theories were extremely legitimate, and in fact influenced entire cultures. He believed that central to the development of children was the desire for intimacy and dependency. He claimed that repression of that core desire was

that vehicle for human development, but only if that repression had a meaningful basis in the particular society (or was a source of cultural meaning). That a culture had a collective goal and that the unity of beliefs and values directed the society in question toward that collective goal. He believed that this was the motor for structuring cultural personalities. He believed that the progress of entire societies was based on Freud's developmental stages.

Some problems with Erikson's theory are that he emphasizes uniformity of personalities throughout societies, and he does not leave much room for different personalities being present. Another problem is in his assumption that certain attitudes were inherently more morally right or healthy and that some societies (those which displayed, to him, morally wrong or unhealthy behaviors) were primitive or backward. This is obviously a problem because of the subjectivity involved in what is healthy and especially what is morally right. His analysis proves to be quite ethnocentric and judgmental. However, through his eight stages, he allowed for a change in societies, or at least individuals, throughout time. Also, his analysis leaves room for societies to be affected by other societies through colonialism (Bufka & Barlow, 2009).

3. Object Relation Theory

Object Relations theory, in psychoanalysis is the emotional relations between subject and object which through a process of identification are believed to constitute the developing ego. In this context, the word object refers to any person or thing, or representational aspect of them, with which the subject forms an intense emotional relationship. Object relation theory emphasizes the importance of early attachments to the development of the child's ego, self-image and interpersonal relationships Goldstein, (2001).

The theory postulates that personality development is the product of a person's striving to relate to others in emotionally satisfying ways. The major contributors of the theory Mahler, (1975) charted the process by which infants separate themselves psychologically from their

mothers a process she called 'separation individuation'. According to her, the separation process would determine the child's psychological future. Thus, if the mother hurried the separation process or tried to resist it the child's personality will be disturbed.

Also on the theory Gomez (1997) was interested in the consequences of early parent-child relations. He proposed that when parents acknowledge and praise a child's small successes or reassure the upset child they are building the foundations of strong self-confident ego but when parents fail to provide these supports, personality problems can be develop.

Object relation theory is relevant to this study because it provides evidence on the need for emotional interpersonal relationship between the mother/caregiver (object) and the child which is important for the child attachment and later development in life.

2.3.3 Theories of Early Childhood Education

1. Behaviouristic Theory

Behaviourist theory is based on the nurture theory of development and had its roots in the philosophy of John Locke, who viewed children as arriving in the world as a blank slate. The slate would be 'written on' by those educating the child through a series of rewards and effective use of 'punishment'. Theorists such as Ivan Pavlov, John Watson, B.F. Skinner, and Albert Bandura contributed greatly to the behaviourist /environmentalist perspective of development. Behaviourists believe the child's environment shapes learning and behavior and that human behavior, development, and learning are thought of as reactions to the environment including the family NTI, (2009) This theory serves as the basis in this study for environmental importance the early childhood education especially the family and the ECE centres.

2. Constructivist Theory

The constructivist theorists, Jean Piaget, Maria and Lev Vygotsky believe that learning and development occur when young children interact with the environment and people around

them (Hunt, 1969). Constructivists view young children as active participants in the learning process they believe young children initiate most of the activities required for learning and development that children are ready for school when they can initiate many of the interactions they have with the environment and people around them.

3. Maturationist Theory

The maturationist or nativistic theory was advanced by the work of Arnold Gessell. Maturationists believe that development is a biological process that occurs automatically in predictable, sequential stages over time (Hunt, 1969). Maturationist theory regards development as the inevitable unfolding of events determined internally by the forces of genetics and the neuro maturational processes directed by the genes. This perspective leads many educators to assume that young children will acquire knowledge naturally and automatically as they grow physically and become older (Demarest, Reisner, Anderson, Humphrey, Farquhar, & Stein, 1993). This theory is also relevant to this study as it advocates for readiness in children before being exposed to schooling.

2.4.1 Review of Empirical Studies

This section reviewed empirical findings reported by different studies which are relevant to this topic. Therefore, the review highlighted the findings of relationships between; parenting practices and attachment styles.

2.4.1 Parenting Practices and Attachment Styles

The link between perceived parenting practices and adult attachment styles has been attested to in many studies (de Minzi, 2006; Manassis & Sheldon–Keller, 1999; McCarthy & Taylor, 1999; Mikulincer & Florian, 2001). Secure attachment has demonstrated its association with high care level (e.g. perceived emotional responsiveness, expression of warmth, acceptance and positive reinforcement) and low overprotection level (e.g. encouragement of

independence and a separate sense of identity). In addition, de Minzi (2006) found that parents' acceptance promoted secure attachment and positive outcomes in children. But this study is on parenting practices and early childhood attachment style.

Aldhafri and Al-Harthy (2016) examined the relationship between university students' academic identity and their perceptions of their parents' parenting styles among a sample of Omani students. Marcia's (1993) academic identity statuses are adapted. These are moratorium, foreclosed, diffuse, and achievement. Parenting styles included authoritative, authoritarian, and permissive. The participants were 192 undergraduate students from Oman. The participants responded to Arabic versions of the Academic Identity Status (Was & Isaacson, 2008) and the Parenting Authority Questionnaire (Buri, 1991). The findings showed that parenting styles varied in their relationship with the four statuses of students' academic identity. Using the three parenting styles as predictors in the regression models, the lowest percentage of explained variance among identity dimensions was found for moratorium, while the highest explained variance was found for diffusion.

Avoidant attachment style has often been demonstrated to result from maltreatment and neglect (Wekerle, & Wolfe, 1998). Also, McCarthy & Taylor (1999) found the link between perceived abusive childhood experiences and avoidant adult attachment style. Longitudinal studies show a clear correlation between the speech category of the parent most directly involved with the child and the type of attachment formed by the child. The relation appears clearly during experiences of absence and neglect and the phenomenon of disorganized attachment.

Bartholomeu et al (2016) investigated the relationship between parenting styles and children's social skills, establishing significant correlations between those two constructs. A total of 202 children, 7 to 10 years old, male and female, attending second to fourth year of government schools in São Paulo, Brazil, were participants of this research. They collectively

completed Children's Social Skills Test (THAS-C) and Parental Styles Inventory (IEP). Results suggest that positive parental styles are predictors of altruism, while negative parental styles are predictors of assertiveness, conversation, and social confidence. Regarding general social skills, variables that offered the best probable model were positive monitoring, lax discipline, moral behavior, and physical abuse (the higher the general social skill, the lesser the abusive parenting styles). As a conclusion, it seems that different social skills are related to positive and negative parenting styles, reinforcing the idea of a social skill as an attribute of behavior.

van Brakel, (2005) examined the reciprocal connections among temperament, attachment, and rearing style, and their unique and interactive relations to anxiety symptoms. Six hundred forty-four (644) non-clinical children aged 11–15 years (mean age = 12.7 years) completed questionnaires measuring behavioral inhibition, attachment, parental rearing behavior, and anxiety symptoms. Results indicated that there were small to moderate positive correlations among various risk factors. Furthermore, modest but significant positive correlations were found between behavioral inhibition, attachment quality, and anxious and controlling rearing behaviors on the one hand, and anxiety scores on the other hand. That is, higher levels of behavioral inhibition, insecure attachment, and parental control and anxious rearing were associated with higher levels of anxiety symptoms. Finally, behavioral inhibition, attachment quality, parental control and anxious rearing each accounted for a small but unique proportion of the variance of anxiety disorders symptomatology. Little support was found for interactive effects of these vulnerability factors on childhood anxiety.

Eroğlu, (2016) examined relationships between attachment styles and relational self-construal. The study was carried out with 376 students (223 male, 153 female) enrolled in different faculties of Bayburt University. The data was collected using the Relationship Scales Questionnaire and Relational-Interdependent Self-Construal Scale. In the study, the

relationships between the attachment styles and the relational self-construal were analyzed via the Pearson correlation analysis. In order to analyze the predictive role of the attachment styles on the relational self-construal, the multiple regression analysis was used. Pearson correlation analysis indicated that the relational self-construal was positively related with the secure and preoccupied attachment styles, but negatively related with the dismissive and fearful attachment styles. According to the multiple regression analysis results, the dismissive, preoccupied and secure attachment styles accounted for 17% of the variance in the relational self-construal. Furthermore, the relational self-construal was predicted positively by the secure and the preoccupied attachment styles, but negatively by the dismissive attachment style.

In a randomized intervention study involving 130 families with 6-month-old adopted infants, two attachment-based intervention programs were tested. In the first program, mothers were provided a personal book, and in the second program mothers received the same personal book and three home-based sessions of video feedback. The third group did not receive intervention (control group). The intervention with video feedback *and* the personal book resulted in enhanced maternal sensitive responsiveness ($d = .65$). Children of mothers who received this intervention were less likely to be classified as disorganized attached at the age of 12 months ($d = .46$), and received lower scores on the rating scale for disorganization than children in the control group ($d = .62$). In the book-only intervention group children showed lower disorganization ratings compared to the control group, but no effect on the number of infants with disorganized attachment classifications was found. Our short-term preventive intervention program with video feedback and a book lowered the rate of disorganized attachment. The effectiveness of our intervention documents the importance of parenting in the development of infant attachment disorganization (Juffer et al, 2005).

Most recently, Schechter & Willheim, (2010) have shown a relationship between maternal violence-related posttraumatic stress disorder and insecure base avoidant attachment

which is characterized by child recklessness, separation anxiety, hyper-vigilance, and role-reversal. An insecure attachment is, of course a risk factor but with a safe and structured environment, a lot of love and patience and the right help you can break the chain.

Karavasilis, et.al (2005) found associations between parenting practices and quality of child–mother attachment in middle childhood ($n = 202$; grades 4–6) and adolescence ($n = 212$; grades 7–11) were investigated. Participants rated warm involvement, psychological autonomy granting, and behavioural monitoring (Lamborn et al., 1991). Attachment orientation was assessed using the Network of Relationships Questionnaire (Furman & Buhrmester, 1985), Coping Styles Questionnaire (Finnegan et al., 1996), and Relationship Questionnaire (Bartholomew & Horowitz, 1991). Overall, a positive association was found between authoritative parenting (higher scores on all three dimensions) and secure attachment, whereas negligent parenting (lower scores on all three dimensions) predicted avoidant attachment. Moreover, a unique pattern of associations emerged between particular dimensions of parenting and each attachment style. Findings suggest that psychological autonomy may have important implications for children’s views of self, whereas warm parental involvement may play a unique role in their views of the attachment figure. Associations were largely consistent across both age groups.

Davodi et al (2016) studied the relationship between symptoms of eating disorders and worry about body image, attachment styles, and cognitive emotion regulation strategies, among a sample of students at Ahvaz Jundishapur University. The study sample consisted of students of Ahvaz Jundishapur University of Medical Sciences, 2011 - 2012. The research participants were selected with use of multistage random sample from various colleges. Our research tools were the eating attitudes questionnaire (EAT-26), the Worry about body image questionnaire, the attachment styles questionnaire, and a questionnaire on cognitive emotion regulation strategies. Pearson correlation and stepwise regression methods, with inter and stepwise

methods, were used during data analysis. The results of this research indicated that worry about body image, an avoidant attachment style, negative cognitive emotion regulation strategies, and secure attachment style in regression equation remained significant ($P < 0.0001$). Results also showed that worry about body image, an anxious attachment style, an avoidant attachment style, and negative cognitive emotion regulation strategies were significant in the regression equation, predicting 19% of the variance in the eating disorder symptoms. Concerns about body image, an avoidant attachment style, and cognitive strategies to regulate negative emotions were the strongest predictors for eating disorder symptoms. Based on current research findings, an avoidance attachment style, concerns about body image, and negative emotion regulation cognitive strategies increase eating disorder symptoms in students because attachment styles correlate with eating disorders.

Extensive researches linked parenting practices with attachment styles in childhood. For example, in normative samples, children who are securely attached to their mothers engage in more pro-social behaviour and are perceived as more socially competent than insecure children (Sroufe, 2005). They demonstrated higher positive affect and lower negative affect in social interactions than do insecure children. Securely attached children are also rated by their teachers as more empathic and more compliant than unsecured children (LaFreniere & Sroufe, 2005).

Fatahi and Delgoshaei (2014) determined the relation between attachment styles and Spiritual intelligence (SQ) with problem solving ability among girl students of high school. The population under study includes all girl students studying in second course of Tehran high schools in the educational year 2013-14 according to Cochran's sample size formula and utilizing cluster sampling, 300 students were chosen as sample. The present search is correlation type. In this research, three measurement tools including standard and normalized questionnaires of Greenberg attachment styles (2009), Diner SQ questionnaire (2007) and

Hapner and Peterson problem solving questionnaire (1992) are used and the results obtained are analyzed by descriptive statistics (average and standard deviation) and inferential statistics (regression analysis test) were analyzed. While approving research hypotheses, results showed that: Attachment styles have positive influence on students' problem solving ability. Increasing SQ level among students increases their problem solving ability, too.

Magai et al (2000) studied the link between differential attachment styles and differential emotion regulation and ability to cope with stress in samples of young adults. Participants were 800 community-dwelling older European Americans and African Americans ($M = 74$ years) living in a large urban community. Attachment measures included the family and friend intimacy subscales from the Network Analysis Profile and the Relationship Scales Questionnaire. In contrast to findings with younger individuals, where the majority of respondents have been found to be secure (i.e., comfortable with closeness and dependency), the majority of the present sample were found to be dismissing/avoidant (i.e., uncomfortable with closeness, compulsively self-reliant). European Americans scored higher than African Americans on attachment security, whereas African Americans scored higher than European Americans on dismissing attachment. However, the assessment of relatedness based on the Network Analysis Profile, where respondents named their closest kin, indicated that African Americans had higher scores than European Americans, though their networks were smaller.

Similarly, van IJzendoorn, (2008) investigated the infant-parent attachment relationship, as observed in the Ainsworth Strange Situation, and to predict parents' responsiveness to their infants' attachment signals. The result showed a combined effect of 1.62 in the expected direction for the secure vs. insecure split. For a portion of the studies, the percentage of correspondence between parents' mental representation of attachment and infants' attachment security computed resulting percentage was 75% while the 2nd issue showed a combined effect size of .72 in the expected direction.

Tandoni et al, (2013) in a longitudinal study compared parenting practices of preschoolers whose mothers reported smoking during pregnancy and those who did not using a sample of $n = 216$, 3.0- to 5.11-year-old children, participants were separated into those reportedly exposed to smoking in utero and those who were not. Parenting practices were compared between the two groups, using T-tests and exact logistic regressions. Multiple linear regressions and multivariate logistic regressions were used to examine the association between smoking status and parenting, controlling for variables also known to be associated with parenting practices. Findings suggested that smoking during pregnancy is associated with harsh parenting practices. Results highlighted the possible role of parenting in disruptive outcomes well-known in toddlers exposed to nicotine in utero and have implications for targeting early interventions in these populations.

Granot & Mayseless (2001) examined the association between security of attachment and adaptive functioning at school in middle childhood. A sample of 113 children of 4th and 5th grade filled out a self-report measure of attachment security and were administered the Doll Story Completion task modified for use with children in middle childhood to assess the quality and the security of attachment-related representations of the relationship with the mother. According to the latter measure children were classified as secure, avoidant, ambivalent, or disorganised with regard to attachment. Their teachers completed several questionnaires assessing each child's academic achievement, emotional and social adjustment, and frequency of behavioural problems. In addition, each participating class underwent a socio-metric procedure. Findings based on correlations and comparisons of attachment groups indicated that secure children showed better adjustment to school as reflected in teachers' reports of scholastic, emotional, social, and behavioural adjustment, as well as in peer-rated social status. Avoidant and disorganised children showed the poorest adjustment.

Judith et al (2006) reviewed the research findings and conduct a meta-analysis to examine the effect size of maltreatment and insecure attachment across studies. A second goal was to conduct a subpopulation analysis to investigate effect size by type of maltreatment. Following a literature search which yielded 25 articles, we identified eight (80) studies (n = 791) that: (a) consisted of children who experienced different types of maltreatment including cases of malnutrition and failure to thrive, (b) consisted of children under 48 months of age, (c) used the Strange Situation or a modification of it to measure attachment, (d) had comparison groups, and (e) contained sufficient detail to conduct a meta- analysis. Results showed that the maltreated infants were significantly more likely to have an insecure attachment than the controls. A subpopulation analysis by type of abuse was conducted. Overall the findings support the maltreatment/insecure attachment hypothesis. The subpopulation analysis, although extremely small, indicates that different types of maltreatment affect the magnitude of the effect. These findings suggest further investigation into the differential impact by type or multiple types of maltreatment as well as the frequency of events on outcomes.

Bar-Haim, (2010) This study longitudinally assessed associations between secure and ambivalent attachment with mothers, fathers and professional caregivers in infancy, and personal space regulation and perceived interpersonal competence in 64 early adolescents (31 boys, 33 girls). Children classified as ambivalently attached to their mothers and/or professional caregivers in infancy displayed significantly larger permeability of personal space as compared with children classified as securely attached. Attachment classifications with fathers were not associated with personal space behavior at 12 years of age. Children who had an insecure attachment relationship with both the mother and the professional caregiver in infancy displayed smaller personal space boundaries, and tolerated larger intrusions into their personal space as compared with children who had two secure attachments in infancy. Finally,

perceived interpersonal competence was positively correlated with personal space permeability.

A general model of the determinants of parenting was employed to explore the antecedents of the ambivalent attachment pattern in Israel. Specifically, three classes of variables were identified: maternal, infant, and child-care context. Participants were 98 mothers and their infants. This research was part of a longitudinal study on sleep patterns. Mothers filled out questionnaires and were observed with their infants in the Ainsworth Strange Situation laboratory procedure. Mothers of ambivalent infants showed lower education level, higher separation anxiety, and higher parenting stress than mothers of secure infants. Infants' perceived difficult temperament did not discriminate between the two groups. Longer hours spent at work and placement in group day-care were both associated with ambivalent attachment. The findings are discussed in light of the importance of considering distal factors such as maternal attitudes and general caregiving strategy in clarifying the antecedents of attachment patterns (Scher & Mayseless 2003).

About a decade ago, the Adult Attachment Interview (AAI); George, Kaplan, & Main, 1985) was developed to explore parents' mental representations of attachment as manifested in language during discourse of childhood experiences. The AAI was intended to predict the quality of the infant-parent attachment relationship, as observed in the Ainsworth Strange Situation, and to predict parents' responsiveness to their infants' attachment signals. The current meta-analysis examined the available evidence with respect to these predictive validity issues. In regard to the 1st issue, the 18 available samples ($N = 854$) showed a combined effect size of 1.06 in the expected direction = for the secure vs. insecure split. For a portion of the studies, the percentage of correspondence between parents' mental representation of attachment and infants' attachment security could be computed (the .49, = resulting percentage was 75%; $n = 661$). Concerning the 2nd issue, the 10 samples ($n = 389$) that were retrieved showed a

combined effect size of .72 in the = expected direction. According to conventional criteria, the effect sizes are large.

