Researchers interested in parenting have investigated a wide range of topics classified together as parental cognitions. These topics include, for example, parental beliefs, perceptions, attributions, values, socialization goals, as well as knowledge about children’s development and childrearing itself. Specifically, parenting knowledge refers to factual information or empirical evidence of some type that usually is endorsed by members of the scientific community. Thus, parenting knowledge can be differentiated from other parental cognitions in that knowledge refers to factual information, whereas values and socialization goals, for example, refer to desirable or ideal modes of conduct or end-states of existence (see, e.g., Goodnow, 1995; McGillicuddy-De Lisi, & Sigel, 1995; Schwartz, & Bilsky, 1987; Sigel, & McGillicuddy De Lisi, 2002).

Studies of parenting knowledge themselves cover many domains. In an extensive review Borns, Hahn, Suizar, Cote, and Haynes (2005) identified three main domains of knowledge: 1) knowledge about child development (i.e., knowledge about basic child requirements, abilities, and accomplishments as well as expectations about when a child will achieve a particular developmental skill); 2) knowledge about health and safety (i.e., basic information about how to promote children’s health, how to prevent home accidents, and how to cope effectively with illness); and, 3) knowledge about strategies to meet the physical, biological, socioemotional, and cognitive needs of children as they develop. Parents use their knowledge to interpret their children’s behaviors and development and to guide...
Parenting knowledge has been conceptualized in part as a product of personal experience with children and in part as a product of social interactions (Goodnow, 1995; McGillicuddy-De Lisi, & Sigel, 1995). Ecological views (e.g., Bronfenbrenner, 1986; Harkness, & Super, 1994, 1995) have provided useful frameworks to explain how social groups promote parenting knowledge. These frameworks have helped to explain, for instance, differences in parental expectations concerning the acquisition of intellectual, behavioral, and social abilities across cultural and social groups (see Goodnow, Cashmore, Cotton, & Knight, 1984; Hess, Kashiwagi, Azuma, Price, & Dickson, 1980; Joshi & MacLean, 1997; Rosenthal & Gold, 1989). For example, in Israel, Ninio (1979) reported that mothers of low socioeconomic status (SES) and low educational level (EL) believed that children acquire basic cognitive skills (e.g., vision, hearing, and speech comprehension) at a later age than high SES and EL mothers. In the same direction, Ninio also reported that low SES and EL mothers believed that the introduction of certain cognitively stimulating activities (e.g., start talking to the baby, start telling stories, start talking of absent objects, buy first book) should occur later than did high SES and EL mothers.

In the Philippines, Williams, Williams, Lopez, and Tayko (2000) examined expectations about children’s development and childrearing practices in rural and urban mothers. In general, urban mothers and mothers with more education had higher developmental expectations (e.g., believed that children start to sit or to talk earlier). Accordingly, mothers with higher expectations also reported implementing earlier a variety of specific childrearing practices (e.g., talking to the baby, telling stories, reading the first book, introducing solid foods, teaching cognitive skills like color names).

Studies of parenting knowledge about health and safety have also provided useful information for governments and health agencies. In Italy, Angelillo, Ricciardi, Rossi, Panitanso, Langiano, and Favia (1999) studied knowledge, attitudes, and behaviors of mothers regarding immunization. Mothers with more education and those who were older at the time of the child’s birth had more knowledge regarding immunization. In Angelillo et al.’s (1999, p. 227) view, “lack of knowledge prevents Italian mothers from playing an effective role in the eradication of vaccine-preventable diseases in Italy,” and educational programs could enhance parental collaboration and levels of vaccination. Similarly, in the United States, Russell and Champion (1996) identified a significant association between mothers’ self-efficacy beliefs and knowledge about home-related effective injury prevention in young children. Their findings also showed that mothers’ knowledge about injury prevention was positively associated with mothers’ home safety practices.

