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# "Early Childhood Development:

# Features and Prevention of Disorders"

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**Abstract of a Dissertation**

Scientific specialty and Doctoral program: "Hygiene"
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The dissertation contains 232 standard typewritten pages and is illustrated with 6 tables, 91 figures and 11 appendices, including an author's questionnaire in tabular form and 2 tables with results. The literature reference includes a total of 281 literary sources, of which 183 in Latin and 98 in Cyrillic.

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The public defense of the dissertation will take place on 06.06.2022, Monday from 13.30 in the auditorium …… of the Medical University "Prof. Dr. Paraskev Stoyanov " - Varna.

## I. Introduction

Childhood is the first stage of human life - from the first breath of air to the degree of maturity needed to cope with the challenges of historical time and the environment in which he is born. The duration of childhood is different in different historical epochs. There are countless facts and events that mark the changes of thousands of years ago, reflected in various artifacts and sources from which it is judged that the stages of childhood are a product of a particular society and are directly dependent on its material and spiritual culture. Therefore, childhood, the laws of child development and the laws of development of human society should not and most often are not considered in isolation from each other.

Early childhood development (ECD), scientifically proven, is the most significant, unique in its nature - with its quantitative and qualitative changes - period of childhood, which marks the well-being and quality of life (QOL) of each of us for life (Working group and the Lancet Early Childhood Development Series Steering Committee, 2017).

A scientific review of a significant number of literature sources shows that there are many differences in the definitions of ECD and variations in the age determined by them. They prove the dynamics of the 21st century in all aspects of human life and knowledge and reflect global trends for globalization and multiculturalism. Such are, for example, the definitions of the World Health Organization (WHO), UNICEF (United Nations Children's Fund), the World Bank, the National Children's Network (The World Bank, 2010; WHO, 2017, 2018, 2019; Йосифов и кол., 2018).

In the present study, it is accepted as the working definition of the WHO, as universal standards in public health are created by it: “The early child period is considered to be the most important developmental phase throughout the lifespan. Healthy early child development (ECD) - which includes the physical, social/emotional, and language/cognitive domains of development, each equally important - strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life. What happens to the child in the early years is critical for the child’s developmental trajectory and lifecourse.” (WHO, 2017) From the point of view of age "ECD covers physical, social, emotional, cognitive and motor development between 0-8 years of age" as the focus of this study is on phase 2 - from birth to 3 years of age (WHO, 2019).

The reason for the position in the choice of work definition is the scientific evidence that it is during this time that the child's brain develops at a rate that is never repeated throughout life and therefore nutrition, protection/safety and responsible stimulation through play and communicate with loving adults and

the care, are the goal of the whole society (Center on the Developing Child, Harvard University, 2016, 2017; Станчева и кол., 2017; Трошева-Асенова, 2018; Chamova et al., 2018, Димитрова и Вълчева, 2021).

Early childhood development and its provision as a process with policies and practices at national and institutional level is an extreme challenge with many missing answers to important questions for Bulgarian society. Examples of this are the discussions on the existence of the National Strategy for Children for the period 2019-2030 and the missing data for Bulgaria for the three years since the creation of the WHO statistical database on maternal and child health „Countdown to 2030“ (nurturing-care.org, 2019, 2020, 2021).

In this sense, the topic "Early childhood development: features and prevention of disorders" is extremely relevant and interdisciplinary, with a strong theoretical and applied focus and great social significance. In this case it is presented interdisciplinary and holistically, including various scientific points of view - medical, psychological, sociological, philosophical, anthropological, historical - in the literature review, in formulating the purpose, tasks, design of the study and discussion of results. The intersection point for summarizing the theoretical information sources from different scientific fields and the results of the study is the Hygiene of children and adolescents. With established traditions from the late 19th and early 20th centuries, founded and combining the achievements of pediatrics and pedagogy, age physiology and psychology, general and social hygiene, to this day, it allows in-depth and comprehensive study of the importance and the place, the understanding of childhood and ECD and the care for it in the Bulgarian society. The Hygiene of children and adolescents as a science provides a comprehensive answer to many of the questions related to the impact of the formative environment for harmonious child development and well-being; is the basis on the creation of new hygiene standards, requirements, preventive measures in line with the dynamics of processes in the 21st century. Therefore, for the purposes of this scientific work, the Hygiene of children and adolescents is the chosen scientific field of initial cognition, which allows to supplement and expand the topic of features and prevention of disorders in ECD. Accepting this starting position, the PhD student stands behind the statements: 1) Childhood is a process that develops according to historical epochs, socio-economic and cultural changes in society. 2) The understanding of childhood and its significance are subject to the general philosophical notions of man, to religious and state ideology, to the subculture of the various strata of society. 3) Historically and periodically each previous structure of society exhausts its capabilities to ensure optimal child development and socialization. 4) The achievements of society in the development of the child during the years of his growth is a valuable resource for the development of society. 5) The knowledge of the driving, motivating forces in the modern globalizing society on the parent-child-specialist axis and of the immediate,

formative environment for/ around the child is the primary source for the creation of modern ECD policies. 6) Personal and professional awareness and experience, knowledge and education are the basis of health promotion and prevention.

The dissertation traces the complexity of the ECD process and its gradual transformation into an integrative object of care and research interest. The child is placed at the center of social science, social theory and practice, and the family-oriented approach to the family (nuclear and extended) is adopted. This is evidenced by the analysis provided in the review of the rich heritage of research, theoretical works and practices with authors from around the world, strategic and regulatory documents of global, European and national institutions. It advocates the ideas of antiquity - with the first Aristotle's childhood periodization and Quintilianus' ideas of child development and upbringing, from the Middle Ages, when the child was considered a "child of sin" and a miniature adult to scientific, theoretical and practical achievements of the 20th and 21st centuries. Attention is paid to fundamental ideas and theories such as those of Charles Darwin, William Preyer, Alfred Binet, Sigmund Freud, Лев С. Выготский, Jean Piaget, John Bowlby, Margaret Mahler, Margaret Mead, Мая Лисина, Maria Montessori, Donald Winnicott, Françoise Dolto, Theodor Hellbrugge, Lloyd de Mause, Christopher Wild, McCrindle, Bronfenbrenner. At the same time, the dissertation presents the development of ideas for childhood in Bulgaria, traced through the prism of almost 100 years of chronology - from the emergence of the Union for Child Protection in Bulgaria at the initiative of Prof. Dr. Stefan Vatev (founder of Bulgarian pediatrics) to current demographic processes and support in the period of ECD of children, families and professionals in Bulgarian society. Particular attention is paid to the formation and development of holistic parental competence as a complex and dynamic process, based on the subjective understanding of family self-education and the impact of social interactions and investments in children's health. This study lays the foundations for a study of the parent community in Bulgaria - establishes the degree of awareness of the importance of ECD for it, the needs of parents of modern knowledge, practices, competencies and opportunities for prevention of disorders.

## II. Purpose

To establish the importance of early childhood development (ECD) in the parent community in Bulgaria and the resulting needs for knowledge, practices, competencies and opportunities for prevention of disorders. The results of the research should be used for the purpose of health promotion and prevention in early childhood and for increasing parental competence.

## III. Tasks

1. To carry out "Participant Observation" in the community of "The Green Sea Yard of Varna" for a certain period of time
2. To create a "Questionnaire for measuring the importance of early childhood development (ECD) in the parental community"
3. To study the demographic information about the families included in the survey
4. To assess parental awareness and competencies for ECD up to 3 years and 11 months
5. To assess the parents' attitudes for seeking and using support and interaction between parent and specialist on the axis "parent - child - specialist"
6. To formulate recommendations for health promotion and prevention in early childhood and for increasing parental competence

## IV. Material

### 1. Object of study

The object of the study is the parent community in Bulgaria in the context of its knowledge of the importance and features of ECD and the possibilities for prevention of disorders during this period.

For this purpose, qualitative and quantitative sociological research was conducted.

The qualitative research "Participant Observation" was conducted by the PhD student in the community of "The Green Sea Yard of Varna" - a space for early socialization and prevention of children from 0 to 3 years.

For the purpose of the research in a real environment, for 14 months, in 2 days of the week for 4 hours in the period 2020 - 2021, worksheets are developed and used. They are based on modern concepts for quality sociological research with the implementation of adapted tools (Empathy map; AEIOU framework) to test the hypothesis.

In 2022, a quantitative sociological survey was conducted - a national online survey with parents-respondents for a period of 30 days. The survey uses a "Questionnaire for measuring the importance of early childhood development (Early Childhood Development) in the parental community." The questionnaire is an author's product of the team under Project № 19021/2019 of the Science Fund on the topic “Early childhood development (ECD) – a determinant of

health and quality of life in the modern society", with a leading researcher - the PhD student.

Participation in the study is voluntary and anonymous. All parents over the age of 18 with one and/or more children from 0 months to 3 years and 11 months inclusive are invited to participate. The research is carried out in a virtual environment and conditions suitable for all participants.

The data from the conducted qualitative and quantitative studies are stored on electronic and paper media in an office on the territory of the Department of Hygiene and Epidemiology, and the results obtained are reflected objectively.

## 2. Study design

The studies started after receiving a resolution from the Commission on Ethics of Research with Protocol Decision № 90/30.01.2020 and permission for changes in the project protocol - Protocol Decision № 101/25.03.2021. The research in this dissertation is a part of the Project № 19021/2019 of the Science Fund on the topic "Early childhood development (ECD) – a determinant of health and quality of life in the modern society".

All the planned studies position the project in the field of research work as a descriptive, cutting and mixed (quantitative and qualitative) research. This three-dimensionality of the type of project is a determining factor influencing its design and duration. The temporal parameters of the research are in direct connection with the other significant factors - the realities of the environment in which it is performed (micro and macro environment, internal and external); the resources available for this purpose; newly emerged causal relationships; expected type of data collected. Anticipating all the factors that have both positive and negative impact on research, implies the creation of timely logistics for sustainable implementation and successful completion of the project (Вълчева и кол., 2020). In the context of the general framework of the research project and the goals of the dissertation, qualitative and quantitative sociological research is carried out first in order to smoothly, consistently, productively integrate the results of the two methods.

The qualitative sociological survey "Participant Observation" is conducted in a real environment. It is cyclical in nature and with clearly formulated research hypotheses. The framework for selection of participants includes all parents who visit with their child, once or more times, the space for early socialization and prevention of children from 0 to 3 years "The Green Sea Yard of Varna". All persons visit the space voluntarily, they must be informed about the rules and activities of the space, the presence and field work of specialists in it. The researcher applies a subjective competence approach with a complex and

broad focus on the target group by collecting the necessary data through interviews, observations and analysis. The aim is to study reality as a complex of subjective and numerous interpretations, life experience and perspective of the participants in the study. The results of the current qualitative research are the necessary prerequisite for the next stage - quantitative sociological research.

The framework for the selection of participants in the quantitative sociological survey includes all parents who have reached 18 years of age with one and/or more children from 0 months to 3 years and 11 months inclusive, who wish to participate voluntarily and anonymously in the national online survey. Individuals are included after completing an informed consent prior to the survey itself.

The participants in the study are invited to participate under pre-defined criteria and conditions for this, specified in the informed consent.

In summary, the criteria for admission and inclusion in the study are: 1) parents over 18 years of age; 2) filling in the questionnaire on behalf of only one parent; 3) filling in the questionnaire to refer only to one child in the family; 4) in the case of two or more children under the age of 3 years and 11 months, the questionnaire shall be completed for the older of them.

Through informed consent, respondents were informed of the following: 1) No significant risks or inconveniences were identified related to their participation in the survey. 2) No information about their identity is collected and such will not be processed. 3) The data collected through the survey will be used in the development of a methodology for identifying, assessing and preventing risk factors for ECD and lifelong well-being. 4) The methodology is needed to create a standardized tool - innovative and practically applicable - the penultimate stage of Project № 19021/2019 of the Science Fund. 5) The respondent was given the opportunity at the end of the study to express a free and personal desire to participate in the final stage of the project - a pilot/trial practical application of the standardized tool among the respondents.

A specific part of the design of the survey is the choice of a platform for its publication and storage with easy accessibility/use for the Internet user and the way of its distribution to the respondents in a virtual environment. For this purpose, "Survs" was chosen - a paid platform for professional sociological research with a modern interface, rich features and the possibility of constant feedback. For the dissemination of the questionnaire in social networks, an information campaign is carried out, meeting the goals of social PR - achieving and establishing fruitful relationships between the organization/researcher and the audience/respondent through two-way communication. Harold Lasswell's matrix (Lasswell's "5W" model, 1948 - Who; Says What; In Which Channel; To Whom; With What Effect?) was chosen as the basic communication model.

Thanks to the constant and dynamic answers to the questions in this classic framework of mass communication, a synthesis of technologies with a modern social and media environment and specific characteristics of the research is achieved. Through timely analysis of the communicator, information, media, audience and effect, an information infrastructure is created with its own resources and channels for transmitting information (Sapienza et al., 2015; Wenxiu, 2015).