Although a wide array of variables has been found to predict harsh parenting, less is known about the linkages among these variables. It is suggested here that stress reactivity, as reflected in cortisol changes, is an important mediating variable. In a high-risk population, mothers (N = 60) with low perceived power (as measured by the Parent Attribution Test; D. B.) were highly reactive to infants and toddlers with a difficult temperament pattern. In response to such children, they (a) manifested high cortisol reactivity and (b) reported greater use of harsh control practices (e.g., spanking). Cortisol reactivity was found to mediate the observed relationship between the predictor variable (the interaction between maternal "powerlessness" and the child's temperament) and parental harshness (Martorell & Bugental, 2006).

Davison, et.al (2003) using a sample of 180 9-yr-old girls and their parents, examined (a) parents' activity-related parenting strategies and similarities and differences in such strategies for mothers and fathers, and (b) links between activity-related parenting strategies and girls' physical activity patterns. Exploratory and confirmatory factor analyses identified two factors for each parent including logistic support of girls' activity (i.e., enrolling girls in sports and driving them to events) and parents' explicit modeling (i.e., the extent to which parents used their own behavior to encourage their daughters to be active). Mothers reported significantly higher levels of logistic support than fathers, whereas fathers reported higher levels of explicit modeling than mothers. Although mothers and fathers tended to report different methods of support, both methods were associated with higher physical activity among girls. Finally, girls reported significantly higher levels of physical activity when at least one parent reported high levels of overall support in comparison to no parents; no significant differences were identified for support from one versus two parents. Results from this study

indicate the positive contribution that parents can have on activity practices of their young daughters.

Aviezer, (2002) investigated predictive associations of infant attachment to mothers and fathers with later school functioning, beyond the contribution of contemporaneous representations of relationships and circumstances of caregiving, were examined in 66 young adolescents who were raised in infancy in Israeli kibbutzim with collective sleeping. The Strange Situation Procedure was used to evaluate early attachment to mother and father, the Separation Anxiety Test was used to assess contemporaneous representation of relationships, and teachers' reports evaluated school functioning. Circumstances of caregiving included parental reports of quality of marital relations and a change from collective sleeping to home sleeping for children. Results showed that infant attachment to mother, but not to father, contributed significant additional variance to the prediction of children's scholastic skills and emotional maturity beyond the contribution of concurrent representations of relationships and changes in circumstances of caregiving. The results support the secure base construct as an organising concept of longitudinal investigations of attachment.

Frosch, et al (2001) investigated longitudinal associations between infant-parent attachment and parental and toddler behavior during storybook interaction were examined for 131 lower-middle to middle-class families (70 girls; 61 boys). At ages 12 and 15 months, infant-mother and infant-father dyads were videotaped in the laboratory-based Strange Situation procedure to assess attachment. At 24 months, dyads visited the laboratory and were videotaped during storybook interaction. Infants with a history of insecure-resistant attachment with their mothers were less enthusiastic and focused during storybook interaction. Moreover, mothers of insecure-resistant infants were less warm and supportive, more hostile and intrusive, more detached, and less stimulating of cognitive development than mothers of secure or avoidant infants. Disorganized attachment did not predict the quality of storybook

interaction and few attachment-related differences were found when the toddler-father dyad was considered.

Anderson, et al (1981) studied 35 preschool children and their substitute caregivers from day care were observed during the classic strange situation procedures in order to begin to explore children's relationships with substitute caregivers. Differences in attachment, affiliative, and exploratory behaviors in the presence of substitute caregivers versus a stranger were examined in light of differences in the physical quality of centers and the level of caregiver involvement. Results established the importance of differentiating day-care experiences along qualitative dimensions. Differences in contact seeking, distance interaction, and exploratory behaviors in the presence of the 2 adults were mediated especially by caregiver involvement and, at times, by the physical quality of the center. Overall, children with high-involved caregivers displayed the highest levels of all relevant behaviors in their caregivers' presence. Children with low-involved caregivers showed the lowest levels of these behaviors in their caregivers' presence and sought contact and interacted with the stranger more than with their caregivers. Recommendations are made for refining and extending this research.

Zayas et al (2011) in a longitudinal study showed that the quality of maternal caregiving experienced at 18 months of age predicted the extent to which the same participants more than 20 years later (age $M = 22$) were uncomfortable relying on partners and peers (avoidance) and experienced relational worries with partners (anxiety). These findings provide new empirical support that early maternal caregiving predicts later adult attachment patterns with peers and partners. Moreover, consistent with attachment theory, they suggest that the influence of maternal caregiving experienced in early life is not limited to this first attachment relationship but operates more generally in other attachment relationships.

Muris & Meesters (2002) examined relationships between attachment style, behavioral inhibition, and anxiety disorders symptoms not only relying on youths' self-report but also

including the parents' point of view. A large group of young adolescents aged 11–15 years and their parents ($N = 280$) completed measures of attachment style and behavioral inhibition and the Revised Children's Anxiety and Depression Scale, a questionnaire designed to measure symptoms of anxiety disorders in terms of the *Diagnostic and Statistical Manual of Mental Disorders*. Highly similar results were found for child and parent report. That is, attachment style and behavioral inhibition were found to be interrelated with insecure attachment being associated with higher levels of behavioral inhibition. Furthermore, adolescents who were classified as insecurely attached and/or high on behavioral inhibition displayed higher levels of anxiety disorders symptoms. Finally, attachment status and behavioral inhibition both accounted for a unique proportion of the variance of anxiety disorders symptomatology.

NICHD Early Child Care Research Network Rockville MD US (2006) examined the relations between early infant-mother attachment and children's social competence and behavior problems during the preschool and early school-age period were examined in more than 1,000 children under conditions of decreasing, stable, and increasing maternal parenting quality. Infants' Strange Situation attachment classifications predicted mothers' reports of children's social competence and teachers' reports of externalizing and internalizing behaviors from preschool age through 1st grade. These relations appeared to be mediated by parenting quality; main effects of attachment classification disappeared when effects of parenting quality were controlled. Interactions were also observed. For example, when parenting quality improved over time, teachers rated children with insecure infant-mother attachments lower on externalizing behaviors; when parenting quality decreased, teachers rated insecure children higher on externalizing behaviors. In contrast, children classified as securely attached in infancy did not appear to be affected by declining or improving parenting quality.

Muris & Maas (2004) examined attachment style, strengths, and difficulties in institutionalized and non-institutionalized children with below-average intellectual abilities.

Parents/caregivers and teachers of the children completed a brief measure of attachment style and the Strengths and Difficulties Questionnaire, which assesses the most important domains of child psychopathology (i.e., emotional symptoms, conduct problems, hyperactivity-inattention, and peer problems) as well as personal strengths (i.e., prosocial behavior). Results indicated that institutionalized children were more frequently insecurely attached and generally displayed higher levels of difficulties and lower levels of strengths than non-institutionalized children. Furthermore, within both groups of children, insecure attachment status was linked to higher levels of difficulties but lower levels of strengths.

Koren-Karie (2002) examined the associations among mothers' insightfulness into their infants' internal experience, mothers' sensitivity to their infants' signals, and infants' security of attachment to their mothers. The insightfulness of 129 mothers of 12-month-old infants was assessed by showing mothers 3 videotaped segments of observations of their infants and themselves and interviewing them regarding their infants' and their own thoughts and feelings. Interviews were classified into 1 insightful and 3 non insightful categories. Mothers' sensitivity was assessed during play sessions at home and at the laboratory, and infant-mother attachment was assessed with the Strange Situation. Mothers classified as positively insightful were rated as more sensitive and were more likely to have securely attached children than were mothers not classified as positively insightful. Insightfulness also accounted for variance in attachment beyond the variance explained by maternal sensitivity. These findings add an important dimension to research on caregiving, suggesting that mothers' seeking of explanations for the motives underlying their infants' behavior is related to both maternal sensitivity and infant attachment.

Feeney & Collins (2001) reported that romantic couples ($N = 194$) participated in an investigation of caregiving processes in adulthood. In Phase 1, couple members completed questionnaires designed to identify attachment style differences in caregiving behavior and to

explore the underlying (personal and relationship) mechanisms that lead people with different attachment styles to be effective or ineffective caregivers. Results revealed that social support knowledge, pro-social orientation, interdependence, trust, and egoistic motivation mediated the link between attachment style and caregiving. In Phase 2, responsive caregiving was assessed behaviorally by exposing one member of the couple to a stressful laboratory situation and experimentally manipulating his or her need for support. Results revealed that attachment style and mediating mechanisms identified in Phase 1 also predicted observable support behavior in a specific episode in which a partner had a clear need for support.

Collins & Feeney (2000), used an attachment theoretical framework to investigate support-seeking and caregiving processes in intimate relationships. Dating couples ($N = 93$) were videotaped while one member of the couple (support seeker) disclosed a personal problem to his or her partner (caregiver). Results indicated that when support seekers rated their problem as more stressful, they engaged in more direct support-seeking behavior, which led their partners to respond with more helpful forms of caregiving. Responsive caregiving then led seekers to feel cared for and to experience improved mood. Evidence for individual differences was also obtained: Avoidant attachment predicted ineffective support seeking, and anxious attachment predicted poor caregiving. Finally, couples in better functioning relationships engaged in more supportive interactions, and participants' perceptions of their interaction were biased by relationship quality and attachment style.

Juffer et al, (2005) found that infant with ambivalent attachment is a serious risk factor for later child psychopathology. The results of their research showed that the intervention resulted in enhanced maternal sensitive responsiveness. Children of mothers who received this intervention of video feedback and the personal book were less likely to be classified as disorganized attached at the age of 12 months than children in the control group. In the book-only intervention group, children showed lower disorganization ratings compared to the control

group, but no effect on the number of infants with disorganized attachment classifications was found.

Attachment, cognitive development, temperament, and observed social behaviour of the two groups were studied, as was the quality of care by caregivers and mothers. Sixty-six per cent of infants reared in residential group care showed disorganised attachment to their caregivers, compared with 25% of control infants; 24% of group care infants were securely attached, compared with 41% of control infants. The two groups differed in cognitive development, in temperament and observed social behaviour. Within the residential group care babies, those that were securely attached were observed to express more frequent positive affect and social behaviour, and to initiate more frequent interaction with their caregivers (Vorria et al, 2003).

Kretchmar & Jacobvitz (2002) examined how relationship patterns observed in mothers' *current* relationships with their own mothers are recreated in their relationships with their infants. Mostly white, middle-class families ($N= 55$), including maternal grandmothers, mothers, and infants, were observed when infants were 6, 9, and 18 months old. At 6 months, mothers and grandmothers completed self-report assessments and worked together on discussion tasks. These interactions were coded using the Boundary Assessment Coding System, developed for the present study, which assessed three relational patterns: *disengagement*, *balance*, and *entanglement*. At 9 months, mothers were rated on *sensitivity* and *intrusiveness* while playing with and feeding their infants; and, at 18 months, infant-mother attachment was assessed using the Strange Situation. Multiple regression analyses revealed, as predicted, that mothers who remembered being accepted by their mothers as children and who were in highly balanced relationships with their own mothers currently were more sensitive and less intrusive with their 9-month-old infants. Further, discriminant function analyses indicated that memories of acceptance, high levels of balance, and low levels of disengagement

differentiated secure from insecure attachment, whereas memories of overprotection and high levels of entanglement distinguished resistant from secure and avoidant attachment.

Gamble & Roberts (2005) examined the relationships between adolescents' perceptions of their primary caregivers and negative cognitive styles (i.e., low self-esteem, dysfunctional attitudes, and a negative attributional style), and tested whether these relations were mediated by attachment insecurity. Results from 134 high-school students suggested that adverse parenting tends to have a more negative effect on cognitive style among girls compared to boys and that the association between parenting and cognitive style is largely mediated by attachment insecurity. Adolescents who perceive their parents as critical and perfectionistic tend to report insecure attachment styles characterized by difficulties getting close to others and fears about abandonment, and in turn, these dimensions of attachment insecurity appear to contribute to low self-esteem, dysfunctional attitudes and a negative attributional style.

Kyrios & Prior, (2006) investigated maternal parenting cognitions associated with ineffective parenting practices, using the Parental Childrearing Cognitions Questionnaire (PCCQ). Intergenerational transmission of parenting problems and cognitions was investigated using the Parental Bonding Instrument (PBI), which measures over protectiveness and care experienced by parents in childhood. There were significant correlations between PBI overprotection (positive) and PBI care (negative) scores and Rutter Parent and PCCQ scores. Clinical group mothers rated lower care and higher overprotection from both parents in their own childhoods. Results are consistent with a hypothesized model of intergenerational transmission of parenting problems, whereby experiences of low care and high overprotection in childhood predispose mothers to a dysfunctional 'set' of parenting cognitions, impairing maternal capacity to provide sensitive responses to challenging child behaviours.

2.6 Summary of the Reviewed Literature

In the foregoing literature, attempt was made to explain the concept of parenting practices and the different types of parenting practices. Documented literature on parenting practices started from the 17th century with works of two philosophers John Locke (1693) and Jean Jack Rousseau (1762). They both proposed that early education should be derived less from books and more from a child's interactions with the world beginning with the family. Other theorists, mainly from the 20th century, have focused on how children develop and have had a significant impact on childhood education and how parents rear their children. There are different types of parenting practices bordering around the culture and norms of the society. They included among others attachment parenting, fosterage, multiple parenting, single parenting and non-indulgence among others.

The concept of attachment style was reviewed from various perspectives. The concept was derived from evolution and ethology, it means that infants seek proximity to an attachment figure in the face of threat, for the purpose of survival but that attachment is not synonymous with love and affection although they often go together. A healthy attachment is considered to be an important foundation of all subsequent relationships. The types of attachment styles were discussed starting with the criteria used for diagnoses that result into different styles. Different child care-giving practices resulted in the types of attachment styles; they include: secure attachment, ambivalent attachment, avoidant attachment and disorganized attachment. Children who attached securely as infants are generally less dependent and more socially competent as preschoolers than their anxiously attached peers. Maltreatment itself is associated with insecure attachment organization, poor emotional and behavioral self-regulation and problems in development of the autonomous self and self-esteem.

Other theories supporting attachment theory included psycho-social theory which advanced the principle of trust versus mistrust that can result as a consequence of the type of

early care-giving a child receives from primary caregiver. The second is the object relation theory which emphasizes the importance of an object or a figure (caregiver) in a child's world that provides some emotional stability and security for the child. The third and last theory in this review is Psycho analytic theory which postulated that central to the development of children was the desire for intimacy and dependency. That repression of that core desire is the vehicle that affects human development but if that repression had a meaningful basis in the particular society then it can be accepted.

The review also covered empirical studies on parenting practices and attachment styles. Parenting practices and socio economic status of parents, parents' level of education, child's gender, attachment styles and socio economic status of parents, attachment styles and parents' level of education, attachment styles and child's gender. There were studies that linked parenting practices like responsive and irresponsible parenting and secure and insecure attachment styles, poor emotion and aggression is also associated to insecure attachment. Other studies found relationships between parenting practices like lone parenting, divorced parent, democratic and non-democratic mothers with psychological adjustment of children and later adults.

Findings of the studies reported above indicated the usefulness of attachment theory in understanding social interaction to the school environment in middle childhood and later life (adult), but this study focused on early stage of childhood. A lot of the studies reported were longitudinal some used quasi-experimental while others used factor analysis. Also some of the studies reviewed focused on the general social reactions of the securely and insecurely attached children while the present study focuses on interactions within parenting practices as they relate to securely and insecurely attached children. Studies also reported relationship between parenting styles and attachment styles, but the present study sought to find out the relationship between parenting practices and attachment styles. There are studies that reported link between

attachment parenting and secure attachment but not on fosterage and multiple parenting as they relate to attachment styles. Most studies reviewed were carried out in environments that are entirely different socio-culturally and other wise from the present study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presented the process that was followed in conducting the study. The procedures included the research design, population of the study, sampling and sampling technique, instrumentation, validity, pilot testing and reliability of the instruments. The procedures for data collection and procedure for data analysis were also discussed.

3.2 Research Design

The design used in this study was survey. Some survey studies attempt to find relationships between the characteristics of the respondents and their reported behaviours and opinions. When surveys have this purpose we refer to them as correlational studies. Correlational studies are designed to find statistical connections or correlations between and among variables so that some factors can be used to predict others. Based on correlational evidence, researchers can use one variable to make predictions about another variable. The design allows the researcher to study variables as they are without creating artificial situations. Many important research questions can be studied only in correlational studies. Also, correlational studies let the researcher study the interrelationships of many variables at the same time (Cherry, 2015).

When survey design is employed on correlational research, an excellent method of description and prediction is achieved (Shaughnessy and Zechmeister 2012). Psychologists like Moreano (2004), Coutinho (2007) and Kazak (2010) have been employing this method to investigate psychological issues similar to the ones in the study.

3.3 Population of the Study

The population for the study was made up of all children in first and second year in the eight selected government and private early childhood education centres in Kaduna metropolis

(Kaduna North and South LGAs). This population was 451 as obtained from the pupils class registers. According to the Kaduna State Universal Basic Education Board (SUBEB), 2013 there were 75 government early childhood education centres while the Kaduna State Private Schools Board, 2013 reported 586 registered private early childhood education centres in Kaduna metropolis. Children in early childhood education centres in the selected eight schools were used as the population because it was assumed that this group of children shared similar characteristics age wise and behaviour and it was also assumed that attachment styles are mostly associated with children within the early childhood years. It was also assumed that some of these children in the early childhood education centres will display attachment styles behaviours listed in the research instruments.

The table below indicated the distribution of population from the eight ECE centres.

Table 3.1: Distribution of Population of Pupils in the 4 Government and 4 Private ECE Centres in Kaduna Metropolis

S/N	LGAs	Name of Center	Sch. Type	Population	Sample Males	Sample Females
1.	K/North	L.E.A. Kawo	Govt.	101	59	42
2.	K/North	L.E.A. Badarawa	Govt.	80	46	34
3.	K/South	L.E.A. U/Sanusi	Govt.	73	41	32
4.	K/South	L.E.A. M/Gwarzo	Govt.	81	44	37
5	K/North	Zabib Schools U/Dosa.	Private	36	21	15
6	K/North	Smiles In'l. Schs. Malali.	Private	27	15	12
7	K/South	Scintillate In'l. Schs. Barnawa.	Private	33	19	14
8	K/South	Model In'l. Schs. Badikko	Private	20	11	9
Total	02	08	02	451	256	195

3.4 Sample and Sampling Procedure

Purposive sampling technique was used in selecting the eight Early Childhood Education (ECE) centres. Purposive sampling technique is a sampling technique which used a readily available sample for the purpose of a research. Thus, the sample was selected based on the characteristics of attachment styles anticipated among the ECE pupils. Other features included are proximity and location.