Benasich and Brooks-Gunn (1996) examined the effects of maternal knowledge concerning child environment and on-child cognitive and behavior outcomes in a longitudinal study of a low-birth-weight, preterm cohort. They employed several questionnaires to evaluate maternal knowledge, including a subset of 20 items extracted from the questionnaire that we employed in the present study, the Knowledge of Infant Development Inventory (KIDI, MacPhee, 1981). Benasich and Brooks-Gunn found that maternal knowledge about children’s development and childrearing provided which in turn significantly affected children’s cognitive and behavioral outcomes. Bornstein and colleagues (2005) used the same instrument (the KIDI) in a three-part study of mothers’ knowledge about children’s development and childrearing, where mothers obtain their knowledge, and what factors principally influence the amount and accuracy of that knowledge. Mothers of 2-year-olds completed the KIDI and provided information about sociodemographic and health status variables as well as sources of support for their parenting. In Study 1, where 1331 U.S. mothers participated, mothers’ age, education, and access to written materials each uniquely contributed to higher scores. No differences were found between mothers of girls and mothers of boys, in effects of mothers’ employment status, or between birth and adoptive mothers; adult mothers scored higher than adolescent mothers, and mothers improved in their knowledge of parenting from their first to their second child. In Study 2, 74 Japanese and South American immigrant mothers to the United States were compared to mothers in their country of origin and to European American mothers in the United States. Immigrant mothers’ parenting knowledge was more similar to mothers in their country-of-origin than their host country. In Study 3, 252 mothers participated representing six additional countries: Argentina, Belgium, France, Israel, Italy, and Japan. U.S. American immigrant mothers to the United States were compared to mothers in their country of origin and to European American mothers in the United States. Immigrant mothers’ parenting knowledge was more similar to mothers in their country-of-origin than their host country. In Study 3, 252 mothers participated representing six additional countries: Argentina, Belgium, France, Israel, Italy, and Japan. U.S. American immigrant mothers to the United States were compared to mothers in their country of origin and to European American mothers in the United States. Immigrant mothers’ parenting knowledge was more similar to mothers in their country-of-origin than their host country. In Study 3, 252 mothers participated representing six additional countries: Argentina, Belgium, France, Israel, Italy, and Japan. 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of SES, plays a key role in parental knowledge. In a national study, Sedi de Moura et al. (in press) administered the Brazilian version of the KIDI and a sociodemographic questionnaire to a sample of 405 primiparous mothers of children less than 12 months of age. Data were collected in six mid- to large-size cities from four regions of Brazil (south, southeast, northeast, and north). Mothers of boys and mothers of girls did not differ in their knowledge about infant development. KIDI scores correlated with mothers’ educational level, mothers’ socioeconomic status, age, and children’s age. Moreover, mothers’ educational level and residential city were the best predictors of knowledge aboutinfant development when infants’ age entered as covariate.

Until recently, research in parenting has focused almost exclusively on mothers. This focus reflects, in part, recognition of the fact that mothers have traditionally and across cultures assumed primary responsibility for early childcare and participate in childrearing activities at significantly higher rates than fathers (see Bornstein et al., 2003). However, research interest in fathers and their role in the family life has grown significantly in the past two decades (Costigan & Cox, 2001).

Although fathers became a topic of interest and research, few studies have specifically examined fathers’ knowledge about parenting. Stevens (1988), for instance, has investigated expectations for normative development in a sample of 35 low-income European American couples with young children. Mothers reported more accurate expectations for normative development than fathers. However, more accurate mothers had more accurate spouses, even when education was controlled. Hierarchical regression analyses revealed that mothers’ education, fathers’ education, and fathers’ parenting knowledge explained significant amounts of variance in mothers’ parenting knowledge. Creator, Helms-Erikson, Updegraff, and McHale (1999) later investigated conditions underlying mothers’ and fathers’ knowledge about children’s daily lives in middle childhood and provided evidence about the reciprocal causation between parents’ characteristics and children’s characteristics. In general, mothers were much more knowledgeable about their children’s daily lives than were fathers. However, both mothers and fathers knew more about offspring of the same sex than about opposite-sex children.

In sum, studies of parenting knowledge frequently have investigated what types of knowledge parents have, how accurate their knowledge is, and what factors can be related to differences in knowledge level. The present study investigated these several questions in a Brazilian sample of mothers and fathers. First, what do Brazilian mothers and fathers know about childrearing and child development? Do mothers’ and fathers’ parenting knowledge differ? Are mothers’ and fathers’ parenting knowledge related? Second, what is the relevance of factors like parents’ age and children’s age and sex for parenting knowledge in mothers versus fathers? In this study, we evaluated the relevance of factors thought to account for variation in parenting knowledge within a multivariate ecological perspective (e.g., Bronfenbrenner & Morris, 1998; Cohen & Cohen, 1983). From this perspective we assume that variables can be classified in order of their distal to proximal causal relations to a specific psychological construct (e.g., parenting knowledge).