It includes institutional, non-governmental, community and individual Internet and network users who meet the generalized eligibility and inclusion criteria. At the same time, the design of the present study includes the mandatory components of PR communication: trust, adequacy to the social environment, quality of content, clear messages, constant exchange of information, use of reputable channels/sources of information; taking into account the opportunities of the audience to participate with a minimum of effort on its part.

All the mentioned and described components of the research design in the dissertation guarantee their efficiency and successful realization.

## V. Methods and tools

All methods and procedures related to the current study were performed by the dissertation.

### 1. Documentary methods

For the creation of the present dissertation a significant number of available sources in Bulgarian, Russian, English and French have been analyzed, including publications, articles, books and textbooks related to the topic. For this purpose, the available electronic databases of Scopus, PubMed, Web of Science, Medscape Pediatrics, ScienceDirect and publicly available analyzes, manuals and audio-visual materials of WHO, UNICEF, Center on the Developing Child at Harvard University, Alliance for Early Child Development, National Network for Children, For Our Children, State Agency for Child Protection in the field of early childhood development and care.

### 2. Sociological methods

#### 2.1. Qualitative sociological methods

"Participant Observation" is a qualitative research method that allows research to be conducted in specific situations of everyday interactions of people

and communities through different discourses. At the same time, according to the purpose of the observation, the method allows the researcher to conduct it in the field, in a natural environment, and to focus specifically on the research question and the micro level of social interaction. The researcher observes the social group "from within" in order to establish the inner motivation of people through their activities. The main advantage of the method is that through the observation of the participants the theoretical concepts can be clarified and improved in the process of the direct interaction of the observing researcher with the reality described by him. Thus, the use of the "Participant Observation" method serves both to diagnose an existing problem with gathering in-depth and nuanced information from/through the respondents, and to generate and develop new ideas through quantitative sociological methods.

"Participant Observation" in the community of "The Green Sea Court of Varna" is in the context of the aim of the dissertation by further exploring in depth the motives, causes, attitudes, primary information - social and cultural, preferences, actions, attitudes. Worksheets have been developed for its implementation. They are based on modern concepts for qualitative sociological research ("Participant Observation" with interpretive analysis) with implemented and adapted tools (Empathy map; AEIOU framework) to test the hypothesis. According to the way of implementation, the PhD student's "Participant Observation" is non-standardized, included, field and systematic with added elements of Design thinking. In this way, on the one hand, the possibilities for research, reinterpretation, restructuring of the studied problem are expanded in order to find a way for its solution. On the other hand, the qualitative sociological research carried out in this way is a good basis for creating a toolkit (questionnaire) for quantitative research.

The performed observation corresponds to the recommendations in the scientific and educational literature and is in accordance with the recommendations of the Specialist in Community Psychology and Sociology - research and activities in communities.

### 2.2. Quantitative sociological methods

Quantitative sociological research focuses on the real state of phenomena and trends at the macro level. They build on qualitative research, informing us about the micro level of social interactions in the target group.

Surveys through questionnaires is the most common quantitative method for gathering social information about respondents - for their subjective world - attitudes, behavior, influences, satisfaction, awareness, interests, future behavior and development. Namely, a standardized survey was conducted among the

respondents - parents of children up to 4 years of age according to the "voluntary response sampling" and the "snowball sampling". For this purpose, this questionnaire is used, which is an author's product of the team of Project № 19021/2019 of the Science Fund on "Early childhood development - a determinant of health and quality of life in the modern society", in which the PhD student is a leading researcher, and the Specialist in Community Psychology and Sociology is a researcher.

The questions were developed through analysis of literature data from similar studies and information from the conducted qualitative research "Participant Observation" in the area of early socialization and prevention "The Green Sea Yard of Varna". To optimize the survey, after the preparation of the questionnaire, a "pilot survey" was conducted among 10 respondents. The respondents for the "trial study" are from the main age subgroups of parents of children from 0 to 4 years of age.

The questionnaire includes the following main parts: 1) Informed consent; 2) Guidance information for its completion; 3) Parental competencies for ECD up to 3 years and 11 months; 4) Literacy for ECD; 5) Seeking help from a specialist - experience and attitudes; 6) Quality of life of the child; 7) Demographic issues.

The questionnaire included a total of 47 questions with the following characteristics: 1) Closed question with one answer; 2) Closed question with more than one answer; 3) Closed question with digital scale; 4) Open question without answer.

The questions and answers are formulated: 1) only through positive statements; 2) do not contain a suggestion that tends to lead to an answer; 3) anticipating all possible cases, regardless of the expected number of respondents who will answer them; 4) in an equal way, with equal semantic weight; 5) referring to the same feature; 6) accessible and understandable.

Thanks to the compiled basic constructs and formulation of the questions in them, the maximum reliability of the answers of the respondents is ensured and the possibility to draw conclusions about the existence of causal dependencies in the research through the results.

## 3. Statistical methods

The data were analyzed with statistical package IBM SPSS v.25

The following statistical methods are used in the data analysis:

✔ Method of statistical grouping of data - the indicators are arranged according to their type in variation, interval, category, degree and dynamic statistical series.

✔ Descriptive methods

Descriptive statistics include statistical methods for collecting, tabulating and summarizing data for the purpose of presenting information. Descriptive analysis is based on non-parametric tests.

✔ Statistical estimation method

When testing hypotheses, the level of significance of the null hypothesis is determined according to established practice as alpha = 0.05.

* *Variation analysis* - when comparing continuous and interval indicators, due to the design of the study, a Paired T-test, an Independent-Samples T Test and a One-Way ANOVA are used.

* *Non-parametric analysis* - Pearson's crustabulation and Pearson's $\chi 2$ (chi-squared) test are used to analyze categorical features when handling categorical attributes. They are used to search for significant differences in the frequency of factors divided into different groups or categories. Statistical significance in nonparametric tests is assumed at $p \leq 0.05$. In addition, the descriptive analysis uses mean values, standard deviations (SD), minimum and maximum values, 95% confidence intervals (CIs) and odds ratio (OR).

* *Correlation analysis by the Spearman method*. Bivariate correlation analysis is a method for processing statistical data that is used to study the relationships (correlations) between variables. The analysis looks for relationships between two or more variables to determine whether or not there is a statistical relationship between them. The estimation of the strength of the relationship between the variables is based on the results of the Pearson and Spearman coefficients, with the Spearman coefficient calculating the correlation based on monotonic relationships and the Pearson correlation based on linear relationships.The degree of association between the variables is defined as statistically significant at $p \leq 0.05$, as well as weak at $r < 0.3$, moderate at $0.3 < r < 0.5$, strong at $0.5 < r < 0.7$ and very strong at $> 0.7$.

The information is summarized in MS Excel, and statistical analysis is performed using IBM SPSS Statistics v.25. The obtained results are evaluated as statistically significant when the p-value (p-value) <0.05, thus rejecting the null hypothesis.

### 4. Graphic methods

In order to illustrate and make available statistical information, some of the survey results are presented through tables and figures.

## VI. Results

### 1. Characteristics of the results of the qualitative sociological method "Participant Observation" in the community of the "The Green Sea Yard of Varna" for a certain period of time

#### 1.1. "The Green Sea Yard of Varna" and its community in the context of suitable field terrain for "Participant Observation"

"The Green Sea Yard of Varna" is a project in the field of early childhood development of the Department of "Hygiene and Epidemiology" at the Faculty of Public Health, MU-Varna, of which the PhD student is the idea holder and leader. The project started in 2018 and has been proving its research value, practical significance and benefit for the residents of Varna for more than three years.

The aim of the project, supported annually since 2019 and with a municipal program, is to create a new and sustainable structure in Varna - Center for Early Socialization and Prevention of Deviations in Physical and Mental Health and Development of Children from 0 to 3 years (until the age of 3 years and 11 months) - "The Green Sea Yard of Varna". It is a space between the family, home and society, a center for meetings and communication at different levels (parents-children-specialists). As a transitional space between the family and the kindergarten, it provides early socialization and prevention of children from 0 to 3 years (up to 3 years and 11 months) in an accessible and protected environment, in the presence and with the help of specialists applying an interdisciplinary approach.

The project adapts, applies and develops the ideas of Françoise Dolto and the already established Bulgarian experience in the center established in 2015 in Sofia. With the modern reading of the ideas of Françoise Dolto, in accordance with the community and the dynamics of the city of Varna, the project in its essence is positioned in the field of health promotion.

Françoise Dolto (1908-1988) - pediatrician, psychiatrist, follower of Freud, ally of Jacques Lacan - is one of the emblematic figures of French and world psychoanalytic science, one of the important figures of the 20th century, declared a UNESCO World intellectual heritage of France. Throughout his professional and creative path he has been guided by the idea of prevention and

ethics, of "making concrete progress for the development of children - future adults and future members of society", always defending the "children's cause" in search of their own identity. Françoise Dolto's ideas are the basis for the creation of the Green House and the Green Yard as a place for the reception, play, rest of the little ones and thus a “space for socialization and a smooth transition to independence, kindergarten or rehabilitation.“ (Долто, 2005, 2006, 2009, 2012, 2017, 2018).

"The Green Sea Yard of Varna" is a friendly space on the territory of the Sea Casino-Varna, where the child receives basic security and tranquility, develops through play and communication. The children are accompanied by a parent, without prior registration and order, without pre-organized activities. Parents and children themselves determine the length of their stay.

Communication with the child and the child with others is carried out in the presence of specialists (Pediatrician, Psychologist, Psychoanalyst, Psychotherapist, Psychiatrist, Child psychiatrist, Speech therapist, Ergotherapist, Hygiene of children and adolescents specialist, Specialist in Community Psychology and Sociology). All together, parents-children-specialists, discover and witness social relations and interactions in development, the emerging new personalities, social statuses and roles. In the process of communication between parents and children and between them, the sensitivity of parents to the needs of early childhood is developed, they learn how to accept and welcome their own child, create and build relationships between generations.

In the space, parents get the opportunity to discuss the daily issues that concern them and are related to the child and inherent in the given communities to which they self-determine. Specialists help parents and children through observation, analysis and expert opinion. Most often they witness repetitive patterns and underestimated communication, difficult speech communication between parent and child, chronic pathological conditions associated with addictions, rejection, disharmonious development of the child. All of them are at the root of psycho-social problems, which are formed at the age of 0 to 3 years. Thanks to their professional knowledge, skills and techniques, specialists communicate with children and parents and early recognize the symptoms of abnormalities in the physical, emotional and psycho-motor development of the child. They are the first to carry out targeted prevention of early childhood development and, if necessary, direct to the next stage - early childhood intervention.

The space is constantly proving its necessity, receiving a response among the Varna and international community and naturally complementing the existing structures and initiatives in Varna in the field of early childhood development.

In 2019 the project is registered as a trademark by MU-Varna and the Patent Office of the Republic of Bulgaria.

In 2019, after monitoring by the WHO structure - "Regions for Health", the project and its complementary municipal program were selected among the four in the world, representing the most successful cooperation of academic structure and regional government.

In 2020, the activities in space are presented at the 16th World Congress on Public Health, and in 2021 - at the European Week of Public Health.

During the years of existence of the space, in the process of activity in it, the following practices and main trends are observed:

✔ Work of an established interdisciplinary team with a unified approach, adapting, applying and developing the ideas of Françoise Dolto with complementary personal knowledge and competencies of specialists in various scientific fields.

✔ During each active day for the space (2 times a week) a dynamically existing and changing environment for social and professional communication between parents, children and professionals is created, which over time becomes a kind of community with its social roles, connections and interactions.

✔ Creating and lasting trust in children and parents to the specialists working in the space, thanks to the constant process of communication and development of their competencies through supervision and additional training.

✔ Highlighting the most frequently discussed problems between parents and professionals: missing or limited parent-child verbal communication; delayed speech development; aggressive behavior of children towards their peers; underestimated stages of child development; increased separation anxiety; insecure attachment; emotional instability; recurring negative behavioral patterns.

✔ Preference of the space as a transitional environment between the family and the kindergarten and the activity in it as an obligatory part of the preparation of the child for entering the nursery and kindergarten.

✔ Seeking and preferring the competent opinion of professionals and families who live and raise their children between two or more cultures - Bulgaria and countries in Europe, Asia, Africa, South and North America - over 20 families with one or more children.

✔ Return of families who know the work in space, after the birth of a new child in their home (the youngest socializing child in 2021 in space is only 14 days old).

✔ The interdisciplinary approach to the study and care of the child corresponds to both the modern reading of Françoise Dolto's ideas and the modern scientific view of the importance of the first 1,000 days of a child's life and the WHO strategy for child health prevention (till 5 years of age) in family settings and in society.