The table below indicated the distribution of sample from the eight ECE centres.

Table 3.2: Distribution of Sampled Pupils in the 4 Government and 4 Private ECE Centres in Kaduna Metropolis

S/N	LGAs	Name of Center	Sch. Type	Sample Males	Sample Females	Total Sample
1.	K/North	L.E.A. Kawo	Govt.	12	08	20
2.	K/North	L.E.A. Badarawa	Govt.	12	08	20
3.	K/South	L.E.A. U/Sanusi	Govt.	12	08	20
4.	K/South	L.E.A. M/Gwarzo	Govt.	12	08	20
5	K/North	Zabib Schools U/Dosa.	Private	06	04	10
6	K/North	Smiles In'l. Schs. Malali.	Private	06	04	10
7	K/South	Scintillate In'l. Schs. Barnawa.	Private	06	04	10
8	K/South	Model In'l. Schs. Badikko	Private	06	04	10
Total	02	08	02	72	48	120

3.5 Instrumentation

The instruments used to gather data for the study included Parenting Practices Checklist and Child Attachment Style Checklist (appendices B and C). The Child Attachment Checklist

was used to observe attachment styles of pupils while the Parenting Practices Checklist was used to gather data from parents of the sampled children regarding their parenting practices.

3.5.1 Child Attachment Style Checklist

This checklist was developed from the characteristics of the three types of attachment styles as discussed in the literature review. The rating and arrangement of the items were adapted from the International Adoption Articles Directory (IAAD) Buenning, (2011), Attachment-China (2000) and Evergreen Consultants in Human Behaviour (2000-2005). The instrument had two sections; the first section (A) sought the demographic data of the children. The second section (B) was a checklist of 34 attachment style symptoms, the items are rated on four (4) point scale: Never (N), Sometimes (S), Most times (M) and Always (A) and was used to observe and identify attachment styles among the sampled pupils.

3.5.2 Parenting Practices Checklist

The items in this instrument were adapted from the Child-rearing Practices Report (CRPR) by Block, (1965) and The New Scales for the Parenting Practices Q-sort by Robert (2008). CRPR consists of 91 socialization-relevant statements that are administered in a Q-sort format with a forced-choice, seven-step distribution. The items were appropriate for the description of both maternal and paternal child-rearing attitudes and values. 20 items were adapted, the language simplified and rated on 4-point scale instead of seven-step distribution. The instrument was divided into two parts; the first part solicited information on the parent/guardian while, the second part consisted of 20 items on parenting practices that were prevalent among parents/guardians and which are assumed to be related to children's attachment styles. The items were also rated on four (4) point scale: Never (N) = 0, Sometimes (S) = 1, Most times (M) = 2 and Always (A) = 3. All the items were rated across each of the three parenting practices (attachment parenting, fosterage and multiple parents), because it is

assumed that some children in fosterage may enjoy more attention and care than those who are with their biological parents.

3.5.3 Scoring Procedure

Demographic characteristics in both the instruments appendices B and C were treated as nominal data (no magnitude). The scale for measuring child attachment styles had 34 items and scored on four point scale. The first 7 items were for secure attachment, the next 13 items are for ambivalent attachment while the last 14 items were for avoidant attachment style. Each point in the scale was assigned a value. The point at the end of the scale describing the highest strength of the symptom had a value of three (3) while the point at the other end of the scale describing the lowest strength of the symptom has a value of zero (0). Each item is marked and analyzed on the basis of number of responses. A respondent can score a minimum point of 0 and a maximum of 21, 39, and 42 for secure, ambivalent and avoidant respectively.

Parenting Practices Checklist consisted of 20 items and was also on four point scale and was rated against each of the parenting practices (attachment parenting, fosterage and multiple parenting). Respondent can score a minimum of 0 point and a maximum of 60 points. The number of items in the two scales; attachment styles and parenting practices were not balanced and compatibility in scores was required before analysis. For this reason the scores were normalized before subjecting to the relevant statistical analysis.

3.6 Validation of Instruments

The research instruments after being modified were given to the supervisory team, six other lecturers in the Psychology and Counseling Department in Ahmadu Bello University, Zaria for their assessments, comments and suggestions in order to establish content and face validity of the instruments. The observations, suggestions and corrections like using simple

language, avoiding lumping of symptoms in one item among others were effected before pilot testing.

3.7.1 Pilot Testing

For the purpose of establishing reliability of the instruments, a pilot test was carried out. The child attachment checklist was tested using 10 ECE pupils in N T I demonstration primary school and 15 ECE pupils in L.E.A. Rigachikun. Pupils in these ECE centres have similar characteristics in terms of age, behavoiur and environment with the sample of the research. The parents of the 25 pupils from both schools were used to pilot test the parenting practices checklist.

3.7 Reliability

The data collected from the pilot testing were subjected to analysis using the statistical tool; Statistical Package for Social Science (SPSS) to determine the test re-test reliability coefficient of the instruments. Cronbach's alpha indicated .808 for Child Attachment Style Checklist and .754 for Parenting Practices Checklist. These values are above the minimum acceptable reliability alpha value of .6. On this basis, the instruments were reliable and were used for the study.

3.8 Procedure for Data Collection

The instruments for data collection were administered by the researcher and research assistants (caregivers) in the ECE centres. At each of the selected centres, the researcher sought permission from the school authority using the letter of introductory obtained from the Department of Educational Psychology and Counseling, Ahmadu Bello University, Zaria to use the centre for the study. The help of caregivers who have stayed with children for not less than six (6) months in ECE centres to be used as research assistants was solicited. The instrument on child attachment style was given to the caregivers to observe the sampled

children and tick appropriately the observed behaviours in the instrument while the checklist for parenting practices was administered to the parents of the sampled children through their caregivers. After a week the researcher went round the centres and collected the administered instruments. Out of the 120 distributed parenting practices instrument only 83 were responded to and returned from the parents/guardians.

3.9 Procedure for Data Analysis

The collected data was subjected to SPSS version 24 for analysis. Both descriptive and inferential statistics were employed for the analysis. Percentages, frequency tables and mean differences were used to describe the data and answer the research questions. Pearson Product Moment Correlation Coefficient (r) was used in testing the 9 hypotheses to find out relationship between parenting practices and attachment styles of pupils. All the hypotheses were tested at .05 level of significance.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The main purpose of the study was to determine the extent of relationship between parenting practices and attachment styles among early childhood education pupils in Kaduna South and Kaduna North Local Government Areas of Kaduna. Out of a sample size of 120 drawn from 8 early childhood education centres, 83 responded to the set of 2 instruments used for the study. The statistical package (SPSS) 20th Edition was used to carry out the analyses. The results of the analyses were presented and discussed in sections with tables. The first section presented the data analyses on the background variables in frequencies and percentages, the second part presented answers to the nine research questions using descriptive mean averages and the results of the nine hypotheses tests using Pearson Product Moment Correlation (r) statistics. All the hypotheses were tested at 0.05 alpha level of significance. The summary of all the major findings was also presented as well as discussion of findings.

4.2 Analysis of Demographic Variables

The demographic variables used in this study included school type and local government area, the section gives description of responses by frequencies and percentages.

Table 4.01: Analysis of Respondents by School Type, Local Government Area and Gender

Demographic Variable	Frequencies	Percentages %
School Type		
Public School	41	49.4
Private School	42	50.6
Total	83	100
Local Government Area		
Kaduna North	51	61.4
Kaduna South	32	38.6
Total	83	100
Gender		
Male	39	47.0
Female	44	53.0
Total	83	100

Table 4.01 above showed a total of 41 of the respondents representing 49.4% are public owned ECE centres and the remaining 42 or 50.5% were privately owned ECE centres. This showed that both public and privately owned centres were well represented in this study. 51 or 61.4% were from centres sited within Kaduna North Local Government Area and 32 or 38.6% were from Kaduna South Local Government Area. 39 of the respondents representing 47.0% were males and the remaining 44 representing 53.0% were female children.

4.3 Testing of Hypotheses

In this section the nine (9) hypotheses were tested and analyzed using Pearson Product Moment Correlation (r). The probability of retaining or rejecting the hypotheses is $P \leq .05$.

Hypothesis 1: There is no significant relationship between attachment parenting practice and secure attachment style in early childhood education.

Table 4.02: Relationship between Attachment Parenting Practice and Secure Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Attachment parenting practice	83	15.7229	6.14849		
Secure Attachment Style	83	9.9639	2.08879	.312**	.003

**Correlation is significant at the .05 level (2-tailed).

The table 4.02 above showed that the calculated mean scores of attachment parenting practice and secure attachment style were 15.72 and 9.96 respectively while the calculated 'r' is .312 and the p value is .003. This revealed that significant positive correlation existed between attachment parenting practice and secure attachment style in early childhood education. This is because the calculated significant (p) value of .003 is lower than the .05 alpha level of significance at a correlation index r level of .312 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between attachment parenting practice and secure attachment style in early childhood education is rejected.

Hypothesis 2: There is no significant relationship between attachment parenting practice and ambivalent attachment style among children in early childhood education.

Table 4.03: Relationship between Attachment Parenting Practice and Ambivalent Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Attachment Parenting Practice	83	15.7229	6.14849		
Ambivalent Attachment Style	83	15.9398	5.17949	.119**	.212

The table 4.03 above indicated that the calculated mean scores of attachment parenting practice is 15.72 while ambivalent attachment style has a mean of 15.93. The calculated ‘r’ index is .119 while the p value is .212. This showed that there was no significant correlation between attachment parenting practice and ambivalent attachment style among children in early childhood education. This is because the calculated significant (p) value of .212 is higher than the .05 alpha level of significance at a correlation index r level of .119 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between attachment parenting practice and ambivalent attachment style in early childhood education is retained.

Hypothesis 3: There is no significant relationship between attachment parenting practice and avoidant attachment style in early childhood education.

Table 4.04: Relationship between Attachment Parenting Practice and Avoidant Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Attachment Parenting Practice	83	15.7229	6.14849		
Avoidant Attachment Style	83	14.1928	5.16097	.316**	.081

The table 4.04 above indicated that attachment parenting practice has mean of 15.72 while avoidant attachment style has mean of 14.19. The calculated 'r' is .316 index while p value is found to be .081. An understanding of the analysis revealed that there was no significant relationship between attachment parenting practice and avoidant attachment style among children in early childhood education. This is because the calculated significant (p) value of .081 is higher than the .05 alpha level of significance at a correlation index r level of .316 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between attachment parenting practice and avoidant attachment style in early childhood education is retained.

Hypothesis 4: There is no significant relationship between fosterage and secure attachment style among children in early childhood education.

Table 4.05: Relationship between Fosterage and Secure Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Fosterage	83	9.7470	5.97074		
Secure Attachment Style	83	9.9639	2.08879	.140**	.126

The table 4.05 above indicated that fosterage had mean of 9.70 and secure attachment style had mean of 9.96. The calculated 'r' is .140 and the p value is .126. This also revealed no significant correlation between fosterage and secure attachment style in early childhood education. This is because the calculated significant (p) value of .126 is higher than the .05 alpha level of significance at a correlation index r level of .140 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between fosterage and secure attachment style in early childhood education is retained.

Hypothesis 5: There is no significant relationship between fosterage and ambivalent attachment style among children in early childhood education.

Table 4.06: Relationship between Fosterage and Ambivalent Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Fosterage	83	9.7470	5.97074		
Ambivalent Attachment Style	83	15.9398	5.17949	.240**	.012

**Correlation is significant at the .05 level (2-tailed).

The table 4.06 above indicated that fosterage has mean of 9.75 while ambivalent attachment style has mean of 15.94. 'r' is calculated as .240 while p value is .012. The result showed that significant correlation existed between fosterage and ambivalent attachment style in early childhood education. This is because the calculated significant (p) value of .012 is lower than the .05 alpha level of significance at a correlation index r level of .240 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between fosterage and secure attachment style in early childhood education is rejected.

Hypothesis 6: There is no significant relationship between fosterage and avoidant attachment style among children in early childhood education.

Table 4.07: Relationship between Fosterage and Avoidant Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Fosterage	83	9.7470	5.97074		
Avoidant Attachment Style	83	14.1928	5.16097	.444**	.015

**Correlation is significant at the 0.05 level (2-tailed).

The table 4.3.6 above indicated that fosterage had mean of 9.74 and avoidant attachment style had mean of 14.19. The calculated 'r' is .444 while p value is .015. This revealed that

significant correlation existed between fosterage and avoidant attachment style in early childhood education. This is because the calculated significant (p) value of .015 is lower than the .05 alpha level of significance at a correlation index r level of .444 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between fosterage and secure attachment style in early childhood education is rejected.

Hypothesis 7: There is no significant relationship between multiple parenting practice and secure attachment style in early childhood education.

Table 4.08: Relationship between Multiple Parenting Practice and Secure Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Multiple Parenting Practice	83	9.7711	4.44955		
Secure Attachment Style	83	9.9639	1.08879	.310**	.822

The table 4.08 above indicated that multiple parenting practice has mean of 9.77 and secure attachment style has mean of 9.96, the calculated ‘r’ is .310 and p value is .822. This showed that no significant relationship between multiple parenting practice and secure attachment style among children in early childhood education. This is because the calculated significant (p) value of .822 is lower than the .05 alpha level of significance at a correlation index r level of .310 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between multiple parenting practice and secure attachment style in early childhood education is retained.

Hypothesis 8: There is no significant relationship between multiple parenting practice and ambivalent attachment style of children in early childhood education.

Table 4.09: Relationship between Multiple Parenting Practice and Ambivalent Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Multiple Parenting Style	83	9.7711	4.44955		
Ambivalent Attachment Styles	83	15.9398	5.17949	.408**	.002

**Correlation is significant at the .05 level (2-tailed).

The table 4.09 above indicated that multiple parenting practice and ambivalent attachment style have mean scores of 9.77 and 15.93 respectively. The calculated 'r' is .408 and p value is .002. An understanding of this is that significant relationship existed between multiple parenting practice and ambivalent attachment style of children in early childhood education. This is because the calculated significant (p) value of .002 is lower than the .05 alpha level of significance at a correlation index r level of 0.408 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between multiple parenting practice and ambivalent attachment style in early childhood education is rejected.

Hypothesis 9: There is no significant relationship between multiple parenting practice and avoidant attachment style in early childhood education.

Table 4.10: Relationship between Multiple Parenting Practice and Avoidant Attachment Style

Variables	N	Mean	S.D	Corr. Index r	Sig (p)
Multiple Parenting Style	83	9.7711	4.44955		
Avoidant Attachment Style	83	14.1928	5.16097	.445**	.000

**Correlation is significant at the 0.05 level (2-tailed).

The table 4.10 above indicated that multiple parenting practice has mean of 9.77 and avoidant attachment style has mean of 14.19, 'r' calculated is .445 and p value is .000. This revealed that significant relationship existed between multiple parenting practice and avoidant attachment style of children in early childhood education. This is because the calculated significant (p) value of .000 is lower than the .05 alpha level of significance at a correlation index r level of .445 at df of 81. Hence, the null hypothesis which stated that there was no significant relationship between multiple parenting practice and avoidant attachment style in early childhood education is rejected.

Summary of Major Findings

The following are the summary of the major findings of the study:

1. Significant correlation existed between attachment parenting practice and secure attachment style ($r = .312$, $P = .003$). This indicated that the children of parents/guardians who practiced attachment parenting practice would be securely attached children.
2. No significant correlation was found between attachment parenting practice and ambivalent attachment style ($r = .119$, $P = .212$). This showed that the children of parents/guardians who practiced attachment parenting practice would not exhibit insecure anxious ambivalent attachment style.
3. No Significant relationship was found between attachment parenting practice and avoidant attachment style ($r = .366$, $P = .081$). This signified that parents/guardians who practiced attachment parenting practice could not raise avoidantly attached children.
4. There was no significant correlation between fosterage and secure attachment style ($r = .140$, $P = .140$). The result indicated that children who were in fosterage could not be securely attached pupils.

5. Significant correlation existed between fosterage and ambivalent attachment style ($r = .240$, $P = .012$). This revealed that children who were in fosterage could display ambivalent attachment style.
6. Significant correlation was found between fosterage and avoidant attachment style ($r = .444$, $P = .015$). This showed that children who were not living with their biological parents could show symptoms of avoidant attachment style.
7. No significant correlation between multiple parenting practice and secure attachment style ($r = .310$, $P = .822$). This indicated that children who experienced multiple inconsistency caregiving would not be securely attached.
8. Significant correlation existed between multiple parenting practice and ambivalent attachment style ($r = .408$, $P = .002$). This revealed that multiple inconsistency caregiving could breed children with ambivalent attachment style.
9. Significant correlation existed between multiple parenting practice and avoidant attachment style ($r = .445$, $P = .000$). This result suggested that a child who had no constant caregiving figure could develop avoidant attachment style.

4.4 Discussion of Findings

The findings of this study revealed that significant positive correlation existed between attachment parenting practice and secure attachment style. This therefore suggested that parents who were available to respond to their children at the time of need help in developing sense of security in their children and this would consequently lead to secure attachment style in their children. Similarly many studies have found links between perceived parenting practices and attachment styles, Mikulincer & Florian, (2001). Secure attachment has demonstrated its association with high care level (e.g. perceived emotional responsiveness, expression of warmth, acceptance and positive reinforcement) and low overprotection level

(e.g. encouragement of independence and a separate sense of identity). Similarly, de Minzi (2006) found that parents' acceptance promoted secure attachment and positive outcomes in children. Also, Eroğlu, (2016) found that the relational self-construal was positively related with the secure and preoccupied attachment styles, but negatively related with the dismissive and fearful attachment styles. Consistent with this finding van IJzendoorn, (2008) found a combined effect size of 1.06 in the expected direction for the secure vs. insecure split (quality of the infant-parent attachment relationship in Ainsworth Strange Situation) and combined effect size of 0.72 in the expected direction (parents' responsiveness to their infants' attachment signals). Karavasilis, et.al (2005) also found associations between parenting practices and quality of child–mother attachment in middle childhood ($n = 202$; grades 4–6) and adolescence ($n = 212$; grades 7–11) and found positive association between authoritarian parenting (higher scores on all three dimensions) and secure attachment, whereas negligent parenting (lower scores on all three dimensions) predicted avoidant attachment. Moreover, a unique pattern of associations emerged between particular dimensions of parenting and each attachment style. Findings suggested that psychological autonomy may have important implications for children's views of self, whereas warm parental involvement may play a unique role in their views of the attachment figure.