Method

Participants
A total of 70 married Brazilian couples living in Rio de Janeiro participated. The main inclusion criteria were that (1) couples had one biological child, (2) mothers were primiparous, (3) mothers and fathers were 18 years or older, (4) all infants were term at birth, younger than 24 months of age, healthy at the time of the study, and had no significant medical problems before the study. About 76% of the fathers were first-time parents. The snowball technique was employed to identify eligible participants. The number of couples necessary for statistical analyses was estimated using power analyses; at the end of the study, analysis revealed that the sample size had adequate statistical power.

Table 1 presents sociodemographic characteristics of the sample. Fathers were older than mothers. The 7-point scale of educational level and the 9-point scale of occupational status developed by Hollingshead (1975) were employed to evaluate education attainment and occupational status of the mothers and fathers (see also Bornstein, Hahn, Szwalsky, & Haynes, 2003a). There were no significant differences between mothers and fathers in educational attainment or in occupational prestige. The Hollingshead Four-Factor Index of Social Status (HI; Hollingshead, 1975) was employed to evaluate family socioeconomic status (SES); 54.3% (n = 38) of couples were composed of two gainfully employed parents, 38.6% (n = 27) were composed of one gainfully employed parent, and 7.1% (n = 5) lived with relatives and had no gainfully employed parent. For couples with two gainfully employed parents, individual SES scores of the two parents were averaged to yield the couple HI score; for couples with only one gainfully employed parent, that gainfully employed parent determined the HI score of the couple. In a previous study involving 64 households and three SES indexes, Riba et al. (2003) verified that the HI is a reliable measure of SES in the Brazilian context. Approximately equal numbers of parents of girls (n = 33) and boys (n = 37) participated in the study, and they had infants approximately 9 months of age on average (range = 1 to 24).

Parenting Knowledge

The Knowledge of Infant Development Inventory (KIDI; MacPhee, 1981; see also Miller, 1988) was used to assess
The KIDI was selected for this study because it provides a broad coverage of information. This coverage includes, for example, knowledge about norms and milestones (i.e., typical infant’s behavior at a given point in time), knowledge about parenting strategies, knowledge about the developmental processes, and proper nutrition and health care, accident prevention, and the identification and treatment of common ailments relevant to children from birth to 2 years of age. The inventory contains 75 items, 48 of which ask respondents to indicate whether they agree, disagree, or are unsure about a series of statements; for example, “Baby girls are fragile and sick more often, so they need to be treated more carefully than boys.” An additional 20 items ask respondents to choose among four responses — agree, younger, older, or unsure — in relation to statements about when a child should be able to achieve a particular milestone; for example: “Most infants are ready to be toilet trained by one year of age.” The remaining 7 items are either questions or sentence completions with five possible answers; for example: “Select the most appropriate game for a one-year-old: (a) stringing small beads, (b) cutting out shapes with scissors, (c) rolling a ball back and forth with an adult, (d) sorting things by shape and color, (e) not sure”. All items on the KIDI were worded so that they would be accessible to individuals with no more than a 6th grade education and so as to be free of sociocultural biases (MacPhee, 1981). MacPhee also suggested that KIDI could also be divided in subscales but did not provide psychometric properties of these subscales. In the present work we only computed scores for the full scale.

The KIDI was originally standardized on four groups: college students, mothers, doctoral level psychologists, and pediatricians in the United States (MacPhee, 1981). The proportion of total items that was correct was positively and monotonically related to the degree of practical and professional experience with children (mean proportion correct = 0.62, 0.72, 0.86, and 0.87, for college students, mothers, developmental psychologists, and pediatricians, respectively). Two-week test-retest stabilities for mothers (N = 58) ranged from 0.80 to 0.92, and split-half reliabilities averaged 0.85.