The described main goals and objectives, characteristics and advantages of "The Green Sea Yard of Varna" and its community of parents, children and professionals, define it as a very suitable field for conducting quality sociological research "Participant Observation". Space allows in a natural environment to explore specific situations and everyday social interactions at the micro level and through different discourses.

The researcher directly interacts with the reality described by him with a focus on the researched problem - the parent community in Bulgaria in the context of knowledge in it about the importance and features of ECD and opportunities for prevention of disorders during this period.

## 1.2. Preparation and characterization of the instruments used in the implementation of "Participant Observation" in the community of the "The Green Sea Yard of Varna" for a certain period of time

### 1.2.1. Worksheet №1

The in-depth study of any community presupposes the use of an ethnographic approach and methods, which are also preferred in the present study. This allows socio-cultural contexts, processes, meanings in a community to be explored holistically, emically (from the inside of the social group) and ethically (from the outside, from the point of view of the observer). At the same time, the research process is allowed to be both iterative and flexible and creative, reflective and interpretive.

The application of "Participant Observation" in the community of "The Green Sea Yard of Varna" with the described characteristics of ethnographic approaches and methods is just such an open research process through which the researcher (PhD student) "immerses" in the field for a certain period of time, during different seasons and social events, with a characteristic cyclical nature of the studied community. To understand the dynamics of the interconnected components - structural (social) relationships, preferred behavior and

experience, shared ideological systems (knowledge, beliefs, attitudes, values), community perspectives - it is necessary to prepare a working (checklist) for fixing field observations. The founder of a sufficiently complete description of the context of what is happening through specific markers is James P. Spradley. He formulated nine key signs of fixation, relevant to this day: 1) space - physical location; 2) actors - the people involved in what is happening; 3) activity - a set of interrelated actions of people; 4) object - the available existing physical objects; 5) act - individual actions of the people; 6) event - many interrelated activities; 7) time - temporary arrangement of what is happening; 8) goal - what people are trying to achieve; 9) feelings - experienced and expressed (Spradley, 1980). To this day, these classic Spradley observation categories continue to be used as descriptive, focused, and selected. Simultaneously with them, simpler models such as AEIOU framework are applied in the field, offering an assessment of 5 key elements - activities, environments, interactions, objects, users. The AEIOU framework was created in 1991 by Rick Robinson, Ilya Prokopoff, John Cain, Julie Pokorny (EthnoHub: Help; Robinson, 2015).

The benefits of the AEIOU framework in relation to eight age subgroups from 0 months to 4 years of age (every 6 months) are used to produce Worksheet №1. Thus composed, it provides an opportunity to carry out "Participant Observation" in the community of "The Green Sea Yard of Varna" on the axis of parents-children-specialists in the context of the goals and objectives of the study. It is developed on the visits made by children and parents (one or more) for the period 2020 - 2021, distributed respectively in the following age subgroups - 0 - ½; ½ year - 1 year; 1 - 1½; 1½ - 2 years; 2 - 2 years; 2-3 years; 3 - 3½; 3½ - 4 years.

The described distribution makes it possible to differentiate in detail by age subgroups the five key elements of the AEIOU framework - activities, environments, interactions, objects, users. In turn, the monitoring of each of them is based on pre-formulated questions on the parent-child-specialist axis (indicated in the worksheet for short "people") (Fitzpatrick, 2018).

✔ **Activities**
*What are the activities of people in the environment/space?*

✔ **Environments**
*What is the role of the environment/space? How do people use the environment/space?*

✔ **Interactions**
*What are the interactions between people in the environment/space? Are there established interactions between people in the environment/space? Are there*

*special interactions between people in the environment/space? Are there special interactions between people and objects in the environment/space?*

✔ **Objects**
*What are the objects in the environment and how are they related to the activities of the people in it? Which of them are used and which are not?*

✔ **Users**
*Who are the observed people, users of the environment/space? What are their roles? What are their values and prejudices? Are there any unusual users of the environment/space?*

Through the use of the Worksheet №1, constructed in this way in the "Participant Observation" the PhD student arrives at the formulation of basic conclusions and generalizations about causal relations, about their influences and interactions; for the existence of sustainable patterns. In order to seek a more in-depth interpretation and analysis of the information from the point of view of parents (people, users) in the community of "The Green Sea Yard of Varna" has developed a Worksheet №2.

### 1.2.2. Worksheet №2

Other accompanying methods are very often used to improve the results of "Participant Observation". Empathy Map has been adapted for the current study to complement the tools used to conduct the qualitative research. The aim is to make the results of the research more objective and more reliable in order to distinguish the statements and thoughts from the real actions in the studied community.

The idea of empathy in medicine, philosophy and literature is a concept associated with Hippocrates and the Hippocratic Corps (Weir, 2015; Hippocrates, 2020). Nowadays, empathy is described as a multidimensional construct, as the ability to perceive and understand the point of view of others, as well as to feel their emotional states. Empathy encompasses a wide range of social, cognitive and emotional processes and is divided into cognitive, emotional (or affective), somatic and spiritual (Peixoto and Moura et al., 2020). At the end of the first decade of the 21st century, Scott Matthews and Dave Gray of XPLANE (a business design company) created the Empathy Map as a tool focused on understanding how people think and an audience (Bratsberg, 2012; Horwitz, 2020). The research focus, according to the map, is on the individual and the target group, respectively. Empathy Map is commonly used in design thinking.

It reveals a person's needs and capabilities, the way to connect with him in order to reach specific ideas and solutions for the community to which he belongs (Gray et al., 2010). Matthews and Gray propose to cover six different areas in the map, Bland (Bland, 2020) complements two more. The eight areas most commonly explored in the Empathy Map are (Horwitz, 2020): 1) **See -** *What does a person see? What does a person notice in himself and in his surroundings?* 2) **Say -** *What exactly does the person say? What are some phrases or words you use all the time?* 3) **Do -** *What does a person do? What activities do you like? What are some of the things he does every day?* 4) **Think -** *What does the person actually think? Are his thoughts the same as his words?* 5) **Feel -** *How does the person feel? How does the environment affect a person's feelings? How does a person deal with his feelings?* 6) **Hear -** *What does the person hear? What words does a person notice? 7)* **Pain, Top Challenges** - *What are some of the challenges a person faces? Is there anything that is painful to do? 8***) Gain** - *What is the person trying to do? How does one measure success? What results is the person trying to achieve?*

For the current study in Worksheet №2, the eight areas most frequently explored in the Empathy Map have been reduced to six and adapted to the goal of establishing the importance of early childhood development in the parent community. At the center of the key role is the parent, and each of the six areas in which the study is conducted is depicted as a separate arm with its own branches: 1) **See -** reactions, environment, changes; 2) **Think and Feel -** emotions, aspirations, thoughts, fears, anxieties; 3) **Say and Do -** familiar patterns, actions, behaviors, keywords, habits; 4) **Hear -** comments, opinions, views, other/distant; 5) **Gain -** advantages, experience, recognition, relief, contacts, reliable information; 6) **Pain, Top Challenges -** painful topics, fears, shortcomings, weaknesses, deficits.

This approach, on the one hand, makes it possible to expand, supplement and compare the data from worksheet №2 of "Participant Observation" - verbally and non-verbally. On the other hand, the Empathy Map creates a relatively stable picture, which is a good basis for conducting the next stage - quantitative sociological research - "Questionnaire for measuring the importance of early childhood development (ECD) in the parental community."

### 2.3. Interpretive analysis of the results of the qualitative sociological method "Participant Observation" in the community of "The Green Sea Yard of Varna" for a certain period of time

In the specific "Participant Observation" in the community of "The Green Sea Yard of Varna" for a certain period of time the PhD student is simultaneously in two distinctive roles - a subjective participant and an objective observer. They are constantly evolving and enriching during the observation period to the extent that they also influence its intragroup status. In order to

gather enough sensitive information and gain a deep understanding of the knowledge about the peculiarities and importance of early childhood development (ECD) in the parent community, the researcher in space is in continuous interaction with it.

As a focused group, it - the parent community - is a carrier of a subculture, the analysis of which can establish the internal motivation of modern parents in Bulgaria - through their activities, values, beliefs and lifestyle. The "Participant Observation" based on 1448 visits to space for a period of 14 months in 2020 and 2021 allows the researcher to achieve depth and perspective in the study of a number of social problems, to focus on the experience and knowledge of the subjects to obtain valuable and unique results.

For the empirical stage of the work and for the observation framework, Worksheet №1 and Worksheet №2 are used, which ensures the smooth registration of information, phenomena and processes in the observed community and the performance of interpretive analysis. Based on Worksheet №1, the visits of children for the observed period are distributed by age as follows: 0 – ½ y. – **62**; ½ y. – 1 y. – **184**; 1 – 1½ y. – **341**; 1½ – 2 y. – **394**; 2 – 2½ y. – **245**; 2½ –3 y. – **145**; 3 – 3½ y. – **42**; 3½ – 4 y. – **35**. Each age subgroup is a separate domain, correlated with the observation made through the AEIOU framework. It is performed on the axis parents-children-specialists and is analyzed in detail in the dissertation for each of the five key elements of the framework. The empirical stage of working with Worksheet №1 is complemented by the framework of Worksheet №2 - Empathy Map.

In principle, the definitions of empathy include a wide range of social, cognitive and emotional processes and phenomena, mainly related to understanding others, experiencing emotions and caring for others with a desire to help them. Empathy is the ability to recognize (more or less) the thoughts and feelings of the other, thus reducing differences between people. Empathic interaction in the context of "Participant Observation" enables the researcher to more accurately recognize the meaning and characteristics of all processes in the environment, to fix and structure them according to the objectives of the study. Thanks to Empathy Map, the researcher selects keywords, phrases, questions in the observation made through the adapted AEIOU tool. In this way, he benefits from the full range of observations by permanently constructing his roles and at the same time reduces the subjectivity in their interpretation and remains impartial. The two qualitative tools allow for long-term interactions in the collection and analysis of information, phenomena and processes from the periphery to the center and vice versa. Thus, the researcher follows in his reasoning the simultaneous development of empirically acquired information and theoretical models in the reality of specific social experience.

By placing the parent at the heart of the Empathy Map and through the prism of the "Participant Observation" already carried out, according to the adapted AEIOU tool, the study is deepened on each shoulder with its own branches as follows:

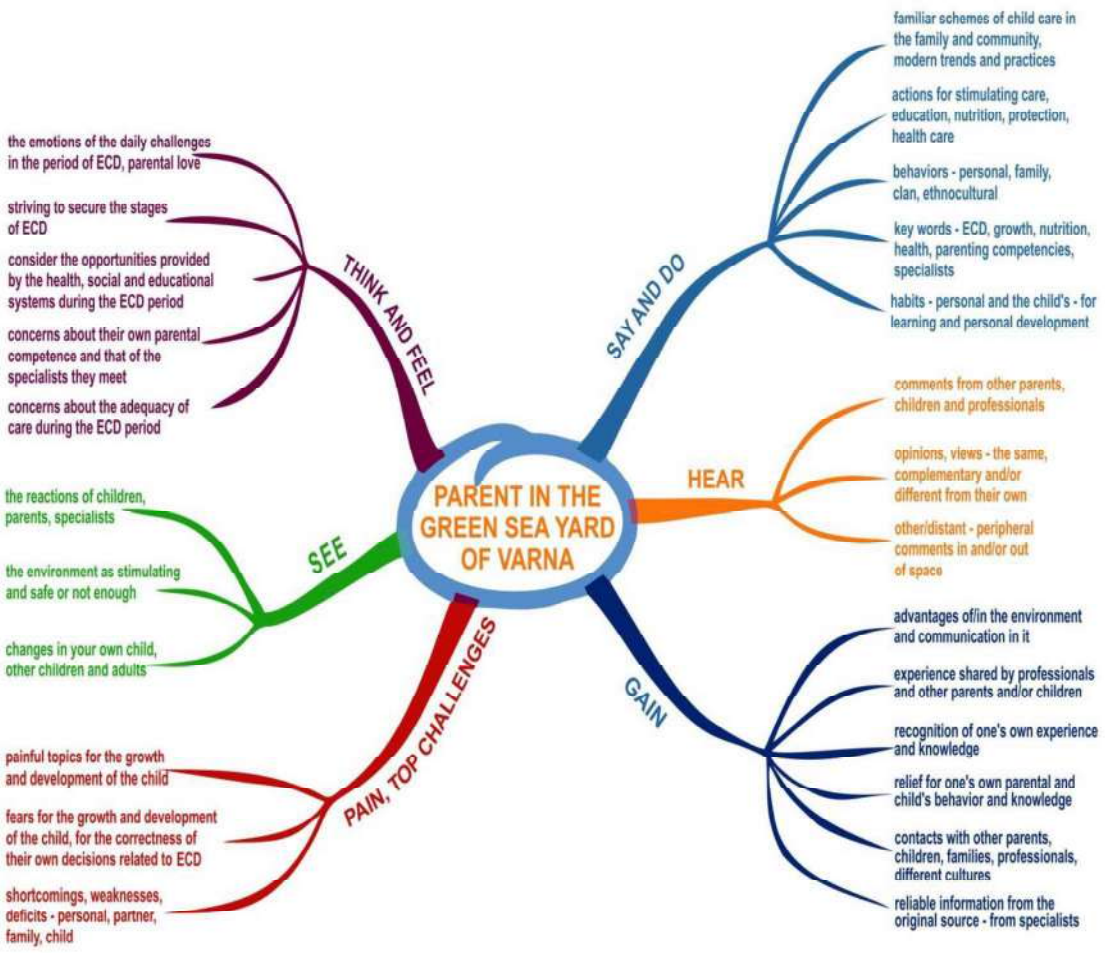


Figure 1. Empathy Map - Parent in the space of "The Green Sea Yard of Varna"