Attachment parenting and ambivalent attachment style were not significantly correlated as found in this study. This meant that parents who were available to respond to their children at the time of need could not breed children who will develop anxious ambivalent attachment style. Corroborating with this finding, Bar-Haim, (2010) in a longitudinal study also assessed the associations between secure and ambivalent attachment styles with mothers, fathers and professional caregivers in infancy, and personal space regulation and perceived interpersonal competence in 64 early adolescents (31 boys, 33 girls). The study found children classified as ambivalently attached to their mothers and/or professional caregivers in infancy displayed significantly larger permeability of personal space as compared with children classified as

securely attached, but attachment classifications with fathers were not associated with personal space behavior at 12 years of age. Similarly, Kirpatrick and Hazan (2005) found ambivalent respondents were just as likely as secure respondents to be in a relationship with the same partner they had identified 4 years earlier and attachment stability was moderated to some extent by the experience of breakup or initiation of new relationships during the interim. Kennealy (1998) also reported that anxious-ambivalent participants described their parents ambivalently as both punitive and benevolent while securely attached participants' parental representations were characterized by differentiation, elaboration, benevolence, and non-punitiveness. Representations by dismissing participants were characterized by less differentiation and more punitiveness and malevolence. Fearful participants also described their parents as relatively punitive and malevolent.

The study found no significant correlation between attachment parenting practice and avoidant attachment style. This meant that parents who were available to respond to the needs (physical and emotional) of their children could not develop insecure (avoidant) or non-attached children. In a similar finding Brennan et al (1999) found more males than females were dismissing avoidants; more females than males were fearful avoidants. Children of adult alcoholics scored high on both avoidant and anxious-ambivalent scales, and fell predominantly into fearful-avoidant category, suggesting that at least some fearful adults were grown-up versions of the 'disorganized, disoriented' children. Similarly, Collins & Feeney (2000) corroborated with this finding; they indicated that avoidant attachment predicted ineffective support seeking, and anxious attachment predicted poor caregiving. Finally, couples in better functioning relationships engaged in more supportive interactions, and participants' perceptions of their interaction were biased by relationship quality and attachment style. That when support seekers rated their problem as more stressful, they engaged in more direct support-seeking behavior, which led their partners to respond with more helpful forms of caregiving. This implied that responsive caregiving then led seekers to feel cared for and to experience

improved mood. Mills-Koonce et al (2007) also observed that mothers of later securely attached children were more sensitive than mothers of avoidant children. However, sensitivity decreased for all mothers at high levels of infant negative affect. Furthermore, for mothers of avoidant children, vagal withdrawal was associated with sensitivity to child distress. No association was found between vagal withdrawal and sensitivity for mothers of securely attached children. This suggests that mothers of avoidant children may be uniquely challenged by the affective demands of their infants.

No significant correlation was found between fosterage and secure attachment style. This suggests that children who are in foster care or in adoption homes would not be securely attached. Suhbani et al (2014) supported this finding by using focus group cross cultural method and found that parents-adopted children relationship in terms of secure attachment is revealed more in non-working parents, female parents, children of 11-14 years and female children across nations while, the ambivalent, avoidant and disorganized attachments are found more in practice if parents are working and male parents and if foster children are male at large and of 15-18 years. This implied that quality time being bestowed to kids translates the category and intensity of parents- children relationship. Similarly, Poehlmann (2005) assessed representations of attachment relationships in children whose mothers were currently incarcerated. Consistent with their high-risk status, most (63%) children were classified as having insecure relationships with mothers and caregivers. Secure relationships were more likely when children lived in a stable caregiving situation, when children reacted to separation from the mother with sadness rather than anger, and when children were older. Also Levy et.al, (1998) found that securely attached participants' parental representations were characterized by differentiation, elaboration, benevolence, and non-punitiveness. Representations by dismissing participants were characterized by less differentiation and more punitiveness and malevolence. Fearful participants also described their parents as relatively punitive and malevolent, but their

representations were well differentiated and conceptually complex. Anxious-ambivalent participants described their parents ambivalently as both punitive and benevolent.

Significant correlation was found between fosterage and ambivalent attachment style. The finding suggested that children who are in fosterage could display anxious ambivalent attachment style. Consistent with this finding, Brown & Whiteside (2008) found that child rated parental rearing behaviors, particularly parental rejection, were positively related to child worry. Self-reported attachment style was also related to worry, such that children who classified themselves as ambivalently attached reported higher levels of worry than did children who classified themselves as securely attached. Parenting style and attachment were found to make independent contributions to worry. Also Green et al (2007) reported that parents with more social support show greater increases in the frequency of positive parent–child activities over time, but that this effect is mediated by mothers’ attachment style, specifically, their level of anxious/ambivalent attachment. Mothers with more social support tended to be less anxious/ambivalent about close relationships, and this in turn led to increases over time in the frequency of parent–child interactions. In the same vein, Wearden et al (2008) examined whether reports of parental care-giving and attachment representations were associated with the self- and other-evaluative core beliefs that were implicated in cognitive models of psychopathology. They found that negative self-evaluative core beliefs were correlated with anxious attachment ($r_s = .397, p < .001$) and with inconsistent or ambivalent maternal care-giving, but the latter effect was confined to females ($r_s = .303, p < .001$). Also Juffer et al, (2005) in a randomized intervention study involving 130 families with 6-month-old adopted infants found that children of mothers who received this intervention were less likely to be classified as disorganized attached at the age of 12 months ($d = .46$), and received lower scores on the rating scale for disorganization than children in the control group ($d = .62$). In the book-only intervention group children showed lower disorganization ratings compared to the

control group, but no effect on the number of infants with disorganized attachment classifications was found.

The study found correlation between fosterage and avoidant attachment style. This showed that children who are not living with their biological parents and whose needs were ignored by their foster parents would develop insecure avoidant attachment style. This has been attested in a study carried out by Schechter & Willheim, (2009) who found relationship between maternal violence-related posttraumatic stress disorder and insecure base avoidant attachment which is characterized by child recklessness, separation anxiety, hyper-vigilance, and role-reversal. Muris & Maas (2004) also observed attachment style, strengths, and difficulties in institutionalized and non-institutionalized children with below-average intellectual abilities. They found that institutionalized children were more frequently insecurely attached and generally displayed higher levels of difficulties and lower levels of strengths than non-institutionalized children. Furthermore, within both groups of children, insecure attachment status was linked to higher levels of difficulties but lower levels of strengths. Similarly, Bar-Haim, (2010) also found that children who had an insecure attachment relationship with both the mother and the professional caregiver in infancy displayed smaller personal space boundaries, and tolerated larger intrusions into their personal space as compared with children who had two secure attachments in infancy. Finally, perceived interpersonal competence was positively correlated with personal space permeability.

Also no significant correlation was found between multiple parenting and secure attachment style. This suggested that many parents or caregivers who were not consistent in responding to the needs of the child cannot bring up a securely attached children. Similarly, Sörensen et al (2010) showed that secure attachment style and lower attachment insecurity had limited associations with preparation activities, whereas the associations with feelings of preparedness were more robust. Moreover, attachment variables predict feelings of

preparedness even after controlling for the influence of actual preparation behaviors. Separate analyses for individuals already providing care vs. those not yet providing care suggest that secure attachment might be more important in predicting preparation activities for individuals not yet providing care. Also Cugmas (2007) found evidence for concordance in attachment quality between child–mother and child–father, and non-concordance between child–parent and child–teacher. Bartholomeu et al (2016) reported that positive parental styles were predictors of altruism, while negative parental styles are predictors of assertiveness, conversation, and social confidence. Regarding general social skills, variables that offered the best probable model were positive monitoring, lax discipline, moral behavior, and physical abuse (the higher the general social skill, the lesser the abusive parenting styles). As a conclusion, it seems that different social skills are related to positive and negative parenting styles, reinforcing the idea of a social skill as an attribute of behavior.

Significant correlation was found between multiple parenting practice and ambivalent attachment style. This implied that multiple caregivers could result to inconsistent caregiving and can result to anxious ambivalent attachment style in children. In line with this finding Kretchmar and Jacobvitz (2002) found as predicted that mothers who remembered being accepted by their mothers as children and who were in highly balanced relationships with their own mothers currently were more sensitive and less intrusive with their 9-month-old infants while high levels of balance, and low levels of disengagement differentiated secure from insecure attachment, whereas memories of overprotection and high levels of entanglement distinguished resistant from secure and avoidant attachment. Feeney and Collins (2001) found that social support knowledge, pro-social orientation, interdependence, trust, and egoistic motivation mediated the link between attachment style and caregiving. They also found that attachment style and mediating mechanisms also predicted observable support behavior in a specific episode in which a partner had a clear need for support. Similarly, (Vorria et al, 2003) reported that sixty-six per cent of infants reared in residential group care showed disorganised

attachment to their caregivers, compared with 25% of control infants; 24% of group care infants were securely attached, compared with 41% of control infants. The two groups differed in cognitive development, in temperament and observed social behaviour. Within the residential group care babies, those that were securely attached were observed to express more frequent positive affect and social behaviour, and to initiate more frequent interaction with their caregivers.

Multiple parenting practice correlated significantly with avoidant attachment style. This meant that having many caregivers amounts to inconsistent caregiving and this makes the child not to form any attachment with particular one caregiver. Consistent with this finding, Rholes, et al (2006) observed that parents with more avoidant attachment styles experienced greater stress after the birth of their child and perceived parenting as less satisfying and personally meaningful. The present findings provided some of the first evidence that self-reported adult romantic attachment styles, which have been the focus of attachment research by social and personality psychologists, are systematically associated with parent-child relationships. They also provided insight into the processes through which secure and insecure attachment styles might be transmitted from one generation to the next. Similarly, Doyle & Markiewicz (2005) found that marital conflict was associated with lower self-esteem, more externalizing symptoms, and lower academic achievement all but the latter mediated by parental warmth. Parental psychological control was associated with increases in internalizing symptoms over time, an effect not mediated by attachment insecurity, which contributed independently. Parental warmth was associated with decreases in externalizing symptoms and increases in self-esteem over time, the latter mediated by attachment security. Wearden et al (2008) also reported that correlations between negative other-evaluative core beliefs, avoidant attachment and cold and rejecting parenting were rendered non-significant when negative affect was controlled for ($r_s = .085$ and $r_s = .072$, respectively). Warm and responsive parenting was correlated with positive self- and other-evaluative core beliefs. Our findings are consistent with

a role for parenting experiences and attachment representations in the development of negative self-evaluative core beliefs, but not negative other-evaluative core beliefs.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presented the summary, conclusion and recommendations of the study based on the results of the findings.

5.2 Summary

This study titled "Relationship between Parenting Practices and Children's Attachment Styles in Early Childhood Education Centers in Kaduna Metropolis" was structured into five chapters in order to effectively carry out this research. Chapter one highlighted background of the study and the research problem. The study was guided by nine objectives; the main objective was to find out whether parenting practices correlate with attachment styles of children. Based on the objectives a total of nine research questions and nine hypotheses were formulated and tested. The study assumed that parenting practices might have relationship with attachment styles of pupils in early childhood education while the significance of the study, among others, was to create awareness on the knowledge of how parenting practices relate to attachment and how that knowledge could help in improving parenting practices of parents and caregiver-pupil relationship. The study was delimited to attachment parenting, fosterage, multiple parenting and secure, ambivalent and avoidant styles.

Chapter two reviewed literature related to the research topic. The review critically examined and analyzed the views of some psychologists and other concerned scholars on the concepts, types and theories of the main variables; parenting practices, children's attachment styles and early childhood education. Documented literature indicated there were different types of parenting practices bordering around the culture and norms of the society. They included among others attachment parenting, fosterage, multiple parenting, single parenting

and non-indulgence among others. The concept of attachment style was derived from evolution and ethology, it means that infants seek proximity to an attachment figure in the face of threat, for the purpose of survival. A healthy attachment is considered to be an important foundation of all subsequent relationships. Different child care-giving practices resulted in the types of attachment styles; they include: secure attachment, ambivalent attachment, avoidant attachment and disorganized attachment. Early childhood education is the education given to children prior to their entering the primary school. Several other terms used to describe early childhood education include nursery school, pre-primary and pre-school. Available literature on early childhood education reveals that there are three types of early childhood education; day care, nursery school and kindergarten. The theoretical framework on parenting practices included ferberization theory, over-parenting and attachment parenting theory; attachment styles included psycho-social theory, object-relation theory and psycho-analytic theory and early childhood education included behaviourist, constructivist and maturationist theories. The last part reviewed empirical studies related to the study.

In chapter three, the design and methodology of study were discussed. The research design was a correlational survey; the population was all children in year 1 and 2 of eight ECE selected 8 centers in Kaduna totaling 451 out of which 120 children were sampled using incidental sampling procedure. Two instruments were used for data collection; one for parenting practices and the other for child attachment styles. The instruments were pilot tested for validity and reliability. The reliability test results showed .080 and .754 for parenting practices and child attachment styles respectively. The returned instruments were analyzed using Pearson Product Moment Correlation Coefficient (r).

Chapter four revealed the findings of this study. The first findings revealed that significant correlation existed between attachments parenting practice and secure attachment style, attachment parenting and avoidant attachment style but no correlation between

attachment parenting and ambivalent attachment style among early childhood education pupils in Kaduna metropolis. No correlation was found between fosterage and secure attachment style but correlations were found between fosterage and ambivalent attachment style, fosterage and avoidant attachment style. Also no correlations was found between multiple parenting and secure attachment style but correlations were found between multiple parenting and ambivalent attachment, multiple parenting and avoidant attachment style.

5.3 Contribution to Knowledge

Findings of the researches consulted on attachment styles indicated the usefulness of attachment theory in understanding social interaction to the school environment in middle childhood and later life (adult), but this study focused on early stage of childhood. A lot of the studies reported were longitudinal some used quasi-experimental while others used factor analysis but this study is a correlational survey. Also some of the studies reviewed focused on the general social reactions of the securely and insecurely attached children while the present study focuses on interactions within parenting practices as they relate to securely and insecurely attached children. Studies also reported relationship between parenting styles and attachment styles, but the present study sought to find out the relationship between parenting practices and attachment styles. There are studies that reported link between attachment parenting and secure attachment but not on fosterage and multiple parenting as they relate to attachment styles. Most studies reviewed were carried out in environments that are entirely different socio-culturally and other wise from the present study.

5.4 Conclusions

Based on the findings of study, the following conclusions were made:

Parents who practice attachment parenting practice bring up children who are securely attached, attachment parenting practice had no association with ambivalent attachment style and attachment parenting practice was related to avoidant attachment style.

Children who are into fosterage are not securely attached, fosterage as a parenting practice was associated with ambivalent attachment style and fosterage had avoidant attachment style.

Multiple parenting practice could not relate with secure attachment style, multiple parenting practice bring up children with ambivalent attachment style and multiple parenting practice had relationship with avoidant attachment style.

5.5 Recommendations

In view of the findings and conclusions of this study the following recommendations were made:

1. Through sensitization and advocacy parents and caregivers should employ best parenting practices like attachment parenting so that the child grows up in secure environment and develop secure attachment style.
2. Parents and caregivers should pay attention and respond to the needs of children in their care because responding and sometimes not responding to the child's needs results in the child to develop insecure anxious ambivalent attachment style. Policy makers and educational planners should plan and formulate policies that will take care of not only physical needs of children but their emotional needs too.
3. Parents, guardians and caregivers (in ECE centres) should respond to all needs (physical and emotional) of the children in their care so as to establish good reciprocal relationship that will lead to the child to form secure-based attachment style that leads to better adjustment in future life.
4. Majority of foster parents do not develop reciprocal relationship with children in care, this makes the children not to form secure attachment. Through sensitization and advocacy foster parents should endeavour to establish reciprocal relationship with children in their care by attending to their physical and emotional needs.

5. Using the traditional leaders parents should be sensitized to take responsibility of bringing up their children and not giving them out into fosterage. Where fosterage becomes inevitable due to loss of parents, the foster parents should bring up the child in warm, loving and secure environment.
6. Parents and caregivers in ECE centers through sensitization and advocacy should help prevent the prevalence of some negative parenting practices like fosterage existing in our society because it can cause insecure attachments in children. Caregivers in ECE centers make effort to understand the pupils in their care and plan their lesson to take care of the varied needs and behaviours of the children they teach.
7. Children form secure attachment with consistent caregivers, frequent changing of caregivers affects attachment formation in children. Parents, guardians and caregivers in Early Childhood Education centres should be constant figures and consistent caregivers in the life of the child. Policy makers and managers of ECE centres should avoid frequent changing of caregivers and ensure that only qualified caregivers are employed to teach in such centres.
8. Many inconsistent parents, guardians and caregivers in the life of the child lead the child to form insecure anxious ambivalent attachment style. People who take care of the child should be consistent in their relationship with the child. Where nannies must be employed, care should be taken to avoid frequent changing of nannies and caregivers
9. Many caregivers or frequent changing of caregivers can make the child to form insecure avoidant attachment style. Multiple parenting practice and unstable caregiving should be discouraged because it promotes insecure avoidant attachment style that could lead to maladjustment among children. Through training workshop parents and caregivers should know how to detect early symptoms and identify children at risk of insecure attachments styles that can lead to maladjustment and take appropriate

measures to remedy the problem by involving the school counselor who will identify appropriate intervention strategies that can help children adjust and learn in school.

5.6 Suggestions for further studies

In view of the findings revealed by the study, the following are suggested for further research areas:

1. There should be a more comprehensive research using larger sample with wider geographical spread for generalization.
2. Replication of the study in a different environment with different cultural setting can further reveal more findings.
3. Similar studies could be carried out to include more variables like child's adjustment, gender, socio-economic status and such others.
4. Other parenting practices and other attachment styles like disorganized attachment styles, adult attachment styles, reactive attachment disorder could be studied alongside other variables.
5. This study could form base-line for scholars carrying out similar studies to find out the extent of relationship that exist between parenting practices and attachment styles.

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APPENDIX I
INTRODUCTORY LETTER

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING



Faculty of Education
AHMADU BELLO UNIVERSITY, ZARIA

Email: epc@abu.edu.ng

Vice-Chancellor: Professor Abdullahi Mustapha, B.Sc (Hons) Pharm (ABU), Ph.D (London), FPSN
As Head of Department: Professor Musa Balarabe, B.Sc.Ed., M.Ed (ABU), Ph.D (Edinburgh), M.B.Ps.S., MNAES

Our Ref: _____

Date: 06/07/2012

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research Thesis/project. Our Students entering the final year of their studies will be collecting data during the year.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

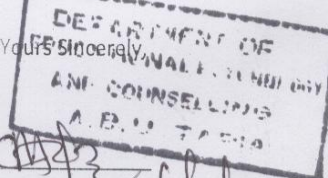
Please give assistance as much as possible.

TOPIC OF RESEARCH:

Relationships among Child-Rearing Practices, Attachment Styles and Educational Adjustment of Children in ECCDE Centres in Kaduna Metropolis.

Thank You for your Continuing cooperation.