Several steps were taken to promote the validity and cultural appropriateness of the Brazilian form of the KIDI and to arrive at a translation that had “adapted” equivalence from a psychological perspective (van de Vijver & Leung, 1997). The questionnaire, originally constructed and written in English, was first translated into Portuguese and then back translated by bilingual bicultural Brazilian natives using standard back-translation techniques (see Brislin, 1980, 1986). Professional psychologists or pediatricians next checked the translated instrument for preservation of meaning and cultural appropriateness. Then, professionals and bilingual mothers who were not participants in the study were interviewed regarding the cultural validity of items in the instrument. Finally, Ribas and colleagues (2000) conducted several tests to ensure that the instrument was comprehensible and ethnographically valid (van de Vijver & Leung, 1997). They evaluated the correlation between the original and the Brazilian forms of the KIDI in a sample of 20 bilingual parents (r = .75, one-week test-retest interval) and the internal consistency.
of the Brazilian form of the KIDI in a sample of 186 parents (K-R 20 = .81, Guttman split-half = .80).

In the present study, 11 KIDI items (14, 28, 30, 31, 37, 40, 41, 52, 60, 65, 67) were omitted from the analyses because they did not reach satisfactory discrimination indices in our sample (Anastasi & Urbina, 1997). The items omitted did not reduce the wide coverage of the KIDI. Cronbach’s alpha for the remaining 64 items was .72 in our sample of mothers and fathers. The proportion of total correct responses across the 64 items was calculated for each mother and father.

Procedure

Research assistants visited the families’ homes at a time convenient for mothers and fathers. The research was briefly explained to the parents, and informed consent was obtained. Families were not paid for their participation. Mothers and fathers were asked to complete the KIDI individually. Parents also completed an extensive sociodemographic questionnaire. Each visit lasted for approximately 2.30h.

Results

Prior to analyses, distributions for all variables were examined for non-normality and the presence of outliers. The average KIDI score obtained by mothers (M = 0.69, SD = 0.09) was significantly greater than the average score obtained by fathers (M = 0.64, SD = 0.09, r(138) = 4.82, p < .001; one tailed), d = .45. Parents of boys did not differ from parents of girls. Mothers and fathers in the same family were correlated, r(68) = .45, p < .001, adjusted r² = .19. Similar correlation analyses carried out separately for mothers and fathers presented almost the same results: The educational attainment of mothers correlated with their KIDI score, r(68) = .43, p < .001, adjusted r² = .17, and the educational attainment of fathers correlated with their KIDI score, r(66) = .35, p < .004, adjusted r² = .11. Parents' age, for mothers and fathers separately and together, did not correlate with KIDI score; however, children’s age correlated with their parents’ KIDI score, r(138) = .19, p < .02, adjusted r² = .03. Similar correlation analyses for mothers and fathers showed that child age correlated with mothers’ KIDI scores, r(68) = .23, p = .05, adjusted r² = .04, but not with fathers’ KIDI scores, r(68) = .17, p = .16.

A hierarchical regression analysis revealed that parents’ education was significantly related to parenting knowledge, F(1,137) = 24.52, p < .001 (Table 2). Controlling for parents’ education, mothers’ other demographic characteristics (i.e., parents’ age and sex) were significantly related to parenting knowledge, F(3,137) = 6.30, p < .01, but only parent gender predicted parenting knowledge. Controlling for parents’ education and gender, children’s demographic characteristics, as a block, were significant, F(4,137) = 3.23, p < .05, with child age uniquely predictive of parenting knowledge. The final model, retaining only significant variables, was significant, F(3,137) = 14.08, p < .001, accounting for 22.3% of the variance. Parents with more education, mothers, and parents with older children reported greater parenting knowledge (Table 2).

Table 2

Summary of Hierarchical Regressions Analysis for Variables Predicting Parenting Knowledge (N=138)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Final Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>β</td>
<td>SEB</td>
<td>β</td>
<td>SEB</td>
<td>β</td>
</tr>
<tr>
<td>Parents’ education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Point Hollingshead Scale</td>
<td>.02</td>
<td>.00</td>
<td>.39***</td>
<td>.03</td>
</tr>
<tr>
<td>Parents’ demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>.00</td>
<td>.00</td>
<td>-.15</td>
<td></td>
</tr>
<tr>
<td>Sex¹</td>
<td>-.04</td>
<td>.01</td>
<td>-.20*</td>
<td>-.04</td>
</tr>
<tr>
<td>Infants’ demographics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Age (months)</td>
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<tr>
<td>Sex¹</td>
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</table>

R² | 15 | .22 | .24 | 24 |
| Adjusted R² | 15 | .21 | .22 | 22 |
| ΔR² | 15 | .07 | .04 | |
| F for ΔR² | 24.52*** | 6.30** | 3.23* | 14.08*** |