In conclusion, a qualitative study "Participant Observation" was conducted - non-standardized, included, field and systematic with added elements of ethnographic approach and design thinking, adapting and using the tools AEIOU and Empathy Map. As a result of the interpretive analysis the following conclusions and summaries are reached, which are the basis of the work for the preparation of tools (questionnaire) for quantitative research: 1) Parental awareness and competencies for ECD directly determine parental behavior and choice of decisions for the child during this period. 2) The level of parental awareness and competencies for ECD are the basis of holistic or fragmented acceptance of the processes during this period. Depending on them, stimulating

care, early education, protection, nutrition, health care are accepted as independent, of different importance or dependent and complementary, of equal importance processes. 3) The literacy of the parents is directly related to the decisions related to the physical, mental health and social well-being of the child and the measures they take to ensure them. 4) The competencies of the parents and the age of the child are constantly interrelated and directly determine the pace of socialization. 5) The partner and the extended family are involved in the daily care of the child with great variability in terms of their time, shared responsibilities and level of awareness of ECD. 6) Parents allow in their interactions other adults (parents and professionals) as part of building/sharing their own views and competencies for ECD. 7) For the knowledge of the peculiarities of ECD by the parents the source of information and its reliability is of utmost importance, as well as the building of criticality to the false sources of information about the child's health. 8) In order to build parental competencies, it is necessary to place both the child and the adult in a constant stimulating environment. Through the development of many social roles and new interactions in the environment, the potential and competencies of parents/family members, children and professionals are constantly provoked and developed. 9) The acceptance, respect, development of the child as a person, regardless of age, gender and whether it is verbal or not, depends on parental literacy for ECD. 10) There are daily recurring patterns of communication between parent and child, in which speech is variable - from constantly present to completely absent. 11) Building trust on the parent-child-specialist axis is an element of early recognition of the symptoms of deviations in the physical, emotional and psycho-motor development of the child. 12) The variability of self-esteem for personal achievements as a parent influences the behavioral patterns, initiative and decisions related to the ECD. 13) The different cultural values and experiences leave an imprint on the adoption of the child in the family, informing the parents, taking and distributing the responsibilities for ECD in the family.

The present conclusions are used to the maximum in the creation of the topics and constructs in the questionnaire as a central place in it is given to parental competencies, literacy, awareness, behavior, trust. The partnership is considered in it simultaneously on the parent-child-specialist axis, between the two parents and the parent-extended family, allowing great variability of the latter and less pronounced paternal participation in the comparison between the two parents.

## 2. Creating a "Questionnaire for measuring the importance of early childhood development (ECD) in the parental community" - analysis of topics and constructs

The survey is a quantitative study that allows to study the objective, quantifiable characteristics of human motives, behavior and value orientation. It is a method by which both primary and diverse information is obtained, as well as valid and reliable results for the main/general characteristics of the target group are provided. In the process of comparability and classification of data, summaries of the studied processes are achieved. In this study, the survey uses the current questionnaire, which is author's and is based on qualitative research - "Participant Observation" and current scientific literature. In formulating the topics, constructs and questions, it is provided that the survey is a type of communication and its results depend on a number of circumstances. Such are, for example, the mental/emotional comfort of the respondent, the conditions for communication at the time of the survey - favorable or not, the content of the questionnaire and its adequate understanding by the respondent. After such consideration, it is considered that the information obtained through the answers reflects the social reality in terms of its refraction in the minds of the respondents. The survey/questionnaire allows to reach the mass audience, but with the price of a dose of unknowns, which may be both limiting factors and with a positive impact.

In the present study, these are: the implementation of the COVID19 pandemic; restriction of the respondents by the age of the child for which they fill in the questionnaire; the volume of the questionnaire; distribution only in electronic form, implying computer literacy; reaching out to respondents through the "voluntary response sampling" and the "snowball sampling".

The questionnaire contains seven main topics, such as the parts with informed consent, with guidance on how to complete it, and demographic issues in the current analysis are presented in general.

### 2.1. Informed consent and guiding information for completing the questionnaire; demographic issues

**Informed consent** prior to the actual questionnaire is a mandatory attribute of any research as required by the Research Ethics Committee. In the legal sense, informed consent, in its entirety, contains real and factual information provided in an understandable way, with the possibility of consciously accepting and giving consent by the respondent. In this case, the information on the questionnaire was provided by a detailed explanation of the objectives, tasks, benefits and unidentified potential risks. Contacts for additional information, reference to the General Data Protection Regulation, are noted at the end of the informed consent. It ends with a declaration of consent to complete the questionnaire.

Immediately before the start of the main part of the questionnaire is a brief **guiding information** for filling. It is related to the specification that the

questionnaire is filled in: personally, and not on behalf of both parents; only for the older child in the case of two or more children under 3 years and 11 months; for a specific child - gender is indicated, if desired, and it is specified whether or not the child has special needs.

The guiding information aims at a smoother introduction of the respondent in the subject of the questionnaire and from the very first answers to focus more effectively on it in all subsequent constructs.

The demographic questions are ten and are located at the end of the questionnaire. It ends with a voluntary request from the respondent to contact him and a final reminder of the possibility to obtain additional information about the survey.

**Demographic questions are for**: Age; Gender; Education; Ethnic origin; Monthly household income; Place of residence according to the size of the settlement/outside Bulgaria; Number of adults and children, members of the household; Number of children in the family; The presence of a child with special needs in the family; Participation of the extended family in the daily care of the child. Formulated for the purposes of the questionnaire, they are in direct connection with the brief description of the current and main demographic processes in the country made in the literature review. They also meet specific statistical objectives related to this study. Segmentation by age, gender, education is expected to establish specific links with the answers to the various constructs. Differentiation by age, for example, is directly related to the experience of respondents and the way they perceive, process and apply information. Through the segmentation by education, economic status, place of residence, individuals are characterized by socio-economic characteristics and expected logical relationships between them and their parental competencies. Exclusive segmentation of the respondents by gender is assumed, with a probable connection with the observed social roles and interactions, which is also observed in the already conducted qualitative research. In this sense, gender is one of the key indicators in the collection and processing of data through the questionnaire.The detailed description of the respondents is also helped by the demographic indicators - number of adults and children, members of the household; number of children in the family; the presence of a child with special needs. They are expected to directly or indirectly influence the answers of the respondents on all topics and constructs in the questionnaire. Segmentation by ethnicity is expected to be in line with the various parenting competencies described in “Participant Observation” related to cultural values and belonging to another geographical area and society, which also affect the adoption of the child into the family.

The study of the demographic segmentation of the respondents provides useful information about the demographic characteristics and structure of each

of the constructs and provides an opportunity for in-depth analysis of the survey results.

### 2.2. Parental competencies for ECD up to 3 years and 11 months

Parenting is essential for the course of human development biological and social process, which always takes place in a particular community in terms of its specific economic, social and cultural characteristics. It develops in two directions - from the community to the parent and vice versa - affecting at least two generations (Tobach and Schneirla, 1968; Ford and Lerner, 1992; Lerner et al, 2002).

The influence of the social environment on individuals, and especially on children, is confirmed in works and theories created in the 20th century by famous scientists such as Cooley, Mead, Ainsworth, Bowlby, Colin. The relationship between the child and the parent is also discussed, in their depth and quality, in the scientific works of Freud, M. Klein, Piaget, Winnicott, Dolto, Montessori and many other scientists. Separate theories of child development are being developed (Dwairy, 2010; Cullin, 2011). In one of them - Erikson's psychosocial theory of personality, the author brings maternal care and trust building between child and mother to a postulate level that determines the child's future, confidence and positive views of the world.

The parent and parenting practices and patterns based on his or her competencies may have different implications for the child's growth, development, and functioning (Erikson, 1968; Dwairy, 2010; Rohner and Khaleque, 2005, 2015). On the one hand, they may be key, specific actions and interactions related to basic needs, early childhood education and socialization (Darling and Steinberg, 1993). On the other hand, from the point of view of the psychopathology of development (Cicchetti, 2006), they can be the cause of normal or impaired child development, they can be a preventive or risk factor for it.

Going through the long history of research on the influence of parents on child development, we discover various aspects and constructs. The modern, 21st century perspective is determined by the fundamental ECD documents of the Center on the Developing Child at Harvard University, UNICEF and current research over the past fifteen years on the impact of different types of exposure on human health. They discuss the undisputed parental competencies: to provide experiences that build the child's brain; care and interaction with the child; eliminating stress and providing a safe environment for the child. They are achieved through specific activities and interactions aimed at stimulating care, early education, protection, nutrition, health care. Parental competencies are formed before, during the first 1000 days and continue throughout childhood, following the peculiarities of its development. ECD is a constant and interactive

process, subordinate to the exposome. Adverse environmental exposures in the pre- and postnatal period and in early development can lead to deficits and impairments of the child's physical, mental health and cognitive capacity.

In early childhood, attachment to the nuclear family is crucial to a child's development, and expanding interactions with the child contribute to his or her social and emotional development and well-being. Much of the brain architecture is formed in the first three years after birth. Neglect, permanent interruption of the child-parent interaction, lack of responsive care in the family and society/community may be more detrimental to the developing architecture of the brain than physical trauma (Center on the Developing Child at Harvard University, 2016; UNICEF, 2017; Wild, 2005; National Scientific Council on the Developing Child, 2015, 2020). Exactly these scientifically proven theses and documents are the basis for the selection of constructs for the first topic of the questionnaire.

### 2.2.1. Parental competencies for ECD up to 3 years and 11 months

In this part of the questionnaire for each construct are formulated from 6 to 8 fixed statements related to **parental competencies and behavior**. The question - common denominator for all is "**Please indicate how often**:", and the *answers cover 6 possibilities - never/completely false; rarely/rather incorrect; sometimes/somewhat true; often/rather true; almost always/completely true; does not correspond to age.* They refer to the following constructs: **1) Stimulating caregiving** (I know how my child feels; I understand why my child is scared or angry; I manage to calm my child when he is scared; I hug or caress my child for no reason; I tell or read stories to my child; I sing or dance with my child; I play with my child at games he wants; I take my child outside to play.) **2) Early learning** (I let my child play with other children; I involve my child in household activities such as cooking, watering, pet care; I purposefully teach my child how to do something new; I play with my child with cubes, Lego, applications and other games for arranging and constructing; I play with my child with musical instruments-toys; I let my child play with other adults; I take my child to organized educational activities.) **3) Protection/Safety** (I make sure that there are no dangerous objects for the child in the premises; I check if the child's toys are made of safe materials and paints; I ventilate my child when the air outside is clean; I try to protect my child from stress; I carefully control the time the child spends in front of screens; I watch the child's timely bedtime in the evening.) **4) Complete/adequate nutrition** (I plan a varied daily menu for my child according to age needs; I feed my child at least 5 times a day; I prepare food for my child at home; My child's nutrition includes mainly typical regional foods and cuisine; I feed the child slowly and patiently; While feeding the child I talk and maintain eye contact with him; I feed the child without using mobile

devices and screens.) **5) Health caregiving** (I take the child to all mandatory preventive examinations according to his age; I take the child to all recommended preventive examinations according to his age; I carry out all mandatory immunizations for my child according to the current immunization calendar of the country; year I take my child to a preventive dental examination; I bathe my child every day; I start cleaning the child's teeth when they appear.)

The topic continues with the same constructs, but with a **parental assessment of the degree of importance in each of them**. *The answers are given through a scale type thermometer - from 1 to 9 - from not at all important to extremely important*. **How important do you consider the following areas of early childhood development for your child?** (Stimulation of the child; Early learning of the child; Protection/Safety of the child; Complete/adequate nutrition of the child; Health caregiving.)