Yours sincerely,



Research Adviser

APPENDIX II

PARENTING PRACTICES CHECKLIST FOR PARENTS/GUARDIANS

Dear Respondent,

This study is intended to find out The Relationships among Parenting Practices, Attachment Styles and Educational Adjustment of children in Early Childhood Education in Kaduna Metropolis. The research is a purely academic study. Your responses will be treated with strict confidentiality and that is why your name is not required.

Thank you.

PART 1 BIODATA

Please tick [√] or cross [x] in the box provided accordingly:

1. Name of the school/care-giving center.....
2. Local Govt. Area: Kaduna North [] Kaduna South []
3. Sex a. Male [] b. Female []
4. Parent's Level of education:
 - a. University degree and above []
 - b. Post secondary, e.g. HND, Diploma Post/Sec []
 - c. Secondary School Certificate []
 - d. Junior Secondary School Certificate []
 - e. No formal Education []
5. What is your relationship with the child?
 - a. Biological parent [].
 - b. Brother/sister [].
 - c. Step-parent [].
 - d. Foster parent [].
 - e. Grandparents [].
6. Socio-Economic Status
 - a. Professional []
 - b. Managerial []
 - c. Clerical []
 - d. Skilled []
 - e. Unskilled []
7. How many people including nannies have been taking care of the child from birth to date?
 - a. 0 [] b.1-2 [] c.3-4 [] d.5-6 [] e.7 + []
8. How many foster homes has the child gone through?
 - a. 0 [] b.1-2 [] c.3-4 [] d.5-6 [] e.7 + []

PART 2

You are please required to tick [√] only one response from 0-3. Do please respond to every item provided.

SN	Parenting Practices	Always	Most times	Sometimes	Never
SECTION A					
9	I joke and play with the child.	3	2	1	0
10	I express affection by hugging and kissing the child.	3	2	1	0
11	I find it difficult to punish the child.	3	2	1	0
12	I encourage the child to be independent of me.	3	2	1	0
13	I praise and reward the child for good behavior	3	2	1	0
14	I frown at the child for bad behavior	3	2	1	0
15	I punish the child when I'm angry.	3	2	1	0
16	I beat the child when I don't like what he/she does or says.	3	2	1	0
17	I punish the child by withholding emotional expressions (e.g., kisses and cuddles).	3	2	1	0
18	I punish the child by taking privileges away from him (e.g., TV, games, visiting friends).	3	2	1	0
19	I punish the child by refusing him/her food.	3	2	1	0
20	When I beat the child I leave visible marks on his/her body.	3	2	1	0
21	I yell when I disapprove of the child's behavior.	3	2	1	0
22	I do not allow the child to question my decisions.	3	2	1	0
23	I believe that scolding and criticism make the child improve.	3	2	1	0
24	I believe that showing affection and tenderness can harm or weaken the child.	3	2	1	0
25	When the child is motivated about something, I turn away or ignore him/her.	3	2	1	0
26	I just don't know when the child needs something.	3	2	1	0
27	I believe physical punishment to be the best way of disciplining the child.	3	2	1	0
28	There is a good deal of conflict between the child and me.	3	2	1	0

APPENDIX III

HANYOYIN RAINON YARA TA HANNUN IYAYE/MASU RAINO

Ya Mai Bada Bayani:

Wannan binciken ana yin shi ne don a gano dangantaka tsakanin yadda iyaye ke renon yaransu da yadda yara ke shakuwa da iyayensu lokacin da suke kanana a makarantun kanan yara (aji gutsure ko rabin aji) a birnin Kaduna. Wannan binciken an yin shi saboda dalilai na binciken ilimi kawai. Duk abubuwan da mutum zai fada za a kare sirrin shi.

Yanki na farko

Don Allah, a rubuta ko a sa alaman [√] a inda ya kamata, kuma ina mai roko a amsa ko wace tambaya.

1. Sunan yaro/yarinya (ba dole).....
2. Sunan makaranta.....
3. Irin makaranta: Ta gwamnati [] Mai zaman kanta [].
4. Jinsi: Namiji [] Mace []
5. Karaman hukuma: Kaduna ta Arewa [] Kaduna ta Kudu []
6. Dangantakar yaro da iyaye/mai raino
 - a. Mahaifa na jini [].
 - b. Wa/ya (mace) []
 - c. Matar uba (kishiyar uwa) []
 - d. Marikiya []
 - e. Kaka []
7. Matsayin ilimin iyaye
 - a. Digiri ko sama da digiri []
 - b. Ilimin gaba da sakandari []
 - c. Ilimin sakandari []
 - d. Ilimin karaman sakandari []
 - e. Ba ilimin book []
8. Matsayin arzikin iyaye
 - a. Kwararrai []
 - b. Manaja []
 - c. Clak []
 - d. Kwararren mai aikin hannu []
 - e. Mai aikin hannu wanda bai kware ba []
9. Mutane nawa ne suke kula da yaron daga haihuwansa zuwa yanzu?
 - a. 1-2 [] b. 3-4 [] c. 5-6 [] d. 7+ []
10. Gidajen marika nawa ne yaron ya zauna?
 - a. 1-2 [] b. 3-4 [] c. 5-6 [] d. 7+ []

Yanki na biyu

Don Allah, a sa alaman [√] a inda ya kamata, kuma a amsa ko wace tambaya.

S/N	Hali	Ko da yaushe	Yawancin lokci	Wasu lokutta	Bai taba yi ba
Ni uwa/mai raino					
11	Nakan yi wasa da harka da yaron.	3	2	1	0
12	Nakan nuna so da runguma ko sumbantar yaron.	3	2	1	0
13	Yakan yi mini wuya in hori yaron.	3	2	1	0
14	Na kan so yaron ya dogara da kanshi.	3	2	1	0
15	Nakan yabi ko bada kyauta ga yaron saboda hali mai kyau.	3	2	1	0
16	Na kan daure fuska ma yaron idan ya nuna hali marar kyau.	3	2	1	0
17	Nakan hori yaron idan na yi fushi.	3	2	1	0
18	Nakan daki yaron idan ya fadi abinda bana so.	3	2	1	0
19	Na kan hori yaron da kin rumgumansa ko lallashi ko sumbantansa.	3	2	1	0
20	Na kan hori yaron da hana shi wasu abubuwa kamar kallon T.V, wasan game, ziyartan aboki da sauran su	3	2	1	0
21	Na kan hori yaro da hana shi abinci.	3	2	1	0
22	Na kan bar tabo a jikin yaron idan na dake shi.	3	2	1	0
23	Nakan yi ma yaro tsawa idan ban yarda da abinda yake yi ba.	3	2	1	0
24	Bana yarda yaro ya tuhumi matakin da na dauka a kansa.	3	2	1	0
25	Na yarda cewa zagi da suka kan gyara halayen yaro.	3	2	1	0
26	Na yarda cewa nuna so da tausayi ga yaro zai cutar ko raunana halayen yaron.	3	2	1	0
27	Idan yaron na jin dadi a kan wani abu, na kan ki kulawa da shi/ita.	3	2	1	0
28	Bana sanin yaushen yaron ke son wani abu.	3	2	1	0
29	Na yarda cewa horo shine mafificin hanyar da za'a gyara yaro.	3	2	1	0
30	Akwai rashin jituwa a tsakanina da yaro.	3	2	1	0

APPENDIX IV

CHILD ATTACHMENT STYLE CHECKLISTS

Dear Respondent,

This study is intended to find out The Relationships among Parenting Practices, Attachment Styles and Educational Adjustment of children in Early Childhood Education in Kaduna Metropolis. The research is a purely academic study. Your responses will be treated with strict confidentiality and that is why name is not required.

Thank you.

SECTION A: BIODATA

- 1 Number.....
- 2 Name of the school/care-giving center.....
- 3 Local Govt. Area: Kaduna North [] Kaduna South [].
- 4 Sex: Male [] Female [].
- 5 Type of parenting practice:
 - a. Child is with the biological parents throughout [].
 - b. Child was or is in foster care [].Child went through several caregivers before 18 months of age [].

Please tick [√] only one response from 0-3. Do please respond to every item provided.

SN	Symptoms	Always	M/times	S/times	Never
SECTION A: SECURE ATTACHMENT					
The child					
6	rests comfortably in parent's/caregiver's arms.	3	2	1	0
7	makes eye contact with parent/caregiver.	3	2	1	0
8	feels bad when parent/caregiver leaves.	3	2	1	0
9	feels delighted when parent/caregiver returns.	3	2	1	0
10	plays around when parent/caregiver is around.	3	2	1	0
11	plays and relates well with other children.	3	2	1	0
12	can express his feelings to others.	3	2	1	0
13	cries when parent leaves but can easily be comforted.	3	2	1	0
SECTION B: AMBIVALENT ATTACHMENT					
14	acts younger than age.	3	2	1	0
15	cries non-stop.	3	2	1	0
16	gets frustrated easily.	3	2	1	0
17	seeks attention.	3	2	1	0
18	hurts or bullies other children. .	3	2	1	0
19	lacks empathy.	3	2	1	0
20	demands things instead of asking for them	3	2	1	0
21	likes to sneak things without permission.	3	2	1	0
22	chatters non-stop.	3	2	1	0
23	shows regressive behavior.	3	2	1	0
24	deliberately breaks or ruins things.	3	2	1	0
25	throws temper tantrums that last for hours..	3	2	1	0
26	engages in dangerous activities and ignoring the hurt.	3	2	1	0
SECTION C: AVOIDANT ATTACHMENT					
27	sticks closely to caregiver/parent.	3	2	1	0
28	pushes caregiver away or becomes stiff when parent/caregiver tries to hug him.	3	2	1	0
29	Complains about every little ache or pain	3	2	1	0
30	hoards or sneaks food.	3	2	1	0
31	is friendlier with strangers than with parents/caregiver.	3	2	1	0
32	shakes off pain when hurt, refusing to let anyone provide comfort.	3	2	1	0
33	has unusual eating habits (eats paper, raw flour, baker's chocolate, etc.)	3	2	1	0
34	steals or forcefully takes away others' things.	3	2	1	0
35	lacks toilet control.	3	2	1	0
36	cannot give or take.	3	2	1	0
37	blames others for his/her mistakes.	3	2	1	0
38	lies about obvious or ridiculous things. .	3	2	1	0
39	asks repeated non-sense questions.	3	2	1	0
40	passive and withdrawn.	3	2	1	0

APPENDIX V

Replicated scales for the Child Rearing Practices Q-sort, page 2

Table of Contents

Introduction	3
Criteria for replication	4
Calculating scale scores	5
Relations with home observational data	6
Completely replicated scales	
.....8	
Conflict with child	8
Open communication	9
Partially replicated scales	
.....10	
Warmth	10
Protective, Worries	11
Anxiety Induction	12
Independence, autonomy	13
Discourages Emotional Expression	14

“...because CRPR item intercorrelations vary appreciably as a function of the sample being studied, and because the CRPR was specifically developed to minimize the kind of redundancy that factor analysis defines as communal variance, no generalized or widely applicable factor scales for the CRPR can be offered here” (Block, 1965, p. 20).

Introduction

It is a major strength of the Child Rearing Practices Q-sort (Block, 1965) that it assesses a very wide range of parenting practices, and does so using a forced distribution that encourages parents to provide a thoughtful prioritising of their parenting practices. One can see the importance of a particular practice as it competes against many other beliefs and behaviors that are also important to parents.

Unfortunately, these strengths work against scale development – there are simply too few conceptually redundant items. There are many examples in the research literature (e.g., Roberts & Strayer, 1987) of CRP-Q scales that were valid in their originating sample, but which failed to replicate in new samples. Block herself apparently abandoned the attempt to develop scales, resorting, in her later publications, to a strategy of analysing results on an item-by-item basis (e.g., Block, Block, & Gjerde, 1986).

I have myself used this strategy (Roberts, 1999). It can be daunting in its complexity, and is open to the empirical problem of false positives due to the large number of comparisons that can be made. It requires the discipline to ask focussed questions, and a lively awareness that not every statistically significant finding should be trusted. Nevertheless, it is a strategy worth pursuing. It allows one to explore the richness of Child Rearing Practices Q-sort data, which is far from exhausted by the

scales presented in this paper.

I developed these scales because I think that many researchers are reluctant to use an instrument that has no scales that are widely accepted as reliable and valid. I hope the scales presented here will meet this need, and will provide an useful starting point in analysing your own Child Rearing Practices Q-sort data.

Although some Q-sorts used for this paper were contributed by lone parents, most were contributed by mothers and fathers in two-parent families. All families had a preschool age child. Because all Q-sorts were analysed together, sample by sample, the scales described below are valid for both fathers and mothers, and can be used to examine gender differences in parenting.

Criteria for replication The chief criterion for replication was unidimensionality, as confirmed by a Principal Components Analysis of the items comprising the scale. In order to be interpretable, scales need to be conceptually unidimensional. If scales have several dimensions, it is impossible to know what moderate scores mean. Are they due to moderate scores on all dimensions? Or are some dimensions high and others, low? Conceptual unidimensionality requires that scales be empirically unidimensional. All the scales presented in this paper meet the criterion of unidimensionality: their items fall on a single principle component, and all factor loadings are positive.

For each of the scales below, I began with a set of six to eight items that were closely related conceptually. I then eliminated items that defined second or third factors, searching for a set of items that formed a single factor in all seven samples.

Consistent with the nature of the instrument, the scales that survived were

only three or four items in length. Two scales (Conflict and Open Communication) replicated in all seven samples. Five other scales replicated fully in either five or six samples. For these scales, it was necessary to eliminate a scale item in some samples (noted in the tables, below) in order to achieve unidimensionality. The reality of sampling error guarantees that even when scales are valid for a population, they will not be valid in all samples drawn from that population.

Calculating scale scores. When scales are unidimensional, low values for Cronbach's α indicate low positive inter-item correlations and low multiple correlations between each item and the remaining items in the scale. (Negative correlations and correlations close to zero result in additional factors.) Because variance shared across items is modest when α is low (and variance unique to each item is correspondingly high), factor scores, which reflect only shared variance, should be used as scale scores. For this reason, and because Cronbach's α is reduced when the number of items in a scale is small, I felt that even very low values for Cronbach's α were acceptable if the scale was unidimensional.

High values for Cronbach's α (the conventional rule of thumb is no lower than .70 and preferably at least .80) indicate at least moderately large inter-item correlations and multiple correlations. (It is worth noting that although high values of Cronbach's α suggest that a scale is unidimensional, they do not demonstrate it. Factor analysis is essential to confirm unidimensionality.) Because shared variance is more substantial when Cronbach's α is high, it is appropriate in these cases to

calculate scale scores by averaging² items, after reflecting those that are negatively worded. This has the advantage of generating scores that can be interpreted in terms of the original scale on which items were rated. (Samples from Vancouver, Montreal, and Pennsylvania ranked Q-sort items from 1 to 7, from least to most characteristic; samples from Halifax and Toronto ranked items from 1 to 9.) I have provided averaged scale scores in the tables below in order to provide descriptive information on scale means across samples. However, given values for Cronbach's alpha scores for these scales should be derived from factor analyses of the items.

Relations with home observational data

Extensive data from home and preschool observations are available for Toronto 1, using coding taxonomies derived from Roberts & Strayer (1987). Given the nature of this information, the possible validity of four scales could be assessed: warmth, conflict, open communication, and discourages emotional expression.

For fathers, reported warmth was positively associated with observed physical affection (i.e., time spent hugging their children), $r(31) = .35, p < .05$, and with time spent talking with their children, $r(31) = .41, p < .05$. Lag analyses indicated that

² Sometimes scale scores are calculated by summing items, but this is clearly the wrong thing to do. Summing items sums the variance in the items, and the more correlated the items are, the worse this problem becomes (see, for example, Moore & McCabe, 2002, p. 330). In contrast, averaging items averages the variance in the items, reducing the amount of error variance in the scores. (Of course, to the extent that error variance is unique to each item, factor scores eliminate it completely.)

warmer fathers were less likely to ignore their children when their children spoke to them, $r(31) = -.38, p < .05$. Notably, fathers' warmth was associated with lower levels of physical aggression in preschool – with number of children with whom physical conflict occurred, $r(31) = -.53, p < .01$, with frequency of conflict, $r(31) = -.59, p < .001$, and with total time spent in conflict, $r(31) = -.58, p < .001$.

Father-reported conflict was associated with lower rates of observed physical affection, both father-initiated, $r(31) = -.36, p < .05$ and child initiated, $r(31) = -.46, p < .01$.

In contrast to fathers, mother-reported conflict was associated with more frequent observed conflict with children, $r(31) = .36, p < .05$, and with higher levels of observed child distress, $r(31) = .43, p < .05$. Reported warmth, in contrast, was associated with lower levels of observed child distress, $r(31) = -.34, p < .05$. Finally, mothers who endorsed open communication were observed to spend more time talking with their children, $r(31) = .47, p < .01$. As with fathers, no consistent associations emerged for Discourages Emotional Expression.

Overall, then, observational data suggest that at least some of these new scales may be related in interesting ways to parent and child behaviors. I hope they will prove interesting and useful in your own research.

Completely replicated scales

Conflict with child

5. I often feel angry with my child.
 34. *I am easy going and relaxed with my child.*
 69. There is a good deal of conflict between my child and me.