¹(female = 0, male = 1). *p < .05, **p < .01, ***p < .001, (2-tailed).
Separate hierarchical multiple regression analyses for mothers and fathers were also conducted (Table 3). Mothers’ education was significantly related to parenting knowledge, $F_{(1,69)} = 15.13, p < .001$. Controlling for mothers’ education, mothers’ age was significantly related to parenting knowledge, $F_{(2,69)} = 3.92, p < .05$. Controlling for mothers’ education and age, children’s demographic characteristics, as a block, were significant, $F(4,69) = 4.91, p < .01$, with babies’ age uniquely predictive of mothers’ parenting knowledge. The final model, retaining only significant variables, was significant, $F_{(3,69)} = 10.34, p < .001$, accounting for 28.9% of the variance. Older mothers with more education and with older children reported greater parenting knowledge. Fathers’ education was also significantly related to parenting knowledge, $F_{(1,67)} = 15.13, p < .001$. Controlling for fathers’ education, fathers’ age was not significantly related to parenting knowledge, $F_{(2,67)} = 9.03, p = .052$. Controlling for fathers’ education, children’s demographic characteristics as a block were not significant, $F(6,67) = 0.74, p = .48$, and no individual babies’ variable predicted fathers’ parenting knowledge. The final model, retaining only significant variables, was significant, $F_{(1,67)} = 15.13, p < .01$, accounting for 10.7% of the variance. Fathers with more education reported greater parenting knowledge.

**Discussion**

Parents’ knowledge about child development, health and safety, and childrearing is important in many aspects. Parenting knowledge is vital to parents’ evaluation of their children’s behaviors and development and to parents’ everyday decisions about their children’s care. Parenting knowledge is also particularly relevant to pediatric practice (Hickson & Clayton, 2002; Pachter & Dworkin, 1997). In fact, parents are the clinician’s primary source of outside information about the child. Mothers and fathers are usually asked for their expectations, opinions, and concerns about their children’s health and development during visits to clinicians and other health practitioners. The quality of clinical evaluations and the efficacy of clinical recommendations can be significantly improved when parental appraisals are taken into account. However, parents’ knowledge about child development and childrearing are moderated by several factors. As a consequence, clinicians must take into consideration the sources and the contexts of parents’ evaluations when they interpret the information parents provide. As we observed, parenting knowledge is part socially and culturally.
determined. Parenting knowledge about children’s attainment of developmental milestones and skills, for example, differs significantly across cultural groups and is influenced by parents’ education. Awareness of such differences is important to accurate interpretations of parents’ reports about child health, development, and behavior by health practitioners.

In accord with other studies, we found that educational attainment in mothers and fathers played a significant role in parenting knowledge. In general, evidence suggests that one of the best strategies to improve parenting knowledge is to improve parents’ education.

Mothers have traditionally assumed primary responsibility for early childcare and participate in childrearing activities more frequently than fathers. Dessen, and Braz (2000), for example, evaluated social support in a sample of low-SES Brazilian families and verified that, although fathers offered support for mothers, Brazilian mothers assumed the principal responsibility for household and childrearing activities. Our findings are in accordance with this study. First, mothers had more parenting knowledge than fathers, even when education was controlled. Second, experience with children had significant impact on parenting knowledge in Brazilian mothers but not in Brazilian fathers.

In the present study the parents’ age did not emerge as an important factor for parenting knowledge. However, our sample was composed exclusively by adult parents, and so these findings should be viewed with caution. Several studies have failed to identify systematic age-related differences in parenting knowledge in adult parents (e.g., Conrad, Gross, Fogg, & Ruchala, 1992; Schilmoeller & Baranowski, 1985). However, studies that have compared adult mothers with adolescent mothers have identified age-related differences in parenting knowledge (Bornstein et al., 2003b; Ruchala & James, 1997).

Variation in parenting knowledge and its sources has implications for parenting education, pediatric training, and clinical interactions with parents. Policy programs geared to enhance parents’ education might also include efforts to increase parents’ knowledge of child development and childrearing. Such programs can only serve parents and their children well.

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Englewood PARENTING KNOWLEDGE: SIMILARITIES AND DIFFERENCES IN BRAZILIAN MOTHERS AND FATHERS

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