The topic is developed through a construct of **significance and importance of the risk factors for ECD**. *The answers are again given through a scale type thermometer - from 1 to 9 - from not at all important to extremely important*. The question is: **How significant and important do you think the following risk factors are for ECD and lifelong well-being?** (Deteriorated health status of the parents; Low level of maternal hemoglobin during pregnancy; Unhealthy habits of the mother, increasing the risk of premature birth; Working conditions of the expectant mother, inconsistent with hygiene standards and increasing the risk of premature birth; Inadequate nutrition in infancy; Lack of active communication and play with the child; Lack of age or night age or inadequate age; Lack or inadequate age safety; Exposure of the child to electronic screens (including before birth); Exposure of the child to a polluted environment.)

**The topic of parenting competencies for ECD** up to 3 years and 11 months ends with a question that fixes the time of the beginning of their acquisition: **When did you start to be interested in the importance of ECD?** (Before the beginning of the pregnancy; During the pregnancy; Soon after the birth; Between 1 and 3 years of age of my child; When I encounter a specific problem in the child's development; I am rather not interested in this information.)

The choice of these constructs and their operationalization is confirmed both by the qualitative research carried out for the purposes of this doctoral dissertation and by the psychometric research carried out in recent years.

The interpretive analysis of "Participant Observation" in the space of "The Green Sea Yard of Varna" also directs research questions to find answers to the constant relationship of parental competence, age of the child and the pace of his socialization; to differentiate parental attitudes towards communication; for ECD according to the roles in the family and the way of informing. The special

interactions between people and objects in the environment/space bring to the fore the knowledge and stimulation of the personal and age capabilities of the child by his own parents through his acceptance as a person, constantly creating a loving and stimulating environment around him by communicating with speech, play and early learning. The way the parent enters into daily interactions in space (open and initiating interaction; open but expecting another to initiate interaction; avoiding any interaction), and the way he builds trust on the parent-child-specialist axis, are indicative in themselves of the different parenting priorities during the ECD period. Against the background of regularly recurring models, the research questions stand out even more clearly - who, how, where, for what purpose and in what way the parental knowledge and skills are acquired and how the environment affects the processes of acquiring competencies. The conclusions and summaries made are reinforced by the two tools used for "Participant Observation" - AEIOU and Empathy Map.

The study of various and widely used psychometric studies shows that data on these research questions can be obtained through a questionnaire based on a five-factor analysis with minor modifications in the content of the scales. It is considered that to a large extent the correctly selected five factors, corresponding to the research goal, correspond to the structure of the a priori scale. One such well-known and reliable tool for assessing parenting practices is the Alabama Parenting Questionnaire (APQ). Thanks to APQ, the influence of parental practices in the development of emotional, cognitive and social functioning of the child is measured in different cultures and countries (Essau et al, 2006; Święcicka, 2019; Giotsa and Kyriazos, 2019). The Parent Behavior Inventory (PBI) has a similar structure for measuring parental behavior in preschool and primary school age. Interestingly, PBI can be used by clinicians and researchers in different and complementary ways - as a measure of parental self-reporting, as a third party report familiar to the parent, or as a scale to assess the observation that makes it multi-method, information and framework tool (Lovejoy et al, 1999).

Such exemplary psychometric studies that point to the creation of the current constructs in the questionnaire are: Nicomachus-Positive Parenting (NPP) - a parenting questionnaire with the scope of the framework for positive psychology (Kyriazos and Stalikas, 2019); Common Assessment Framework, (CAF) and Parent Concerns Questionnaire (PCQ) (Sheppard, 2010). Comprehensive Early Childhood Parenting Questionnaire (CECPAQ) conceptualizes and evaluates common parenting behaviors in five areas - support, encouragement, structure, harsh discipline and positive discipline - essential for early childhood from 1 to 4 years of age. A five-factor structure is used (consisting of 54 elements) - five parent domains with good internal consistency and time stability (Verhoeven et al., 2017).

The constructs in the first topic "Parental competencies for ECD up to 3 years and 11 months" of this author's questionnaire are justified in three ways. They are: the current scientific and theoretical statements about the parent - with a long-term, unique and irreplaceable biological, social and emotional connection with the child; the results of the preliminary qualitative research and the cited most demonstrative and useful in this case psychometric research.

### 2.3. Parental literacy for ECD up to 3 years and 11 months

The issue of parental literacy for ECD is extremely multifaceted, but nevertheless stands out its main interpretation in the development of relationships: parental literacy in the family - well-being and quality of life of the child - practices and policies in public health. This multidimensionality in response to the dynamically changing needs of the growing child requires parents to constantly develop and improve their literacy. It is related to the quantitative and qualitative accumulation of knowledge in a wide range - basic stages and norms of ECD, protection, safety and health care, nutrition, stimulating environment and early education, interaction with professionals and social systems (institutions, laws, policies) (Begum, 2019; Khatun, 2020; WHO 2017, 2019, 2021).

The attitude of the parents themselves towards parenting in general is a product of: knowledge, values and goals/expectations for the child's development; cultural and family experiences; community and social norms and understandings (Cabrera et al., 2000; Iruka et al., 2015; Okagaki and Bingham, 2005; Rosenthal and Roer-Strier, 2006). Numerous correlation studies have shown significant differences in parental literacy. Some of them discuss that parents with higher education are more willing to be informed about the stages and processes in ECD (Conrad et al., 1992; Hess et al., 2004; Huang et al., 2005; Bornstein et al., 2010) and on good parenting practices and strategies (Morawska et al., 2009). Others confirm the direct link between parental knowledge and literacy about ECD and their child's development (Huang et al., 2005; Bornstein and Bradley, 2012; Zand et al., 2014). Awareness is manifested in parallel with more adequate parental behavioral patterns and more realistic expectations of the child (Goodnow, 1988; Bornstein et al., 2003; Huang et al., 2005).

To help parents, professionals and institutions supporting child development and parenthood, in view of modern scientific theories and research, the WHO promotes basic postulates for ECD. Examples of such specific documents and recommendations are those from 2019 and 2021 for children from 0 months to 5 years. They guide and promote parental literacy to achieve physical activity, mental, physical and emotional well-being of children; healthy eating and adequate sleep; early childhood education and care (WHO, 2019; 2021).

The recommendations are aimed at establishing a broader framework of holistic child health care by encouraging parents to provide optimal conditions for socialization, play, early learning and ECD. It is the specific recommendations in the cited documents on physical activity, sleep, time in front of the screens, safety that are used as criteria for parental literacy in the development of the first construct on the second topic of the questionnaire. At the same time, it is recognized that existing knowledge is not always enough and knowledge itself does not always become a good practice, as is the case with the use of car seats (Yanchar et al., 2012, 2015).

The study on parental literacy, in connection with the development of the author's questionnaire, is of interest to research showing, albeit slowly changing attitudes about the roles of men and women in raising children in early childhood (Fagan and Barnett, 2003; Schoppe -Sullivan et al., 2008). There is a tendency for fathers to participate more and more actively with different roles, activities, functions in raising children at an early age (Grossmann et al. 2002; Paquette 2004; Cabrera et al., 2011). However, it is possible that the mothers themselves limit the father's activities (Oncu and Unluer, 2012), and the fathers perceive the mothers as more authoritative or share similar parenting styles (Winsler et al., 2005).

During the qualitative observation in the space of "The Green Sea Yard of Varna" it is noted that although fathers often accompany the child in games and interactions, mothers are closer to their children, take most immediate responsibilities in interactions and parenting. Specific parental behaviors are observed. They are probably based on the self-esteem and the evaluation of the partner as literate/good parents, and it accordingly leads to varying degrees of responsible and informed choices in the best interests of the child. The assumption and distribution of responsibilities for ECD in the family are related to the awareness of parents, their cultural values and experiences.

The described research, the data from the world guides and the qualitative research for the purpose of this paper are the basis for the selection and formulation of constructs and questions for the second topic of the questionnaire - parental literacy.

The first construct is related to **self-assessment of one's literacy.** *The statements are of medium difficulty with three possible statements - I know it is true; I know it's not true; I am not aware of this information, which is the answer to the following questions/these:*

**Please indicate the correctness of the following statements about ECD** (Children should have at least 60 minutes of physical activity per day; Children should sleep about 17 hours a day in the first months after birth; The car seat should be used while weight the child reaches 36 kg, up to 1 year the child

should spend tummy time for 30 minutes a day, the child should not stand in a sitting or lying position in a stroller for more than 1 hour, after the age of 1 the child should not stands in front of a screen for more than 1 hour a day; Tempering of the child is done according to rules, age and individual characteristics.)

The second construct is related to **the assessment of the literacy of the partner.** If the child is brought up in a partnership of parents, the questions develop consistently, if not - the topic is limited to the first construct of parental literacy.

**In the presence of a partner**, the questions follow the selected five factors for some of the constructs on the first topic of the questionnaire. *The answers are on a three to five-point scale - less/equal/more than me; Completely agree, rather agree, I can not judge, Rather disagree, I do not agree at all.* They are: 1) **Are you raising a child for whom you are filling out the questionnaire with a partner?** (Yes; No; I cannot/do not want to answer.) 2) **Your parenting partner is:** (less informed than you on ECD issues; approximately as informed as you are on ECD issues; more informed than you on ECD issues.) 3) **If you are raising a child with a partner, please indicate how much you agree with the following statements**: (In general, I believe that my partner makes responsible and informed choices in the best interests of the child; I believe that my partner is constantly increasing his early childhood development competencies.) 4) **If you are raising a child with a partner, to what extent is he involved in the care of ECD?** (Stimulation of the child; Early education of the child; Protection of the child; Complete nutrition of the child; Care for the child's health.) 5) **To what extent does your partner's participation meet your expectations?** (Exceeds my expectations; Meets exactly what I expect; It's below my expectations.)

### 2.4. Seeking help from a specialist - experience and attitudes

The knowledge and awareness of the parents about the importance of ECD and the establishment of the parent-child-specialist relationship are related to the creation and quality of more effective strategies for child care at all levels, respectively the provision of housing for them. In this sense, the effectiveness of all public health programs in the field of ECD is related to the initial level of knowledge of the target population - parents (Ertem, 2007; Habibi, 2017; Aldayel, 2020). Parents with good and constant development of knowledge show significantly higher efficiency and competence (Hess, 2004; Rikhy, 2010). They also create much more trusting relationships with professionals who rely on them for adequacy in the child's condition, history of development and illness (Reich, 2005). Communication and information exchange are key components of the relationship between parents and all those who care for children. They are two-way - between parents and all other sources - and the way, quality and

coordination of their provision have a direct or indirect impact on the development and health of the child. Parental knowledge and competencies logically lead to timely preventive measures, specialized care and interventions (Mendoza, 2003; Ertem, 2007; Rikhy, 2010; Bornstein, 2010; Habibi, 2017; Aldayel, 2020).

The knowledge of the parents in the community is directly related to the practical methods for promoting knowledge in the field of ECD and building trust between them, professionals and sources of information. There are many different factors influencing the search for specific information and help from a specialist such as personal experience, attitudes, self-esteem, professional and personal qualities, accessibility and interaction with the specialist. One of the theoretical models explaining why a person seeks help and is used in psychometric research is that of Alan Keith-Lucas. According to him, four conditions must be met: 1) the individual must recognize that he needs, that he has a problem/task and can not solve/fulfill himself with his own resources; 2) the individual must be prepared to admit his vulnerability (to self-disclose) to another person; 3) the individual must be willing to allow another person a measure to control his life; 4) the individual must have a desire to change (Cohen, 1999). Other psychometric studies of attitudes and orientation toward seeking help with emotional problems indicate the presence of predictors, including demographic, social, and personality variables. Mental symptoms and gender have been shown to be clearer predictors of behavioral measures to seek help than characteristics of social environment or personality. The variables associated with seeking help are: symptoms; gender (Female); trust in doctors; presence of open and trusting relations; loneliness; knowing someone who has sought help; readiness for self-disclosure; personal self-awareness/ conviction; willingness to seek help; seeking professional help (Rickwood, 1994). Understanding the intentions and behavior of seeking help is essential to identify factors that can be modified - to increase engagement in counseling and prevention. One such tool is the General HelpSeeking Questionnaire (GHSQ), which can be applied in a variety of circumstances (Wilson, 2005). Interventions to increase the demand for aid are related to raising public awareness of the sources of aid, improving literacy and social health (Yu, 2015).