Reflected (negative) items indicated by *italics*.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	60	.63	2.8	1.1	
Pennsylvania	216	.67	2.6	1.2	
Montreal	49	.67	2.8	1.1	
Toronto 1	64	.45	3.5	1.5	
Toronto 2	56	.54	2.4	1.0	
Toronto 3	54	.51	3.4	1.6	
Halifax	70	.72	2.9	1.4	
	569	.62	2.8	1.3	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Open communication

1. I respect my child's opinions and encourage him/her to express them.
31. *I do not allow my child to get angry with me.*
53. I encourage my child to talk about his/her troubles.
70. *I do not allow my child to question my decisions.*

Reflected (negative) items indicated by *italics*.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	60	.75	5.7	.9	
Pennsylvania	216	.49	5.6	.8	
Montreal	49	.53	5.8	.8	
Toronto 1	64	.46	7.5	.8	
Toronto 2	56	.51	7.5	.8	
Toronto 3	54	.66	6.5	1.6	
Halifax	70	.63	7.4	1.1	
	569	.55	6.3	1.0	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Replicated scales for the Child Rearing Practices Q-sort, page 10

Partially replicated scales

Warmth

18. I express affection by hugging, kissing, and holding my child.
 40. I joke and play with my child.
 42. My child and I have warm, intimate times together.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	60	.70	6.4	.7	
Pennsylvania	216	.64	6.6	.6	
Montreal	49	.67	6.4	.8	
Toronto 1	64	.62	8.0	1.1	
Toronto 2	55	.36	8.5	.6	
Toronto 3	54	.71	7.0	1.6	
Halifax	70	.54	8.4	.7	item 40 omitted
	568	.61	7.2	.8	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Replicated scales for the Child Rearing Practices Q-sort, page 11

Protective, Worries

8. I watch closely what my child eats and when s/he eats.
28. I worry about the bad and sad things that can happen to a child as s/he grows up.
68. I worry about the health of my child.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	58	.51	4.5	1.2	
Pennsylvania	216	.43	4.5	1.1	
Montreal	49	.35	4.8	1.3	item 68 omitted
Toronto 1	64	.64	5.6	1.7	
Toronto 2	56	.62	5.1	1.5	
Toronto 3	54	.49	5.7	1.6	
Halifax	70	.37	5.7	1.3	
	567	.47	5.0	1.3	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Anxiety Induction

29. I teach my child that in one way or another punishment will find him/her when s/he is bad.
47. I expect my child to be grateful and appreciate all the advantages s/he has.
65. I believe my child should be aware of how much I sacrifice for him/her.
83. I control my child by warning him/her about the bad things that can happen to him/her.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	58	.51	2.8	.9	
Pennsylvania	216	.40	3.1	.9	
Montreal	49	.48	3.1	.9	
Toronto 1	64	.35	3.6	1.1	
Toronto 2	55	.41	3.1	1.1	
Toronto 3	53	.47	4.5	1.4	
Halifax	70	.38	4.0	1.3	item 65 omitted
	565	.42	3.4	1.1	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Replicated scales for the Child Rearing Practices Q-sort, page 13

Independence, autonomy

26. I let my child make many decisions for him/herself.
44. I think one has to let a child take many chances as s/he grows up and tries new things.
45. I encourage my child to be curious, to explore and question things.
75. I encourage my child to be independent of me.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	60	.48	5.3	1.0	item 45 omitted
Pennsylvania	216	.46	5.4	.9	
Montreal	49	.69	5.7	1.0	
Toronto 1	64	.61	6.7	1.4	item 44 omitted
Toronto 2	56	.62	7.0	1.1	
Toronto 3	53	.59	6.0	1.5	
Halifax	70	.52	6.7	1.1	
	568	.53	5.9	1.1	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

Discourages Emotional Expression

11. *I feel a child should be given comfort and understanding when s/he is scared or upset.*

55. I teach my child to keep control of his/her feelings at all times.

82. I think children must learn early not to cry.

Note: Reflected (negative) items indicated by *italics*.

Sample	N	Cronbach"	mean	SD	Notes
Vancouver	60	.44	1.6	.6	
Pennsylvania	216	.51	1.8	.7	
Montreal	49	.58	1.8	.8	
Toronto 1	64	.48	2.5	1.3	item 11 omitted
Toronto 2	56	.07	2.1	.6	item 82 not present
Toronto 3	54	.77	3.3	1.8	
Halifax	69	.29	2.0	.8	
	568	.46	2.1	.9	weighted averages

Note: For Vancouver, Pennsylvania, and Montréal, scale scores can range from 1 to 7.

For Toronto and Halifax, scores can range from 1 to 9.

The Child-rearing Practices Report (CRPR): A Set of Q items for the
Description of
Parental Socialization Attitudes and Values

The Child-rearing Practices Report (CRPR, Block, 1965) was developed in order to provide a self-descriptive instrument tapping both common and uncommon dimensions in the socialization realm using a method that would minimize the response sets that have plagued many self-descriptive measures. The CRPR was derived from empirical observations of mothers interacting with their children in different structured experimental situations. A Q-sort format for administration was selected for four compelling reasons: (1) it minimizes response sets - e.g., acquiescence, social desirability, and differential use of hyperbole; (2) it minimizes the respondent's defensiveness through the use of items stated in relatively neutral terms; (3) it is an ipsative procedure and, as such, is more appropriate for use across different sub-groups or cultures; and (4) it has proven to be a refreshing, and ego-involving method for collecting self-descriptive data because 9 cards can be moved about and degree of endorsement or rejection can be expressed readily.

Constructing the Item Pool

The initial item pool was developed from the behavioral dimensions found to differentiate groups of mothers with different child-handling techniques. Mother-child interactions in standardized situations were observed and quantified using both a behavioral checklist and a set of Q-items tapping interpersonal or interactional behaviors (Block, Jennings, Harvey & Simpson, 1964). The 9 descriptions of the observed mother-child interactions were factored using an inverse principal

components factor analysis with communality entries of unity in order to identify types or patterns of mother-child interactions. In developing the CRPR, the discriminating variables issuing from this cluster analysis of observed mother-child interactions were identified and rephrased in a form suitable for self-administration. In this way, items were written to tap each differentiating dimension of mother-child behaviors included in the factorial study.

To supplement the empirically derived item pool, a thorough review of the socialization literature was conducted and additional items were written to tap dimensions not included originally in the observational study.

The item pool was then further enriched by a third source of input. A series of discussions with colleagues from several European countries undertaken while the author was spending a research year abroad resulted in the identification of still other dimensions not yet represented in the item pool. The contributions of psychologists from other countries were valuable in extending the coverage of the item domain and in reducing the culture boundedness of the item pool.

¹ Professor Anni von der Lippe, Dagfinn Ås, Berit Ås, Per Olaf Tiller, Bjorn Christiansen, and Kikkan Christiansen are among those in Norway who contributed importantly to the development of the CRPR. The suggestions of Professors Franz From of the University of Copenhagen, Ingar Johansson, School of Education, Stockholm, Sweden and Isto Ruoppila of the university of Jyväskylä, Finland further benefitted this CRPR item pool.

that are administered in a Q-sort format with a forced-choice, seven-step distribution.

The items are appropriate for the description of both maternal and paternal child-rearing attitudes and values. Two forms of the test have been developed: a first-person form which is appropriate for both mothers and fathers, and a third-person form that can be completed by young people to describe the child-rearing orientations of their mothers and/or fathers. Items comprising each form are listed in Appendices II and III.

The CRPR has been translated into several languages: Norwegian, Swedish, Danish, Finnish, Croatian, Cantonese, and Dutch. It has proven to be a suitable and sensitive instrument for use in cross-cultural investigations (Block and Christiansen, 1966; Block, 1973).

To date the CRPR has been administered to more than 6000 persons representing different age groups (ages 16 to 50), different socio-economic levels (unskilled workers to professionals), different educational levels (sixth grade to advanced degrees), and different national origins (Norwegian, Swedish, English,

In its present form, the CRPR consists of 91 socialization-relevant statements

Instructions for Administration

The instructions for self-administration of the CRPR were devised and pretested with many different and heterogeneous groups in an attempt to insure their clarity and understandability. The instructions provide a series of steps to be followed in completing the Q sorting and advise the parent to focus upon a specified child in the family while responding to the Q items. To encourage more precise descriptions of child-rearing attitudes and values, the items are phrased, wherever possible, in the Finnish, Danish, Dutch, Chinese, Yugoslavian, and American).

active voice (e.g., I do, I ask, I emphasize, I believe) and emphasize a behavioral orientation. The test has been administered both in group sessions and by mail in cases where group administration was not feasible. Although collection of any research data through the mails is not optimal, the specificity of the Q-sort instructions has made this form of administration possible. A copy of the instructions for Form I is included in Appendix I.

Reliability of the CRPR

Reliability of the CRPR has been assessed in two test-retest studies. In the first study, 90 young people enrolled in a child psychology course described their child-rearing philosophies using the CRPR at the beginning of the course and again, at its completion, eight months later. The average correlation between the two tests was .707 (range = .38 to .85; sigma = .10). In the second study, 66 Peace Corps volunteers used the CRPR to describe the child-rearing orientations of both their parents. Three years later, upon completion of their Peace Corps duty, they were asked to describe again their perceptions of their mothers' and fathers' child-rearing attitudes. The table below indicates the average cross-time correlations for males and females.²

I am grateful to Norma Haan for making available to me the retest data

Table 1. Average Cross-time Correlations of CRPR Responses

	Females (<i>N</i> = 27)	Males (<i>N</i> = 39)	Combined (<i>N</i> = 66)
Description of Mother	<i>r</i> = .69	<i>r</i> = .61	<i>r</i> = .64 <i>J</i> = .26
Description of Father	<i>r</i> = .66	<i>r</i> = .64	<i>r</i> = .65 <i>J</i> = .23

The range of cross-time correlations in the student-descriptions-of-parents study was .04 to .85 for maternal descriptions and .13 to .85 for paternal descriptions. It will be noted that the cross-time correlations in both studies are high, suggesting considerable stability for both the first and third person forms of the CRPR. It is to be expected, perhaps, that self-described child-rearing orientations are more stable than the descriptions of parental socialization practices by young adults still engaged in the process of establishing their own identities. The time intervals for both studies (one and three years) are considerable and it is probable that the correlations obtained in these two studies represent the lower limit of test-retest reliability because of the intensity of the intervening experiences and the self-confrontation typical of this life stage.

Although test-retest data have not been obtained from samples of parents, it is expected that their self-descriptions would show even greater stability over time since many of the identity issues facing young adults that might affect their perceptions of self and parents would, hopefully, have been resolved.

Construct Validity of the CRPR

In assessing construct validity of the CRPR, we are concerned with the degree to

which parental self-descriptions of child-rearing behaviors reflect, in fact, actual parental behaviors vis-a-vis their children. Accordingly, the relationship was sought between self-report as indexed by CRPR responses and actual maternal behaviors toward the child as observed in three structured situations designed to tap achievement emphasis, modes and degree of control, and independence training (Block *et al.*, 1964). In this study, 112 mothers were observed interacting with their children in three situation and these interactions were quantified by means of observer-provided Q-sort data and subjected to an inverse principal components factor analysis. Eight types or clusters of mothers were identified on the basis of the nature of their interactions vis-a-vis their children. Four years later, following the development of the CRPR, the mothers participating in the observation study were contacted and asked to respond to the CRPR. It proved possible to contact 76 of the original sample and all mothers who were successfully contacted completed the Q-sort descriptions of their child-rearing orientations.

To evaluate the congruence of the data obtained from the two different situations, the mothers defining each cluster emerging from the typological analysis were compared with the complement group in terms of their CRPR descriptions. Reliability of the differences between groups was assessed by *t*-tests. The CRPR items significantly associated with membership in each of the eight mother-child interaction clusters are presented in Table 2 below. It should be noted that the left-hand column in the table lists the observer-specified variables defining each cluster while the right-hand column presents the self-described CRPR items differentiating mothers in a particular cluster from all other mothers in the group.

Table 2. Comparison of Observational and CRPR Items as a Function of Interactional Type

Observational Data Q-items significantly differentiating mothers in Interaction Type 1 (<i>N</i> = 12)	Self-report Data CRPR responses obtained four years later and associated significantly with mothers in Interaction Type 1 (<i>N</i> = 8)
<i>Characteristic Items</i>	
Is firm with C	I don't think young children of different sexes should be allowed to see each other naked.
Deprives C	I do not allow my C to say bad things about his teacher.
Critical of C	I do not allow my C to get angry with me.
Distant with C	I expect my C to be grateful and appreciate all the advantages he has.
Rejects C	I believe in toilet training a C as soon as possible.
	I believe children should not have secrets from their parents.
	I teach my C to keep control of his feelings at all times.
	I punish my C by taking away a privilege he otherwise would have had.
	I believe that too much affection and tenderness can harm or weaken a C.

I believe my child should be aware of how much I sacrifice for him.

I sometimes tease and make fun of my C.

I worry about the health of my C.

I don't think C should be given sexual information before they can understand everything.

Uncharacteristic Items

Finds satisfaction in C

I respect my C's opinions and encourage him to express them.

Encourages C

Affectionate with C

I put the wishes of my mate before the wishes of my C.

Emotionally responsive to C

Interacts with C

When my C gets into trouble, I expect him to handle the problems mostly by himself.

I punish my C by putting him off somewhere by himself for a while.

I feel a C should have time to think, daydream, and even loaf sometimes.

I worry about the bad and sad things that can happen to a C as he grows up.

I joke and play with my C.

I encourage my C to be curious, to explore and question things.

When I am angry with my C, I let him know it.

I like to have some time for myself, away from my C.

<p>Q-items significantly differentiating mothers in Interaction Type 2 ($N = 25$)</p>	<p>I encourage my C to be independent of me. CRPR responses significantly associated four years later with mothers in Interaction Type 2 ($N = 15$)</p>
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Characteristic Items

Finds satisfaction in C.	I find some of my greatest satisfactions in my C.
Wants C to be independent	
Easy going and relaxed with C	I encourage my C to wonder and think about life.
Respects C	
Encourages C	I feel a child should have time to think, daydream, and even loaf sometimes.
Is proud of C	
Enjoys C	I find it interesting and educational to be with my C for long periods.
Trusts C	

Uncharacteristic Items

Is ambivalent about C	I do not allow my C to say bad things about his teacher.
Anxious over C	I give up some of my own interests because of my C.
Critical of C	I expect my C to be grateful and appreciate all the advantages he has.
Angry with C	I believe C should not have secrets from their parents.

Rejecting of C	I believe that too much affection and
	tenderness can harm or weaken a C.
Tense with C	I sometimes tease and make fun of my C.
Emotionally involved with C	
Impatient With C	

Feels burdened by C	
Q-items significantly	CRPR responses significantly associated
differentiating mothers in	four years later with mothers in Interaction
Interaction Type 3 (<i>N</i> = 25)	Type 3 (<i>N</i> = 16)

Characteristic Items

Is competitive with C	I encourage my C always to do his best.
Solicitous with C	I sometimes feel that I am too involved with my
Wants C to respond	C.
Is anxious with C	I find it difficult to punish my C.
Possessive of C	I worry about the health of my C.
Angry with C	I get pleasure from seeing my C eating well and
Dominates C	enjoying his food.
Emotionally involved with C	I believe it is unwise to let C play a lot by
Impatient with C	themselves without supervision from grown-
Interacts with C	ups.
Apologizes for C	

Uncharacteristic Items

wants C to be independent	I give C a good many duties and family
	responsibilities.

Firm with C	I have strict, well established rules for my C.
passive with C	I give my C extra privileges when he behaves well.
Hides feelings from C	I enjoy a house full of children.
Understands C	My C and I have warm, intimate times together.
Keeps C at a distance	
trusts C	
respects C	
Permissive with C	

Makes C feel comfortable	
Q-items significantly	CRPR responses significantly associated
differentiating mothers in	four years later with mothers in Interaction
Interaction Type 4 (N = 5)	Type 4 (N = 3)

Characteristic Items

Is afraid of C	I do not blame my C for whatever happens if others ask for trouble.
Ambivalent about C	
passive with C	I put the wishes of my mate before the wishes of my C.
Anxious over C	
Tries to please C	
Handles C with kid gloves	
Shares play and humor with C	

Uncharacteristic Items

Firm with C	I believe that a C should be seen and not heard.
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Dominates C	I expect a great deal of my C.
Expects obedience	I sometimes feel that I am too involved with my C.
Inhibits C	I give my C extra privileges when he behaves well.

Q-items significantly differentiating mothers in Interaction Type 5 (N = 10) CRPR responses significantly associated four years later with mothers in Interaction Type 5 (N = 8)

Characteristic Items

Solicitous of C	I respect my c's opinions and encourage him to express them.
Understands C	I talk it over and reason with my C when he misbehaves.
Interested in C	I encourage my C to be curious, to explore and question things.
Wants C to respond	I enjoy having a house full of C.
Teases C	I teach my C that he is responsible for what happens to him.
Finds satisfaction in C	I feel it is good for a C to play competitive games.
Shares play and humor with C	I encourage C to be independent of me.

Uncharacteristic Items

Is condescending with C	I wish C did not have to grow up so fast
-------------------------	--

Critical of C	I teach my C to keep control of his feelings at all times.
Ambivalent with C	I believe scolding and criticism make my C improve.
Hides feelings from C	I let my C know how ashamed and disappointed I am when he misbehaves.
Rejects C	I instruct my C not to get dirty while he is playing.
Confuses C	I get pleasure from seeing my C eating well and
Passive with C	enjoying his food.
Deprives C	

Keeps C distant	
Q-items significantly	CRPR responses significantly associated
differentiating mothers in	four years later with mothers in Interaction
Interaction Type 6 (<i>N</i> = 7)	Type 6 (<i>N</i> = 6)

Characteristic Items

Is proud of C	I punish C by putting him off by himself for a while.
Firm with C	I do not blame my C for whatever happens if others ask for trouble.
Passive with C	I let my C know how ashamed and disappointed I am when he misbehaves
Easy going with C	I control my C by warning him about the bad things that can happen to him.

Straightforward with C	I don't think C should be given sexual information before they can understand everything.
Understands C	
Keeps C at a distance	
Trusts C	
Compliments C	

Uncharacteristic Items

Afraid of C	I let my C make many decisions for himself.
Wants C to respond	I teach my C that in one way or another punishment will find him when he is bad.
Affectionate with C	
Interested in C	I have strict, well-established rules for C.
Anxious about C	I encourage C to be curious, to explore and question things.
Solicitous of C	
Interacts with C	I believe C should not have secrets from their parents.
Tries to please C	
Concerned about impression C makes	I worry about the health of my C.
Emotionally involved with C	I feel that it is good for a C to play competitive games.
Possessive of C	
	I make sure I know where my C is and what he is doing.

Q-items significantly differentiating mothers in	CRPR responses significantly associated four years later with mothers in Interaction
Interaction Type 7 (N = 9)	Type 7 (N = 7)
<i>Characteristic Items</i>	
Encourages guilt	I give my C a good many duties and family responsibilities.
Condescending with C	I do not allow my C to question my decisions.
Inhibits C	I want my C to make a good impression on others.
Ambivalent about C	I instruct my C not to get dirty while he is playing.
Critical of C	
Keeps C distant	
Dominates C	
Sets high standards for C	
Deprives C	
Angry with C	
<i>Uncharacteristic Items</i>	
Proud of C	I help my C when he is being teased by his friends.
Encourages C	I find it difficult to punish my C.
Interacts with C	I tend to spoil my C.
Affectionate with C	
Finds satisfaction in C	
Understands C	
Respects C	

Enjoys C

Emotionally responsive to C

Q-items significantly differentiating mothers in	CRPR responses significantly associated four years later with mothers in Interaction
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Interaction Type 8 (*N* = 6)

Type 8 (*N* = 3)

Characteristic Items

Talks over disagreements with C I put the wishes of my mate before the wishes

Insists C make decisions of my C.

Passive with C I joke and play with my C.

Tries to please C I expect my C to be grateful and appreciate all

Emotionally responsive to C the advantages he has.

Interested in C I believe that scolding and criticism make my C

Permissive with C improve.

Encourages C

Hides feelings from C

Uncharacteristic Items

Defends C I give up some of my own interests because of

Sarcastic with C my C.

Angry with C I find it difficult to punish my C.

Firm with C I let my C make many decisions for himself.