Parental awareness and willingness to seek help are only part of the prerequisites for the development of relationships and interactions on the parent-child-specialist axis. The American Academy of Pediatrics recommends empathy as a key element and clinical approach in Patient and Family Care. The Visual CARE Measure questionnaire measures the patient's/parents' involvement in the pediatric emergency department. This test has three versions suitable for different age groups: the 5Q questionnaire applies to children aged 7-11, the 10Q version to those over 11 and the 10Q-parent questionnaire to parents of children under 7 (Arigliani et al., 2018). Mercer (2004) also reported

on the use of the Counseling and Relational Empathy Questionnaire (CARE) to develop and pre-validate and validate an empathy-based counseling process measure. Another similar valid, reliable, and useful tool for assessing patient satisfaction, but in the context of family practice, is the Patient-Doctor Interaction Scale (PDIS) (Bowman et al., 1992). The Parent-Caregiver Relationship Scale (PCRS) is also a well-known tool - developed and tested as a measure of the perceived quality of this relationship (Elicker et al., 1997). And in 2003 and 2012, the American Academy of Pediatrics issued specific recommendations on how pediatricians can integrate patient and family care into hospitals, clinics, and communities, as well as broader care systems (Committee on Hospital Care, 2003; Patient- and Family-Centered Care and the Pediatrician's Role, 2012). The Family Collaboration Scale (FCS) has been a recognizable and applicable scale for the last ten years. The Dutch team Hagedoorn and team (2021) use the scale to assess family cooperation through the subscales: trust in nursing care, accessible nurse and influence on decisions. Ahlström and team (2022) use the FCS to study the perception of family members of collaboration with health professionals in the medical departments of acute pathology in Sweden and compare them with the corresponding Danish results.

The described scientific and psychometric research is the basis of research and creative work on the creation of constructs in the fourth topic of the "Questionnaire for measuring the importance of early childhood development (ECD) in the parental community." The selection and formulations are directly related and also correlate with the conclusions and summaries of the qualitative research. Trust on the parent-child-specialist axis, in the period of ECD, is constantly evolving and building and is an element of early recognition of the symptoms of deviations in the physical, emotional and psychomotor development of the child. The main role in these processes is assigned to the parent informed by reliable sources with criticism of the sources around him. Significant for the development and growth of the parent are the interactions allowed by him with other adults (parents and professionals) as part of building/ sharing their own views and competencies for ECD.

Based on the analysis and "Participant Observation", the following constructs have been created: 1) **If your child has a problem identified by you, how likely you are to seek help from the following sources**: Friend; Mother or mother-in-law, grandmother; Another relative; Pediatrician or general practitioner; Specialist (speech therapist, psychologist, etc.); Specialized sites on the internet; Internet forums and communities; Parent community; Unconventional/alternative specialists and consultants; Religious community; I would not seek outside help. *The possible answers are: excluded, unlikely, medium probable, very probable, absolutely certain, I can't judge / don't know.* 2) **Sometimes when a child has a problem, the parents decide not to seek**

**outside help. Which of the following possible reasons not to seek help applies to your situation:** I want to solve the problems myself; I do not know from whom to seek help; It takes too long to seek help; It is not convenient for me to seek help because of the opinion of others; I'm worried about the price; I do not trust the specialists; I rely on the opinion and experience of relatives and acquaintances. The answers provided for the choice are: *it is not true at all for me, rather it is not true for me, rather it is true for me, completely true for me, I can not judg /do not know.* 3) **Which of the following sources of ECD information do you use most often?** Pediatrician; General practitioner; Doctor - narrow specialist; Psychologist; Speech therapist; Homeopath; Unconventional/alternative specialist; Specialized sites on the internet; Internet forums and communities; Other parents and parent communities; Pharmacists; Television, radio, newspapers; Scientific and popular science literature; Youtube, Instagram, Twitter, TikTok, Facebook; Celebrity sites/blogs; Sites of institutions; Friends; Mother, grandmother or mother-in-law; Schools for parents. The possible answers are*: I do not use at all, I rarely use, sometimes I use, I often use.* 4) **How often do you turn to specialists with questions about your child's development?** The answers provided are: *once a week or more often, once a month, once every 3 months, once every 6 months, once a year*. 5) **If you suspect that your child has a problem with ECD, how long do you wait to decide to see a specialist?** Answers for choice: *within a week, within two weeks, within a month, up to about 3 months, up to 6 and more months, I do not turn to a specialist.* 6) **Who is the first specialist you turn to when you suspect that your child has a problem with ECD?** Pediatrician; General practitioner; Doctor - narrow specialist; Psychologist; Speech therapist; Homeopath; Unconventional/alternative specialist; Another - please specify which one. 7) **In your previous experience with ECD specialists, to what extent do the expert opinions you receive coincide or contradict each other?** Expert opinions almost always coincide; often coincide; sometimes coincide; rarely coincide; they almost never coincide; I have no experience with specialists. 8) **What do you do when expert opinions contradict each other?** (more than one answer is possible): I accept what is closest to my understanding and act according to it; I am looking for a third expert opinion in the country; abroad; I deepen my own knowledge and make a decision; I am looking for more opinions from non-specialists; I seek the opinion of a community with which I share the problem; I ignore expert opinion and look for specialists outside of standard medicine; I watch the child and wait before making a decision; Other (please write what). 9) **Parents consult with various specialists in early childhood development. Please indicate which of the listed specialists you have consulted so far for the development of your child** (Pediatrician; Narrow Specialist; General Practitioner; Speech Therapist; Psychologist / Psychotherapist; Social Worker; Special Educator; Homeopath; Occupational Therapist; Rehabilitator; Rehabilitator; on breastfeeding / feeding;

Other (please write which)). Possible answers: *yes, I have consulted; no, I have not consulted.*10) **Please list the THREE specialists you have consulted MOST OFTEN so far in connection with your child's development**. Indicate in the first place this specialist with whom you have consulted most often, then the second and third in a row. For other specialists, indicate "I consult less often". (Pediatrician; Physician - narrow specialist; General practitioner; Speech therapist; Psychologist / psychotherapist; Social worker; Special pedagogue; Homeopath; Occupational therapist; Rehabilitator; Kinesitherapist; Breastfeeding/nutrition consultant; Other (please) write. *It is possible to rank from first to third place and answer "I consult less often"* 11) **The following questions apply only to the specialist with whom you consult most often**. Please rate his attitude towards your family according to the following behaviors: The specialist: is polite to my child and family; shows tact and confidentiality; takes my worries seriously; perceives my child as a whole person; respects the values and preferences of our family; is accessible in a way convenient for my family; responds adequately to the urgency of the situation; devotes enough time to our child; During the consultation, the specialist's attention is focused entirely on my child; makes efforts to adapt his work to the individual characteristics of our child; gives us clear and specific information; strives to speak a language we understand; checks if we have a common understanding of the problems and solutions; explains the reasons for its recommendations; answers our questions comprehensively; listen to me carefully; encourages me to ask questions; he asks me for my opinion; predisposes us to discuss all important topics for the child; uses the information received from me; treats the child and the family benevolently; makes an effort to make the child feel comfortable; shows genuine concern for the welfare of the child; treats family with empathy; gives the family the opportunity to choose solutions for child care; respects our parenting competencies; perceives us as partners in child care; We plan together with the specialist the care of the child; encourages me to attract other resources and professionals. The answers to all these statements are possible*: I do not agree at all; rather disagree; neither agree nor disagree; rather agree; completely agree; I can't judge/I don't know.* 12) **How satisfied are you with the specialist working with your child?** The answers boil down to: I am not satisfied at all; rather dissatisfied; neither satisfied nor dissatisfied; rather satisfied; completely satisfied. 13) **How much trust do you have in the specialist working with your child?** The possible answers are: I have no trust, rather I do not trust, I can not judge, rather I have confidence, I have full confidence. 14) **Please indicate how true it is:** The specialist knows my child well and his health condition; interacts effectively with my child; he knows his field of expertise very well. The answers to the three statements are possible: *I do not agree at all; rather disagree; neither agree nor disagree; rather agree; completely agree; I can't judge/I don't know*. 15) **Please indicate on the proposed scale how important the following**

**aspects of the family-specialist relationship are for you**: Respect for the child and the family. (The specialist is polite, tactful, takes us seriously and respects our values); Flexibility in providing child care. (The specialist is available, responds in a timely manner, gives us enough time and attention); Providing clear and objective information. (The specialist gives clear and specific information, answers our questions, explains all aspects of diagnosis and treatment); Concern for the child and the family. (The specialist treats the child and the family with warmth, empathy and sincere concern); Empowering the family. (The specialist helps us to be the leading country, recognizes our competencies, involves us in planning and decision-making); Hearing. (The specialist listens to me, wants to hear and understand my point of view, predisposes me to share). 16) **Which of the following characteristics are important for you to build trust in the specialist who works with your child? The** certificates and qualifications of the specialist; The individual approach of the specialist to the child and the family; The methods and the school he works on; My child likes the specialist; Extensive practical experience; Common values and ethical understandings with my family; Using the latest methods, tools, medicines; Partnership approach and equality with the specialist. *The answers to the last two questions are given on a thermometer scale - from 1 to 9 - from "not important at all" to "extremely important".*

### 2.5. Quality of life of the child

Health, ECD and QOL form an orderly interconnected system with a single integrity and significance for modern society. Health, ECD and QOL are separate structural components with their own composition, relationships and connections. At the same time, they are in a fundamental trinity, with equal importance of each component, mutually potentiating and guaranteeing the processes within the system and in modern society. Active and comprehensive attitude to the health of the child are part of the strategic goals of every society, regardless of the level of its development (Вълчева, 2019).

At the beginning of our millennium, QOL is an interdisciplinary concept that characterizes the effectiveness of human life through the prism of subjective satisfaction at the material, spiritual and intellectual, social and cultural levels, health, environment and safety of life. (Гордеев, Александрович, 2001; Ванкова, 2016; 2017).

The WHO definitions of health and QOL most clearly show the interaction, development and complementarity between them: "Health is a state of complete physical, mental, social and spiritual well-being, not just the absence of disease and infirmity", and QOL is defined. such as the perception/understanding of individuals of their positions in life in the context of the cultural and value systems in which they live and in relation to their goals, expectations, standards and problems. This is a comprehensive concept, influenced in a complex way by

a person's physical health, mental state, personal beliefs, social relations and their connection with the important features of his environment "(Feschieva, Vankova 2012; Valtcheva, Kurteva 2007; Vankova, 2015; WHOQOL, 2019). The determinant in the dialectical relationship "health - QOL" is the period of ECD.

In the last twenty years, thanks to the achievements of neuroscience, significant progress has been made in understanding the crucial importance of this period for the overall health, development and well-being of the individual and the individual. The key elements of ECD are nutrition, health care, stimulating/developing care, early education, protection (WHO/UNICEF, 2015, 2018, 2019).

In the last twenty years, a number of tools for assessing QOL in the child population have been created and introduced, including in early childhood. The French QUALIN instrument, designed to assess the QOL of a child between the ages of three months and three years and validated in many European countries, is considered to be fundamental (Черников, 2009). It contains a scale of 34 points and can be completed by parents or caregivers. Two forms are available: for children under one year of age and another for children between one and three years of age (Manificat, 2000).

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ITQOL (infant/toddler quality of life questionnaire) is a conceptually developed tool for QOL in children over two months of age. The elements in the questionnaire were selected by a number of analytical methods, according to the main stages of ECD in the full target age range, covered with variants of 97 and 47 items. Developed in 1994, the questionnaire uses the Likert scale and a graded continuum response, measuring physical function, growth and development, physical pain, temperament and mood, behavior and general health perception of the child. Due to the fact that the questionnaire is filled in by the parents and they can be emotionally influenced when filling it out, two specific additional scales are taken into account - emotional and temporal impact and assessment of understanding with each other in the family (Landgraf, 2013).

Another well-known tool is PedsQL (Pediatric Quality of Life Inventory), created by Children's Hospital and Health Center in San Diego, California. It is a modular tool for measuring health-related quality of life in children and adolescents aged 2 to 18 years. It contains the four main scales - physical, emotional, social, school (Varni, 2001).

TAPQOL is also a questionnaire for measuring health-related QOL - for children aged 2 months to 5 years. It is a common tool consisting of 43 elements

in 12 scales, covering the physical, social, cognitive and emotional functioning of the child. The number of elements for each scale varies from three to seven. In all scales, the presence of a specific complaint or restriction was assessed in three stages (Bunge, 2005).

The KIDSCREEN questionnaires were developed on the basis of pediatric and epidemiological studies in the field of public health, research projects and clinical trials. KIDSCREEN standardizes the measurement of QOL in Europe for children as a valid and interculturally comparable tool. Based on standards already in place, it is linguistically appropriate and applicable in 38 countries. The general QOL KIDSCREEN tool for children and adolescents is available in three versions. The first original long version consists of 52 elements with ten dimensions of QOL - physical well-being, mental well-being, moods and emotions, self-perception, autonomy, parenting and home, financial security, peers and social support, school environment, bullying; the second version is of 27 elements with 5 dimensions of QOL - physical well-being, mental well-being, autonomy and parental attitude, peers and social support, school environment; and a version with an index of 10 elements (Ravens-Sieberer et al., 2014).

Through the application of the described tools, the connections between children's health, ECD and QOL are very clearly distinguished. When conducting a qualitative study in the area of the "The Green Sea Yard of Varna" also unambiguously observed the links between holistic or fragmented acceptance of the processes in the period of ECD and the degree of parental awareness and competence. Accordingly, these links are at the heart of the acceptance of stimulating caregiving, early learning, protection/safety, nutrition, health caregiving as independent, of different importance or dependent and complementary, of equal importance processes.