Straightforward with C

Interrupts C

Dominates C

It will be observed from Table 2 that there is appreciable psychological coherence in the findings derived from the two data bases -- observational and self-descriptive data. Unfortunately, the small numbers of mothers in some of the clusters have attenuated the relationships. However, when it is remembered that a four-year interval separated the collection of the observational and self-descriptive data and that the CRPR was administered after the mothers had been earlier assessed in interaction with their children, these results do provide indication of the behavioral relevance of the CRPR.

Scoring and Analysis of the CRPR

Depending upon the nature of the questions being asked, different approaches to data analysis of the CRPR can be undertaken.

1) *Item-analysis*: For many purposes, comparisons of the means of each of the 91 items for different samples may be evaluated directly via *t*-test of analysis of variance. Generally, the item analysis approach to the CRPR does not require non-parametric methods such as the Mann-Whitney test. The several or many items significantly characterizing samples of individuals can, in their own right, be extremely informative about the values or person qualities of the individuals being compared. Studies using this item analysis approach include Block, 1972; Block, 1973; Block & Block, 1973; Block & Christiansen, 1966; Haley, 1974; Hesselbart, 1968; Haan, Smith, & Block, 1968; and Smith, Haan, & Block, 1970.

2) *The use of criterion Q-sorts*. For certain forms of research questions, we may wish to know whether individuals in one group exemplify a concept or a criterion more than do individuals in a second group. For example, are the mothers of

activist college students more "autonomy-inducing" than the mothers of non-activist college students? Do Scandinavian parents foster "communal" values as opposed to "agentic" values to a greater extent than do American parents?; and so on. In such inquiries, the emphasis is on an over-all summarizing comparison of Q-sorts rather than the aggregation of significantly but often diverse in meaning items. What is required is a formulation of the concept or criterion proposed by the investigator to integrate or encompass the basis for the difference between the comparison samples. This can be readily accomplished by having several "criterion-definers" (psychologists or other individuals acknowledged as competent to define the criterion) each independently Q-sort the CRPR items so as to express the ultimate or idealized "autonomy-inducing" or "communal" or "agentic" or "whatever" individual, using either the First Person Form or Third Person Form, as appropriate for the actual data to be analyzed. These "criterion-definitions" are then averaged, this average or composite being taken as a consensual definition of the concept. Subsequently, the actual CRPR Q-sorts of the individuals being studied can be correlated with this criterion-definition. If the correlation is high, then that individual is similar to the criterion; if the correlation is low or negative, that individual is not like the criterion. These correlations, used as scores, express for each individual his overall closeness or distance to the construct being evaluated. These scores then can be compared, for the groups being contrasted, via *t*-test or analysis of variance. In addition or alternatively, these (correlations used as) scores can be further correlated with other variables. This approach has proven useful in a number of settings.

3) *The discernment of types or clusters of people.* CRPR data can readily be

submitted to inverse factor analysis or related techniques so as to cluster individuals into homogeneous groups, then analyzing independent sources of information for the correlates of group membership. For exploratory studies especially, when we do not already possess a schema with which to organize the world, this approach is valuable.

The preceding three methods of analysis are described in greater detail, with particular reference to logical and statistical problems and solutions in Block (1961).

4) *Scale construction.* Another method that researchers may wish to employ involves the summing of scores on a number of CRPR items so as to generate a scale score. Such scores have proven useful in several studies where they have been used as a basis for group comparisons (Arnell, 1968; Block, Haan, & Smith, 1969; Block, 1969; Feshbach, 1973; Haley, 1974). Generally, such scores have been based on the results of factor analyses of the CRPR items *within the particular sample being studied and are valid within the studies for which they were developed.* However, because CRPR item intercorrelations vary appreciably as a function of the sample being studied, and because the CRPR was specifically developed to minimize the kind of redundancy that factor analysis defines as communal variance, no generalized or widely applicable factor scales for the CRPR can be offered here.

Typically, when factor analysis is applied to the CRPR, something between 28 and 33 factors are found (eigenvalues greater than unity when the communality entry is unity), for both the First Person and Third Person Forms of the CRPR. In eight factor analyses of the First Person CRPR Form, the first varimax factor has accounted for only about 11 per cent of the variance (range from 10.4% to 11.7%), an impressively small figure for a first factor. In ten different factor analyses of the Third

Person CRPR Form, involving samples of students from six different countries, only about 16 per cent of the variance has been accounted for by the first varimax factor (range from 13.2% to 18.6%), again an unusually small figure. The very many factors that underlie the CRPR and the entailed result that even the largest CRPR factor is still small means that factor analysis is not able to simplify or usefully reduce the many kinds of information contained within the CRPR.

Appended Materials

The instructions for administering the CRPR are included in Appendix I. The item listing for Form I (the First Person Form) and Form II (the Third Person Form) are to be found in Appendices II and III, respectively.

Appendix I

Instructions for the Q-Sort Cards

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In trying to gain more understanding of young children, we would like to know what is important to you as a parent and what kinds of methods you have used in raising your child-- in particular, your child who is now in preschool or day care. You are asked to indicate your opinions by sorting through a special set of cards that contain statements about bringing up children.

The WHITE cards are to be used by MOTHERS; the BLUE cards are to be used by FATHERS.

Please do the task separately and do not discuss the card placements with your spouse. After you have each completed the task on your own, then you may find it interesting to discuss the sorts, but please don't change your sorts after this discussion. It is very important that we find out the real differences, as well as the similarities, between mothers and fathers in their child rearing attitudes and behavior.

The Cards and Envelopes

Each set or deck contains 91 cards. Each card contains a sentence having to do with child rearing. Some of these sentences will be true or descriptive of your attitudes and behavior in relation to your child. Some sentences will be untrue or

undescriptive of your feelings and behavior toward your child. By sorting these cards according to the instructions below, you will be able to show how descriptive or undescriptive each of these sentences is for you.

Together with the cards you have received 7 envelopes, with the following labels:

7. These cards are most descriptive.
6. These cards are quite descriptive.
5. These cards are fairly descriptive.
4. These cards are neutral, neither descriptive nor undescriptive.
3. These cards are fairly undescriptive.
2. These cards are quite undescriptive.
1. These cards are most undescriptive.

Your task is to choose 13 cards that fit into each of these categories and to put them into their proper envelopes.

How to Sort the Cards (You may wish to check off each step as completed.)

- ___1. Mothers take the WHITE cards and shuffle them a bit first. Fathers take the BLUE cards and shuffle them a bit first.
- ___2. Find a large cleared surface, like a kitchen table or desk, and spread out the envelopes in a row, going from 7 to 1 (Most Descriptive to Most Undescriptive):
7 6 5 4 3 2 1
- ___3. Now take the shuffled deck of cards, and read each sentence carefully. Then make three piles of cards: one pile containing cards that are generally true or descriptive of you; one pile that you're not certain about; and one pile of cards

that are generally not true or descriptive.

It doesn't make any difference how many cards you put in each of the three piles at this time, since you'll probably have to do some switching around later. But you may find it helpful if each pile contains about the same number of cards. Now your cards and envelopes look like this:

7 6 5 4 3 2 1

"Descriptive" Cards "Not Sure" "Undescriptive" Cards
Cards

- ___4. Now, take the pile of descriptive cards and pick out the 13 cards that are *most* descriptive of your behavior with your child. Put these cards on top of envelope #7. Don't put them inside yet, because you might want to shift some of them later.
- ___5. Next, from the cards that remain, pick out 13 cards that you think are *quite* descriptive of your behavior and put these on top of envelope # 6. (If you run out of cards from your "descriptive" pile, you'll have to add some of the more descriptive cards from your "Not Sure" pile.)
- ___6. Now, begin at the other end. Take the pile of "undescriptive" cards and pick out the 13 cards that are *most undescriptive* of you. Put these on envelope #1.
- ___7. Then pick out the 13 cards which are *quite undescriptive* and put them on top of envelope #2. (Again, you may have to "borrow" from your "Not Sure" pile to make the necessary 13 cards for envelope #2.)
- ___8. You should now have 39 cards left over. These are now to be sorted into three

new piles with 13 cards in each: 13 cards that are *fairly descriptive* of you (to be put on envelope #5); 13 cards that are *neither descriptive nor undescriptive* (to be put on envelope #4); and 13 cards that are *fairly undescriptive* (to be put on envelope #3).

You may find it hard, as others have, to put the same number of cards in each pile but we must ask you to follow these directions exactly, even if you feel limited by them.

- ___9. Now, as a last step, look over your sort to see if there are any changes you want to make. When the cards seem to belong where you have put them, double-check to be sure that you have 13 cards in each pile. Then put each pile in the proper envelope and tuck in the flaps. The small envelopes go into the large envelop for return to the nursery school.

Thank you for your cooperation!

Appendix II.

The Child-rearing Practices Report (CRPR): A Set of Q items for the
Description of
Parental Socialization Attitudes and Values

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1. I respect my child's opinions and encourage him/her to express them.
2. I encourage my child always to do his/her best.
3. I put the wishes of my mate before the wishes of my child.
4. I help my child when s/he is being teased by his/her friends.
5. I often feel angry with my child.
6. If my child gets into trouble, I expect him/her to handle the problem mostly by himself/herself.
7. I punish my child by putting him/her off somewhere by himself/herself for a while.
8. I watch closely what my child eats and when s/he eats.
9. I don't think young children of different sexes should be allowed to see each other naked.
10. I wish my spouse were more interested in our children.
11. I feel a child should be given comfort and understanding when s/he is scared or upset.

12. I try to keep my child away from children or families who have different ideas or values from our own.
13. I try to stop my child from playing rough games or doing things where s/he might get hurt.
14. I believe physical punishment to be the best way of disciplining.
15. I believe that a child should be seen and not heard.
16. I sometimes forget the promises I have made to my child.
17. I think it is good practice for a child to perform in front of others.
18. I express affection by hugging, kissing, and holding my child.
19. I find some of my greatest satisfactions in my child.
20. I prefer that my child not try things if there is a chance s/he will fail.
21. I encourage my child to wonder and think about life.
22. I usually take into account my child's preferences in making plans for the family.
23. I wish my child did not have to grow up so fast.
24. I feel a child should have time to think, daydream, and even loaf sometimes.
25. I find it difficult to punish my child.
26. I let my child make many decisions for him/herself.
27. I do not allow my child to say bad things about his/her teachers.
28. I worry about the bad and sad things that can happen to a child as s/he grows up.
29. I teach my child that in one way or another punishment will find him/her when s/he is bad.

30. I do not blame my child for whatever happens if others ask for trouble.
31. I do not allow my child to get angry with me.
32. I feel my child is a bit of a disappointment to me.
33. I expect a great deal of my child.
34. I am easy going and relaxed with my child.
35. I give up some of my own interests because of my child.
36. I tend to spoil my child.
37. I have never caught my child lying.
38. I talk it over and reason with my child when s/he misbehaves.
39. I trust my child to behave as s/he should, even when I am not with him/her.
40. I joke and play with my child.
41. I give my child a good many duties and family responsibilities.
42. My child and I have warm, intimate times together.
43. I have strict, well-established rules for my child.
44. I think one has to let a child take many chances as s/he grows up and tries new things.
45. I encourage my child to be curious, to explore and question things.
46. I sometimes talk about God and religious ideas in explaining things to my child.
47. I expect my child to be grateful and appreciate all the advantages s/he has.
48. I sometimes feel that I am too involved with my child.
49. I believe in toilet training a child as soon as possible.
50. I threaten punishment more often than I actually give it.

51. I believe in praising a child when s/he is good and think it gets better results than punishing him/her when s/he is bad.
52. I make sure my child knows that I appreciate what s/he tries or accomplishes.
53. I encourage my child to talk about his/her troubles.
54. I believe children should not have secrets from their parents.
55. I teach my child to keep control of his/her feelings at all times.
56. I try to keep my child from fighting.
57. I dread answering my child's questions about sex.
58. When I am angry with my child, I let him/her know it.
59. I think a child should be encouraged to do things better than others.
60. I punish my child by taking away a privilege s/he otherwise would have had.
61. I give my child extra privileges when s/he behaves well.
62. I enjoy having the house full of children.
63. I believe that too much affection and tenderness can harm or weaken a child.
64. I believe that scolding and criticism makes my child improve.
65. I believe my child should be aware of how much I sacrifice for him/her.
66. I sometimes tease and make fun of my child.
67. I teach my child that s/he is responsible for what happens to him/her.
68. I worry about the health of my child.
69. There is a good deal of conflict between my child and me.
70. I do not allow my child to question my decisions.
71. I feel that it is good for a child to play competitive games.
72. I like to have some time for myself, away from my child.

73. I let my child know how ashamed and disappointed I am when s/he misbehaves.
74. I want my child to make a good impression on others.
75. I encourage my child to be independent of me.
76. I make sure I know where my child is and what s/he is doing.
77. I find it interesting and educational to be with my child for long periods.
78. I think a child should be weaned from the breast or bottle as soon as possible.
79. I instruct my child not to get dirty while s/he is playing.
80. I don't go out if I have to leave my child with a stranger.
81. I think jealousy and quarrelling between brothers and sisters should be punished.
82. I think children must learn early not to cry.
83. I control my child by warning him/her about the bad things that can happen to him/her.
84. I think it is best if the mother, rather than the father, is the one with the most authority over the children.
85. I don't want my child to be looked upon as different from others.
86. I don't think children should be given sexual information before they can understand everything.
87. I believe it is very important for a child to play outside and get plenty of fresh air.
88. I get pleasure from seeing my child eating well and enjoying his/her food.
89. I don't allow my child to tease or play tricks on others.

90. I think it is wrong to insist that young boys and girls have different kinds of toys and play different sorts of games.
91. I believe it is unwise to let children play a lot by themselves without supervision from grown-ups.

Appendix III.

The Child-rearing Practices Report

Form II

(Third Person; Mother Form³)

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1. My mother respected my opinions and encourage me to express them.
2. My mother encouraged me always to do my best.
3. My mother placed my father's wishes ahead of those of her children.
4. My mother helped me when I was being teased by my friends.
5. My mother often felt angry with me.
6. When I got into trouble, I was expected to handle the problem mostly by myself.
7. My mother used to punish me by putting me off somewhere by myself for a while.
8. My mother watched closely what I ate and when I ate.
9. My mother did not believe that young children of different sexes should be allowed to see each other naked.
10. My mother wish my father had been more interested in his children.

³ For use with fathers, the items are changed to read "My father ..."

11. My mother gave me comfort and understanding when I was scared or upset.
12. My mother tried to keep me away from children or families who had different ideas or values from our own.
13. My mother did not want me to play rough games or doing things where I might get hurt.
14. My mother believed physical punishment was the best method of discipline.
15. My mother thought a child should be seen and not heard.
16. My mother sometimes forget the promises she made to me.
17. My mother thought it was good practice for me to perform in front of others.
18. My mother expressed affection by hugging, kissing, and holding me.
19. Some of my mother's greatest satisfactions were gotten from her children.
20. My mother did not want me to try things if she thought I might fail.
21. My mother encouraged me to wonder and think about life.
22. My preferences were usually taken into account in making plans for the family.
23. My mother was reluctant to see me grow up.
24. My mother felt I should have time to think, daydream, and even loaf sometimes.
25. My mother find it difficult to punish me.
26. My mother let me make many decisions for myself.
27. My mother did not allow me to say bad things about my teachers.
28. My mother worried about the bad and sad things that could happen to me as I grew up.

29. My mother taught me that in one way or another punishment would find me when I was bad.
30. My mother did not blame me for whatever happened if others asked for trouble.
31. My mother did not allow me to get angry with her.
32. My mother felt I was a bit of a disappointment to her.
33. My mother expected a great deal of me.
34. My mother was easy going and relaxed with me.
35. My mother gave up some of her own interests because of her children.
36. My mother tended to spoil me.
37. My mother believed that I always told the truth.
38. My mother talked it over and reasoned with me when I misbehaved.
39. My mother trusted me to behave as I should, even when she was not around.
40. My mother joked and played with me.
41. My mother gave me a good many family duties and responsibilities.
42. My mother and I shared many warm, intimate times together.
43. My mother had strict, well-established rules for me.
44. My mother realized that she had to let me take some chances as I grew up and tried new things.
45. My mother encouraged me to be curious, to explore and question things.
46. My mother sometimes explained things to me by talking about supernatural forces and beings.
47. My mother expected me to be grateful and appreciate all the advantages I had.
48. My mother was too wrapped up in her children.

49. My mother believed in starting toilet training as soon as possible.
50. My mother threatened punishment more often than she actually give it.
51. My mother emphasized praising me when I was good more than punishing me when I was bad.
52. My mother let me know she appreciated what I tried or accomplished.
53. My mother encouraged me to talk about my troubles.
54. My mother did not believe children should have secrets from their parents.
55. My mother encouraged me to keep control of my feelings at all times.
56. My mother discouraged me from fighting.
57. My mother dreaded answering my questions about sex.
58. My mother let me know when she was angry.
59. My mother encouraged me to do things better than others.
60. My mother deprived me of privileges to punish me.
61. My mother gave me extra privileges when I was good.
62. My mother enjoyed having the house full of children.
63. My mother felt that too much affection and tenderness could harm or weaken a child.
64. My mother thought that scolding and criticism would make me improve.
65. My mother let me know how much she sacrificed for me.
66. My mother sometimes used to tease and make fun of me.
67. My mother taught me that I was responsible for what happened to me.
68. My mother worried about the state of my health.
69. There was a good deal of conflict between my mother and me.

70. My mother do not allow me to question her decisions.
71. My mother believed that it was good for me to play competitive games.
72. My mother liked to have some time for herself – away from her children.
73. My mother used to tell me how ashamed and disappointed she felt when I misbehaved.
74. My mother wanted me to make a good impression on others.
75. My mother encouraged me to be independent of her.
76. My mother always made sure she knew where I was and what I was doing.
77. My mother found being with her children interesting and educational – even for long periods of time.
78. My mother believed a child should be weaned from the breast or bottle as soon as possible.
79. My mother expected me not to get dirty while I was playing.
80. My mother preferred to stay home when I was young rather than leave me with a stranger.
81. My mother punished me if I expressed jealousy or resentment towards my brothers and sisters.
82. My mother taught me at an early age not to cry.
83. My mother used to control me by warning me of all the bad things that could happen to me.
84. My mother was the one with the most authority over the children.
85. My mother didn't want me looked upon as different from others.