These processes, dynamic and decisive during the stages of ECD, are fundamental for the child's life expectancy. Therefore, at the end of this questionnaire are the topic and constructs for the child's life expectancy. They have been prepared on the basis of the psychometric studies studied, some of which are cited above, and the results of "Participant Observation". The questions about the child's life skills are specially developed in connection with the fact that the research in this dissertation is an important part of Project № 19021/2019 of the Science Fund on "Early childhood development - a determinant of health and quality of life in the modern society “.

The first three of the constructs for QOL are under the sign of a unifying question "**How true are the following statements for your child?"** With a possible six-point answer scale - completely false, rather false, somewhat true, rather true, completely true, does not correspond to age. 1) **Physical development**. My child: walk and run without difficulty; rarely ill; rarely feels

pain; there is age-appropriate physical development; is active and energetic; there is a corresponding age development for mental development; has regular and restful sleep; has a good appetite; there is a corresponding age development of speech. 2) **Emotional development.** My child: is cheerful; is curious about the world around him; it is rarely irritable; it is seldom sad; it is rarely alarming. 3) **Social development**. My child: communicates and plays with ease with other children; communicates and plays easily with adults; is sufficiently independent; My child's behavior is difficult to manage; Other children and adults accept my child's behavior well. 4) **How would you assess the health of your child as a whole?** The issue of parental assessment of the child's health is directly related to QOL. Its location as the last and next of the previous constructs is not accidental. In itself, it suggests to parents the need for holistic rather than fragmented acceptance of the processes during the ECD. *The answers are given through a scale type thermometer - from 1 to 9 - from very bad to excellent.*

The questionnaire for measuring the importance of ECD in the parent community, structurally and substantively meets both the goals and objectives of research and those under the project of the Science Fund. At the same time, each topic and construct has an educational value for the completing respondent-parent and is a kind of incentive to acquire new knowledge.

The next paragraph presents graphically only part and the most generalizing results of the dissertation, followed by analysis.

## 3. Presentation and characterization of the results of the questionnaire by demographic indicators

The demographic issues in this study are ten in total and provide an opportunity for a basic analysis of some of the most important factors (economic, biological, social, educational, cultural) influencing the status of parents and families and their attitude to the importance of ECD. The mean age of the parents participating in the study was 33.27 +/- 0.177 years (18 to 59 years), most often 30 years of the 873 age participants. The predominant part of them are women 861 (96.63%) compared to 28 (3.14%) men.

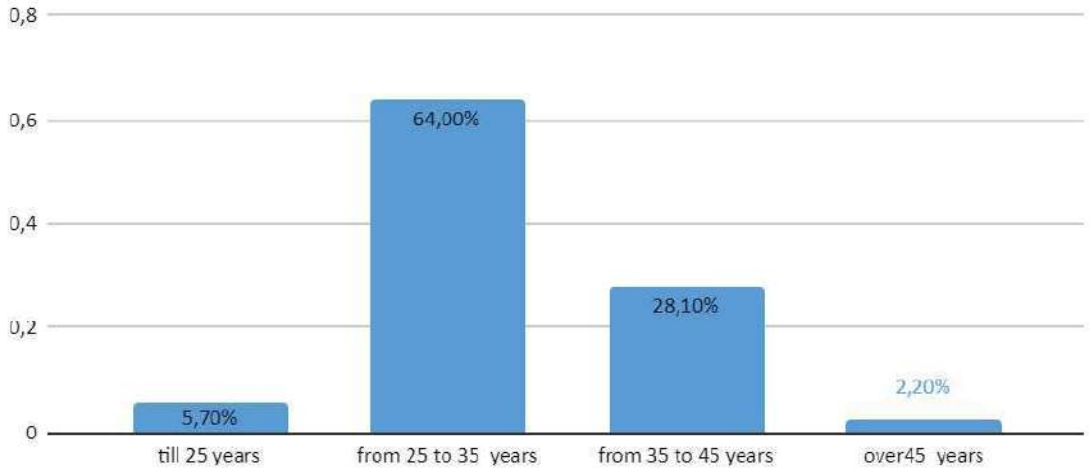


Figure 2. Distribution of the parents included in the survey by age groups (891 respondents)

The mean age of the child for whom the 891 parents surveyed were 26.97 ± 15,858 months.

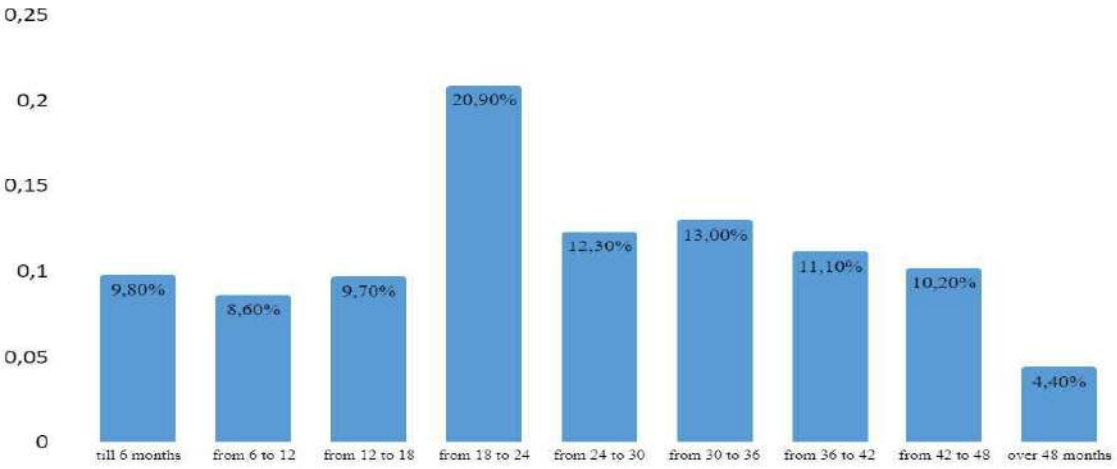


Figure 3. Distribution of children by age groups (891 respondents)

The survey covers parents with mostly higher education - 778 people or 87.3% and Bulgarian ethnicity 857 or 96.2%, presented in the following table.

Table 1. Distribution of parents by demographic indicators - education and ethnicity

| Characteristic | Num | Relative share (%) |
|---|---|---|

| | ber | |
|---|---|---|
| Education (891 respondents) | | |
| Basic and lower | 1 | 0,1 % |
| Middle | 81 | 9,1 % |
| Middle - High | 31 | 3,5 % |
| High | 778 | 87,3% |
| Ethnicity (891 respondents) | | |
| Bulgarian | 857 | 96,2 % |
| Turkey | 20 | 2,2 % |
| Roma | 2 | 0,2 % |
| Russian | 3 | 0,3 % |
| Armenian | 2 | 0,2 % |
| Mixed, another, I don't want to point out | 7 | 0,8 % |

Approximately one third of the surveyed parents 296 persons or 33.22% indicate the highest possible monthly family income of over BGN 3,000 and live in a regional city or in the capital 754 or 84.6% of them. There are 576 children raising children (64.6%) and 530 three-member households (59.5%).

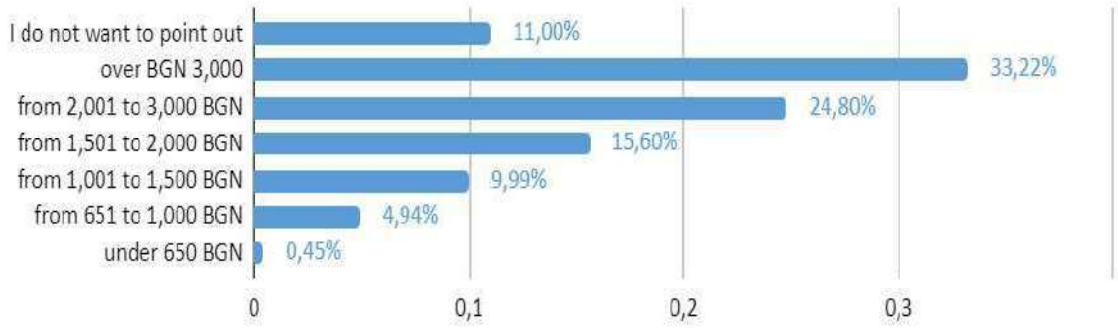


Figure 4. Distribution of the parents included in the survey by monthly income of the families (793 respondents)

343 or 38.5% of the respondents declare the participation of the extended family in the care of the child, as opposed to 548 or 61.5%, in which the child does not participate. 860 or 97.4% of parents rely on a partner in raising the child. The partner and the extended family are involved in the daily care of the child with great variability in terms of their time, shared responsibilities and level of awareness of ECD.

## 4. Assessment of parental awareness and competencies for ECD up to 3 years and 11 months

Parental competencies show a wide spread of all ECD-related behaviors in the questionnaire. The majority of parents indicate the maximum possible

frequency of the majority of child care included in the constructs of the questionnaire.

In the panel "Stimulating caregiving" the leading behavior is the flattering attitude - 733 or 82.27% of the respondents almost always hug and caress their child for no reason (4.82 points on a 5-point scale), and the least common is the storytelling and reading of child stories - almost always do 450 or 50.51% (score 4.1 out of a maximum of 5).

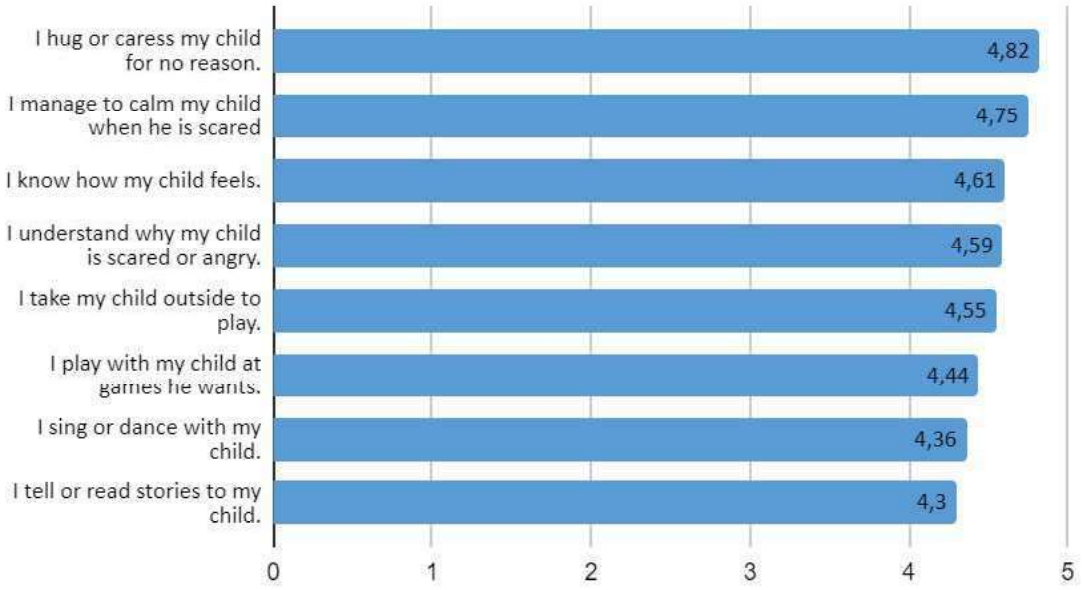


Figure 5. Ranking by average score of the types of activities for parental stimulating caregiving

In early learning, parents most often purposefully teach the child new things - 501 people or 56.23% almost always (4.45 points on a 5-point scale), and most rarely lead him to organized educational activities - never 144 or 16, 16%, and almost always 102 or 11.45% (2.8 points on a 5-point scale).