APPENDIX VI

Child Attachment Checklist					
	Symptoms	None	Mild	Moderate	Severe
1	Is unable to give and receive love	0	1 2 3	4 5 6 7	8 9 10
2	Is oppositional, argumentative, defiant	0	1 2 3	4 5 6 7	8 9 10
3	Is emotionally phony, hollow, or empty	0	1 2 3	4 5 6 7	8 9 10
4	Is manipulative or controlling	0	1 2 3	4 5 6 7	8 9 10
5	Has frequent or intense angry outbursts	0	1 2 3	4 5 6 7	8 9 10
6	Is an angry child inside	0	1 2 3	4 5 6 7	8 9 10
7	Unable to cry about something sad	0	1 2 3	4 5 6 7	8 9 10
8	Avoids or resists physical closeness and touch	0	1 2 3	4 5 6 7	8 9 10
9	Cannot be trusted	0	1 2 3	4 5 6 7	8 9 10
10	Has little or no conscience	0	1 2 3	4 5 6 7	8 9 10
11	Is superficially engaging and charming	0	1 2 3	4 5 6 7	8 9 10
12	Lack of eye contact on parental terms	0	1 2 3	4 5 6 7	8 9 10
13	Indiscriminately affectionate on parents' terms	0	1 2 3	4 5 6 7	8 9 10
14	Not affectionate on parents' terms	0	1 2 3	4 5 6 7	8 9 10
15	Destructive to self, others, and property	0	1 2 3	4 5 6 7	8 9 10
16	More disobedient toward mom than dad	0	1 2 3	4 5 6 7	8 9 10
17	Cruel to animals	0	1 2 3	4 5 6 7	8 9 10
18	Steals	0	1 2 3	4 5 6 7	8 9 10
19	Lies about the obvious (crazy lying)	0	1 2 3	4 5 6 7	8 9 10
20	Is impulsive or hyperactive	0	1 2 3	4 5 6 7	8 9 10
21	Lacks cause and effect thinking	0	1 2 3	4 5 6 7	8 9 10
22	Gorges or hoards food	0	1 2 3	4 5 6 7	8 9 10
23	Has poor peer relationships	0	1 2 3	4 5 6 7	8 9 10
24	Preoccupation with fire, blood, or violence	0	1 2 3	4 5 6 7	8 9 10
25	Persistent nonsense questions or incessant chatter	0	1 2 3	4 5 6 7	8 9 10
26	Inappropriately demanding or clingy	0	1 2 3	4 5 6 7	8 9 10
27	Sexual acting out	0	1 2 3	4 5 6 7	8 9 10
28	Bossy with peers	0	1 2 3	4 5 6 7	8 9 10
Download .pdf version of Child Attachment Checklist					
Information used by permission of Dr. Walder D. Buening, Ph.D. Reactive Attachment Disorder (RAD) Treatment Healing with Love and Limits: See Web site					

APPENDIX VIII

Reactive Attachment Disorder Checklist

女子

This list was compiled from the Infant Symptom Checklist developed by Walter Buening, PhD, and the Evergreen Consultants symptom list. The items marked by an asterisk* are additional symptoms observed by Attach-China families.

Click on symptoms to read experiences of Attach-China families.

- I. Reciprocal Relationships
 - A. Disturbances in physical contact/connection with parents
 - 1. Resists or dislikes being held
 - 2. Stiffens or becomes rigid when held
 - 3. Prefers being held with back towards mother
 - 4. Does not hold on when held (no reciprocal holding)
 - 5. When held chest to chest, faces away
 - 6. Cries or rages when held beyond wishes
 - 7. Gets in and out of parents lap frequently (never settling in)
 - 8. Likes playpen or crib more than being held
 - 9. Does not return or reciprocate hugs (remains limp or stiffens up, turns away)
 - B. Disturbances in emotional connection with parents
 - 1. Resists comforting or nurturance
 - 2. Poor eye contact or avoids eye contact
 - 3. Does not return smiles
 - 4. Shows very little imitative behavior
 - 5. Generally unresponsive to parent
 - 6. Reaches for others to hold her rather than parent
 - 7. Not affectionate on parent's terms (when parents ask for affection)
 - 8. Prefers dad to mom
 - 9. Unable to give and receive love
 - 10. Inappropriately demanding and clingy
 - 11. In infants, wants to hold the bottle as soon as possible
 - C. Disturbances in relationships in general
 - 1. Lack of or unstable peer relationships
 - 2. Mistrustful of / lacks trust in others
 - 3. Exploitative, manipulative, controlling, bossy
 - 4. Inability to feel empathy towards others*
 - 5. Need to always be in control*
 - 6. Superficially engaging and charming
 - 7. Indiscriminately affectionate with strangers
- II. Affect
 - A. Flat, lifeless affect (too quiet) / inability to show emotions
 - B. Frequently sad, depressed or helpless
 - C. Intense displays of anger (rage)
 - D. Inappropriate emotional responses -- e.g. laughing when people get shot on TV
 - E. Extreme fright at unexpected or unusual triggers
 - F. Marked mood changes
 - G. "Abnormal" crying in infancy

1. Cries/miserable all the time; chronically fussy
2. Rarely cries (overly good baby)
3. Child's cries sound the same regardless of cause, i.e., cries for food, discomfort, pain, anger, sadness, rage all sound the same
4. Angry or rageful when cries

III. Behavior

- A. Difficulty with change or transitions
- B. Lack of impulse control
- C. Consistently irresponsible
- D. Hyperactive
- E. Persistent nonsense questions and incessant chatter
- F. Self destructive behavior
- G. Difficulty with saying good-byes*
- H. Autistic-like behaviors*
- I. Conceals knowledge/skills/abilities*
- J. Accident prone
- K. Poor hygiene
- L. Victimized by others -- i.e. sets self up
- M. Blames others for own mistakes and problems
- N. Enuresis and encopresis - e.g. refusing to use toilet, smearing poop, wetting or pooping in pants to express anger
- O. Inappropriate sexual conduct and attitudes
- P. "Antisocial" behaviors
 1. Aggression / violence toward others
 2. Steals
 3. Deceitful (lying, conning)
 4. Cruelty to animals
 5. Frequently defies rules (oppositional)
 6. Preoccupation with fire gore or evil
 7. Victimizes others (perpetrator, bully)

IV. Development

- A. Little or reduced verbal responsiveness in infants
- B. Lack of cause and effect thinking
- C. Learning disorders
- D. Language disorders

V. Sleeping

- A. Physically restless when sleeping
- B. Difficulty falling asleep / fear of falling asleep* / extreme bed-avoidance behaviors*
- C. Talking in sleep
- D. Night wandering
- E. Frequent nightmares and/or night terrors*
- F. Clings to parent when asleep / can't be put down without waking*

VI. Eating

- A. Hoards food
- B. Continuous eating / doesn't know when to stop eating*
- C. Refuses to eat*
- D. Abnormal eating habits -- e.g. eats slowly one day, gulps the next
- E. Uses eating/appetite to control parents (asks for tuna, then says "I hate tuna, or I'm not hungry")

VII. Play

- A. Overly independent play in infants or toddlers / makes no demands
- B. Overly controlling play* Does not accept direction/suggestions from playmates
- C. Disorganized or repetitive play*
- D. Games with abandonment themes*

- E. Aggression towards toys*
 - F. Inability to "bond" with any toy*
 - G. Cannot play by themselves, needs constant direction/supervision or demands constant interaction
- VIII. Self-concept
- A. Perceives self as a victim (helpless)
 - B. Grandiose sense of self-importance
 - C. Perceives self as bad and not worthy of loving
- IX. Physiological
- A. Chronic body tension
 - B. High pain tolerance/overreaction to minor injury
 - C. Tactilely defensive -- can't tolerate light touch
 - D. Seldom gets sick*
 - E. Prone to "autoimmune" type conditions*

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APPENDIX IX

Answering of Research Questions

This section presents descriptive statistics for the variables in the study. The mean scores as well as the standard deviation in the analyses indicate that the data are normally distributed.

Research Question 1: What is the relationship between attachment parenting practice and secure attachment style?

Table 1:The relationship between attachment parenting practice and secure attachment style

Variables	N	MEAN	S.D
Attachment Parenting Practice	83	15.7229	6.14849
Secure Attachment Style	83	9.9639	2.08879
Total			

The table 4.3.1 above showed that attachment parenting practice of parent has mean of (M = 15.72) while the mean for secure attachment style is (M = 9.96). This indicated that attachment parenting practice had higher mean score than secure attachment style, this meant that attachment parenting practice affect secure attachment style. Thus, attachment parenting practice had relationship with secure attachment style.

Research Question 2: What is the relationship between attachment parenting practice and ambivalent attachment style?

Table 2: The relationship between attachment parenting practice and ambivalent attachment style

Variables	N	MEAN	S.D
Attachment Parenting Practice	83	15.7229	6.14849
Ambivalent Attachment Style	83	15.1398	5.17949
Total			

The table 4.3.1 above showed that attachment parenting practice of parent has mean of (M = 15.72) while the mean for ambivalent attachment style is (M = 15.14). This indicated that attachment parenting practice and ambivalent attachment style did not differ, this meant that attachment parenting practice do not affect ambivalent attachment style. Thus, attachment parenting practice had no relationship with ambivalent attachment style.

Research Question 3: What is the relationship between attachment parenting practice and avoidant attachment style?

Table 3: The relationship between attachment parenting practice and avoidant attachment style

Variables	N	MEAN	S.D
Attachment Parenting Practice	83	15.7229	6.14849
Avoidant Attachment Style	83	14.1928	5.16097
Total			

The table 3 above showed that attachment parenting practice of parent has mean of (M = 15.72) while the mean for avoidant attachment style is (M = 14.19). This indicated that attachment parenting practice and ambivalent attachment style did not differ significantly, this meant that attachment parenting practice do not affect avoidant attachment style. Thus, attachment parenting practice had no relationship with avoidant attachment style.

Research Question 4: What is the relationship between fosterage and secure attachment style?

Table 4: The relationship between fosterage and secure attachment style

Variables	N	MEAN	S.D
Fosterage	83	9.7470	5.97074
Secure Attachment Style	83	9.9639	2.08879
Total			

The table 4 above showed that fosterage has mean of (M = 9.74) while the mean for secure attachment style is (M = 9.96). This indicated that fosterage and secure attachment style did not significantly differ, this meant that fosterage do not affect secure attachment style. Thus, fosterage had no relationship with secure attachment style.

Research Question 5: What is the relationship between fosterage and ambivalent attachment style?

Table 5: The relationship between fosterage and ambivalent attachment style

Variables	N	MEAN	S.D
Fosterage	83	9.7470	5.97074
Ambivalent Attachment Style	83	15.9398	5.17949
Total			

The table 5 above showed that fosterage has mean of (M = 9.74) while the mean for ambivalent attachment style is (M = 15.93). This indicated that fosterage had lower mean score than ambivalent attachment style, this meant that fosterage and secure attachment style differ significantly. Thus, attachment parenting practice had relationship with secure attachment style.

Research Question 6: What is the relationship between fosterage and avoidant attachment style?

Table 6: The relationship between fosterage and avoidant attachment style

Variables	N	MEAN	S.D
Fosterage	83	9.7470	5.97074
Avoidant Attachment Style	83	14.1928	5.16079
Total			

The table 6 above showed that fosterage has mean of (M = 9.74) while the mean for ambivalent attachment style is (M = 14.19). This indicated that fosterage had lower mean score than avoidant attachment style, this meant that fosterage and avoidant attachment style differ significantly. Thus, attachment parenting practice had relationship with avoidant attachment style.

Research Question 7: What is the relationship between multiple parenting practice and secure attachment style?

Table 7: The relationship between multiple parenting practice and secure attachment style

Variables	N	MEAN	S.D
Multiple Parenting Practice	83	9.7711	4.44955
Secure Attachment Style	83	9.9639	2.08879
Total			

The table 7 above showed that multiple parenting practice has mean of (M = 9.77) while the mean for secure attachment style is (M = 9.96). This indicated that multiple parenting practice and secure attachment style did not significantly differ, this meant that multiple parenting practice do not affect secure attachment style. Thus, multiple parenting practice had no relationship with secure attachment style.

Research Question 8: What is the relationship between multiple parenting practice and ambivalent attachment style?

Table 8: The relationship between multiple parenting practice and ambivalent attachment style

Variables	N	MEAN	S.D
Multiple Parenting Practice	83	9.7711	4.44955
Ambivalent Attachment Style	83	15.9398	5.17949
Total			

The table 8 above showed that multiple parenting practice has mean of (M = 9.77) while the mean for ambivalent attachment style is (M = 15.94). This indicated that multiple parenting

practice had lower mean score than ambivalent attachment style, this meant that multiple parenting practice and ambivalent attachment style differ significantly. Thus, attachment parenting practice had relationship with ambivalent attachment style.

Research Question 9: What is the relationship between multiple parenting practice and avoidant attachment style?

Table 9: The relationship between multiple parenting practice and avoidant attachment style

Variables	N	MEAN	S.D
Multiple Parenting Practice	83	9.7711	4.44955
Avoidant Attachment Style	83	14.1928	5.16097
Total			

The table 9 above showed that multiple parenting practice has mean of (M = 9.77) while the mean for avoidant attachment style is (M = 14.19). This indicated that multiple parenting practice had lower mean score than avoidant attachment style, this meant that multiple parenting practice and avoidant attachment style differ significantly. Thus, attachment parenting practice had relationship with avoidant attachment style.

APPENDIX X

OUTPUT

	Name of pupils	Name of the sch. or care giving centre	school type	local government area	Sex
N	Valid 83	83	83	83	83
	Missing 0	0	0	0	0

Frequencies

Name of pupils

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00	83	100.0	100.0	100.0

Name of the sch. or care giving centre

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00	83	100.0	100.0	100.0

School type

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Public	41	49.4	49.4	49.4
Private	42	50.6	50.6	100.0
Total	83	100.0	100.0	

Local Government Area

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Kad North	51	61.4	61.4	61.4
Kad South	32	38.6	38.6	100.0
Total	83	100.0	100.0	

Sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	39	47.0	47.0	47.0
Female	44	53.0	53.0	100.0
Total	83	100.0	100.0	

CORRELATIONS

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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Attachment_Parenting_Practice	15.7229	6.14849	83
SECURE_ATTACHMENT_STYLE	9.9639	2.08879	83

Correlations

		Attachment_Parenting_Practice	SECURE_ATTACHMENT_STYLE
Attachment_Parenting_Practice	Pearson Correlation	1	.312**
	Sig. (2-tailed)		.003
	N	83	83
SECURE_ATTACHMENT_STYLE	Pearson Correlation	.312**	1
	Sig. (2-tailed)	.003	
	N	83	83

** . Correlation is significant at the .05 level (2-tailed).

CORRELATIONS

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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Attachment_Parenting_Practice	15.7229	6.14849	83
AMBIVALENT_ATTACHMENT_STYLE	15.1398	5.17949	83

Correlations

		Attachment_Parenting_Practice	AMBIVALENT_ATTACHMENT_STYLE
Attachment_Parenting_Practice	Pearson Correlation	1	.119
	Sig. (2-tailed)		.212
	N	83	83
AMBIVALENT_ATTACHMENT_STYLE	Pearson Correlation	.119	1
	Sig. (2-tailed)	.212	
	N	83	83

CORRELATIONS

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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Attachment_Parenting_Practice	15.7229	6.14849	83
AVOIDANT_ATTACHMENT_STYLE	14.1928	5.16097	83

Correlations

		Attachment_Parenting_Practice	AVOIDANT_ATTACHMENT_STYLE
Attachment_Parenting_Practice	Pearson Correlation	1	.316**
	Sig. (2-tailed)		.081
	N	83	83
AVOIDANT_ATTACHMENT_STYLE	Pearson Correlation	.316**	1
	Sig. (2-tailed)	.081	
	N	83	83

CORRELATIONS

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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Fosterage	9.7470	5.97074	83
SECURE_ATTACHMENT_STYLE	9.9639	2.08879	83

Correlations

		Fosterage	SECURE_ATTACHMENT_STYLE
Fosterage	Pearson Correlation	1	-.140
	Sig. (2-tailed)		.126
	N	83	83
SECURE_ATTACHMENT_STYLE	Pearson Correlation	-.140	1
	Sig. (2-tailed)	.126	
	N	83	83

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Fosterage	9.7470	5.97074	83
AMBIVALENT_ATTACHMENT_STYLE	15.9398	5.17949	83

Correlations

		Fosterage	AMBIVALENT_ATTACHMENT_STYLE
Fosterage	Pearson Correlation	1	.240*
	Sig. (2-tailed)		.012
	N	83	83
AMBIVALENT_ATTACHMENT_STYLE	Pearson Correlation	.240*	1
	Sig. (2-tailed)	.012	
	N	83	83

*. Correlation is significant at the .05 level (2-tailed).

CORRELATIONS

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/STATISTICS DESCRIPTIVES
/MISSING=PAIRWISE.
    
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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Fosterage	9.7470	5.97074	83
AVOIDANT_ATTACHMENT_STYLE	14.1928	5.16097	83

Correlations

		Fosterage	AVOIDANT_ATTACHMENT_STYLE
Fosterage	Pearson Correlation	1	.440**
	Sig. (2-tailed)		.015
	N	83	83
AVOIDANT_ATTACHMENT_STYLE	Pearson Correlation	.440**	1
	Sig. (2-tailed)	.015	
	N	83	83

** . Correlation is significant at the .05 level (2-tailed).

CORRELATIONS

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Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Multiple_Parenting_Practice	9.7711	4.44955	83
SECURE_ATTACHMENT_STYLE	9.9639	2.08879	83

Correlations

		Multiple_Parenting_Practice	SECURE_ATTACHMENT_STYLE
Multiple_Parenting_Practice	Pearson Correlation	1	.310
	Sig. (2-tailed)		.822
	N	83	83
SECURE_ATTACHMENT_STYLE	Pearson Correlation	.310	1
	Sig. (2-tailed)	.822	
	N	83	83

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Multiple_Parenting_Practice	9.7711	4.44955	83
AMBIVALENT_ATTACHMENT_STYLE	15.9398	5.17949	83

		Multiple_Parenting_Practice	AMBIVALENT_ATTACHMENT_STYLE
Multiple_Parenting_Practice	Pearson Correlation	1	.408**
	Sig. (2-tailed)		.002
	N	83	83
AMBIVALENT_ATTACHMENT_STYLE	Pearson Correlation	.408**	1
	Sig. (2-tailed)	.002	
	N	83	83

** . Correlation is significant at the .05 level (2-tailed).

CORRELATIONS

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/STATISTICS DESCRIPTIVES

/MISSING=PAIRWISE.

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Multiple_Parenting_Practice	9.7711	4.44955	83
AVOIDANT_ATTACHMENT_STYLE	14.1928	5.16097	83

Correlations

		Multiple_Parenting_Practice	AVOIDANT_ATTACHMENT_STYLE
Multiple_Parenting_Practice	Pearson Correlation	1	.445**
	Sig. (2-tailed)		.000
	N	83	83
AVOIDANT_ATTACHEMENT_STYLE	Pearson Correlation	.445**	1
	Sig. (2-tailed)	.000	
	N	83	83

** . Correlation is significant at the 0.05 level (2-tailed).