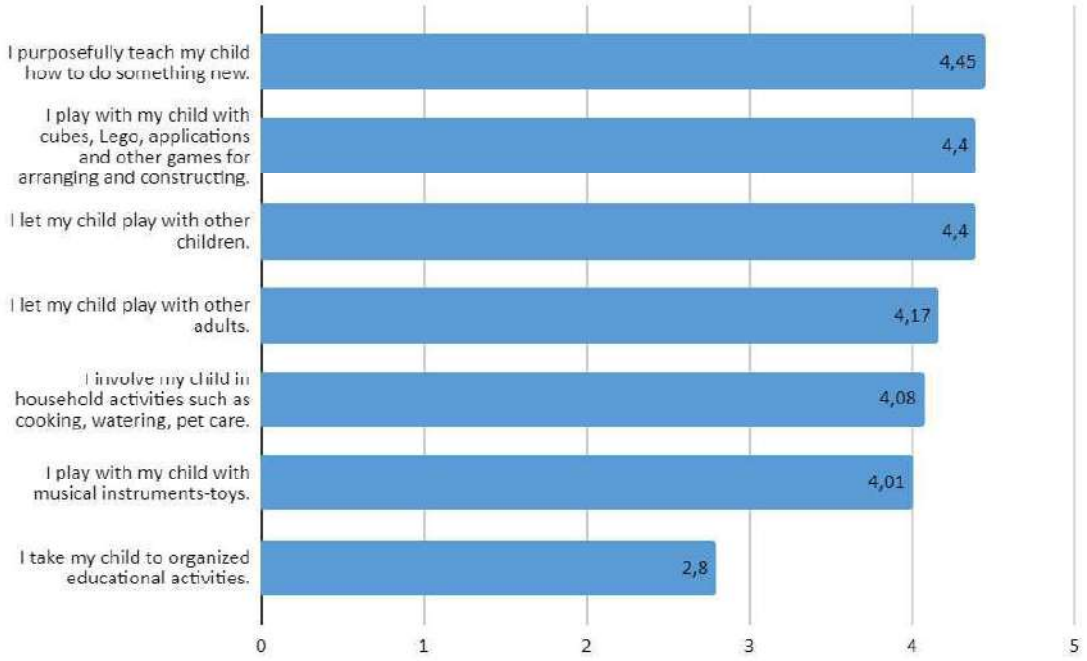


Figure 6. Average score of parental activities for early education

Parental protection/safety is most often expressed in the ventilation of the room (644 or 72.28% almost always and 4.65 points on a 5-point scale) and least often in checking the safety of toys (344 or 38.61% and an average score 3.81).

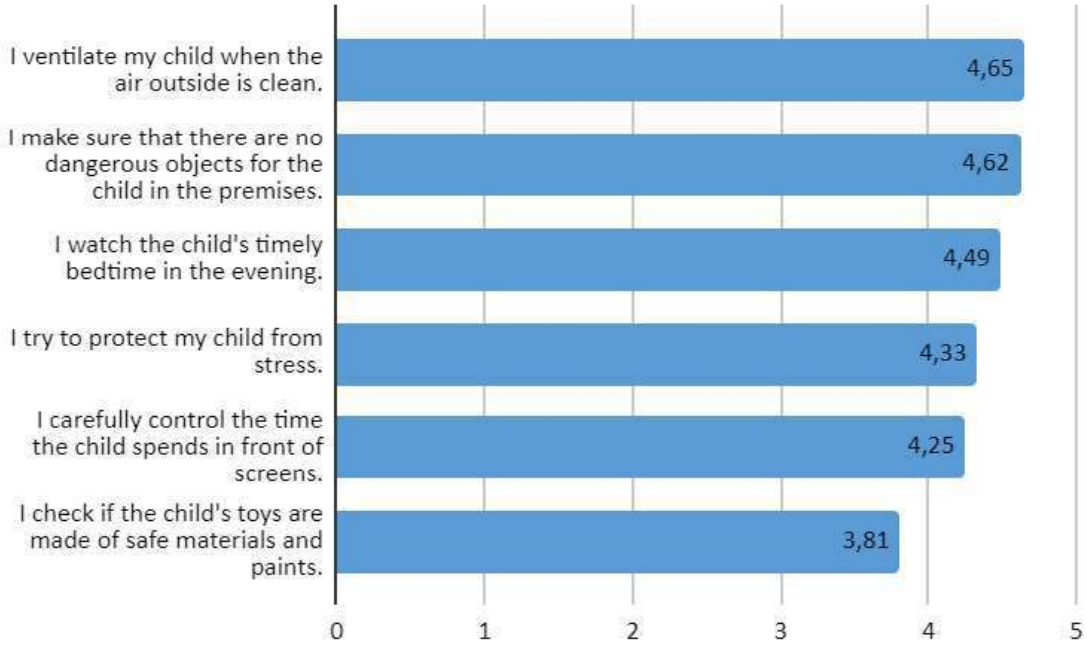


Figure 7. Ranking of the average score of parental activities for protection

Parents understand complete/adequate nutrition as including mainly typical foods and cuisine (almost always 538 or 60.38% and an average score of 4.52) and lastly - eating without the use of screens (almost always 452 or 50.73%) and average score of 4.04).

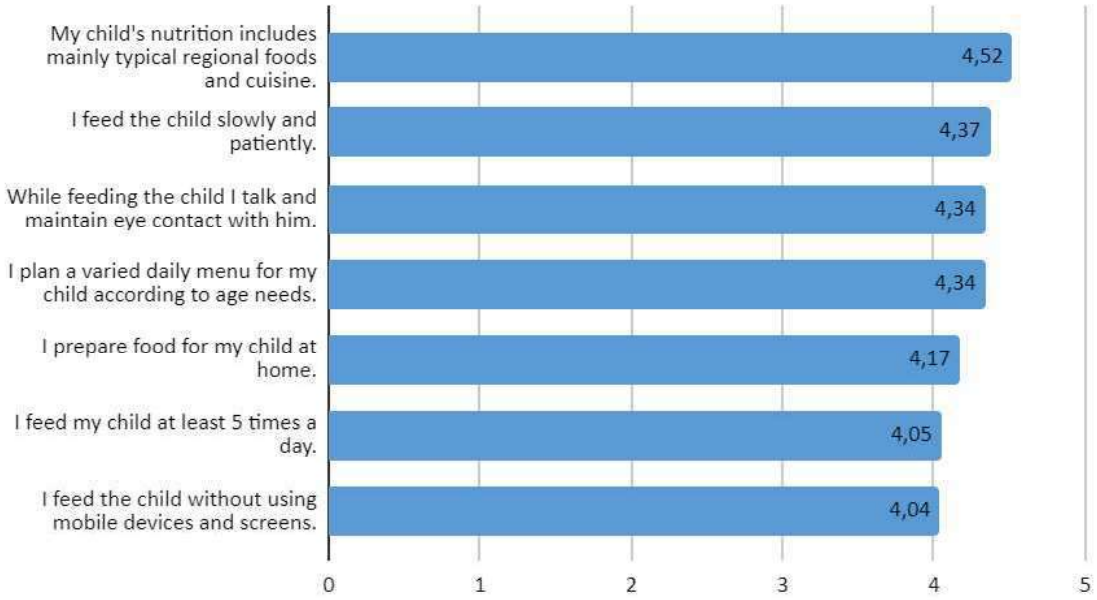


Figure 8. Ranking of the average score of parental competencies for complete nutrition

Parents' perceptions of health caregiving include mostly the implementation of mandatory preventive examinations (almost always 793 or 899% and an average score of item - 4.82) and at least the annual preventive dental examination (only 160 or 17.96% of the parents state it as true, and the average score is 3.26).

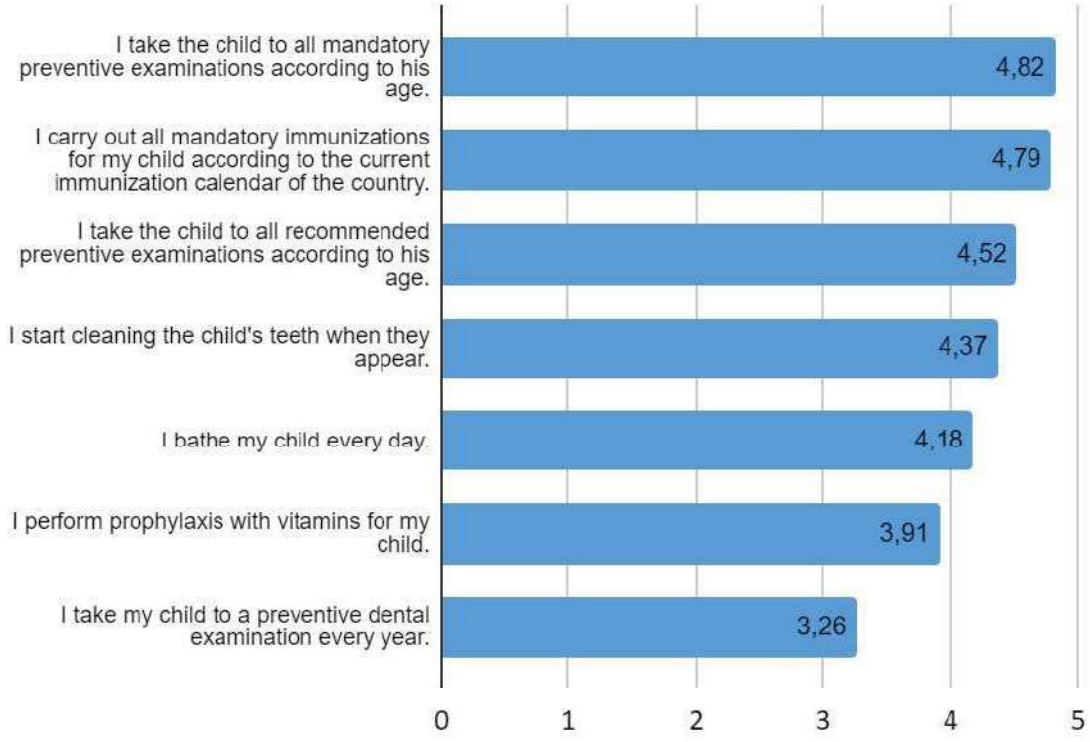


Figure 9. Ranking of the average score of parental competencies for health care

In terms of prevalence, the most applied parental competence is stimulating caregiving with a score of 4.55, followed by protection/safety - 4.55, health caregiving - 4.26, complete/adequate nutrition - 4.14 and the least represented is early learning - 4, 04 according to all responding Bulgarian parents.

The answers of the respondents on the importance, assessed on a nine-point scale, put in the first place child health caregiving among the areas of ECD (rated at a maximum of 82.60% and a score of 8.76) and child stimulation (rated at a maximum of 82.60% and a score of 8.73), followed by complete/adequate nutrition (estimated at a maximum of 69.58% and a score of 8.52), protection/safety (estimated at a maximum of 69.02% and a score of 8.47) and lastly - early learning of the child - estimated at a maximum of 69.7% and a score of 8.46)

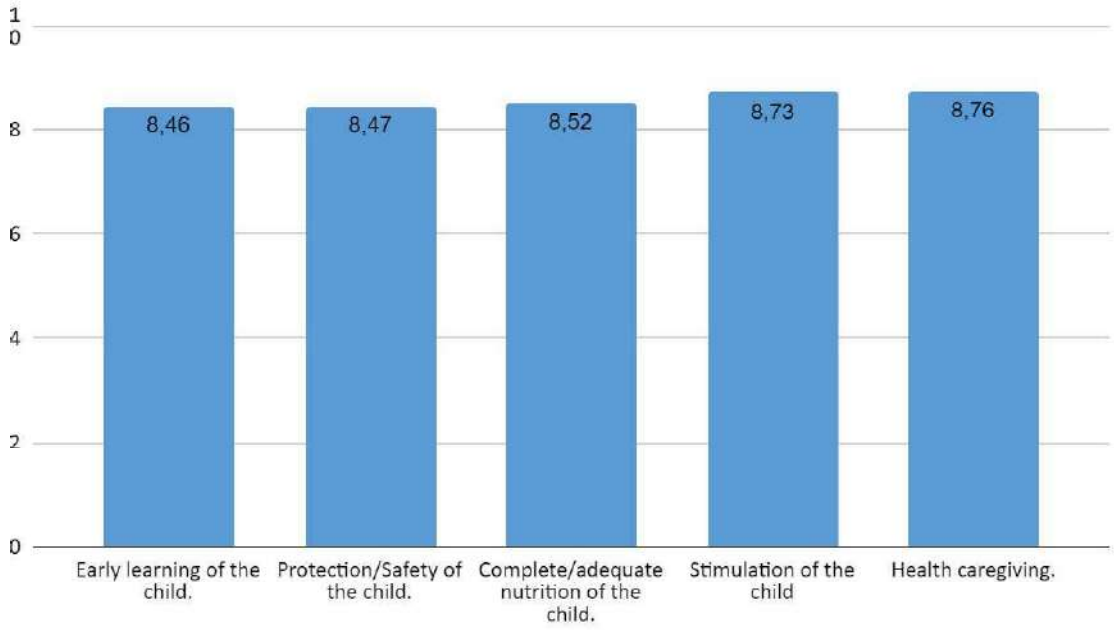


Figure 10. Distribution of parents in the assessment of the importance of care in the ECD in a nine-point scale (score)

Among the risks in the ECD, parents recognize as primary, rated at the highest percentage with a maximum score of 9, lack of active communication and play with the child (at 74.52% and a mean score of 8.59), followed by missing or inadequate age safety (at 63.41% and an average score of 8.51) and unhealthy habits of the mother, increasing the risk of premature birth (at 69.81% and an average score of 8.43). The least recognizable risk is the low level of maternal hemoglobin during pregnancy, for which the highest score is given by only one third of respondents 30.19% and has an average score of 7.05.

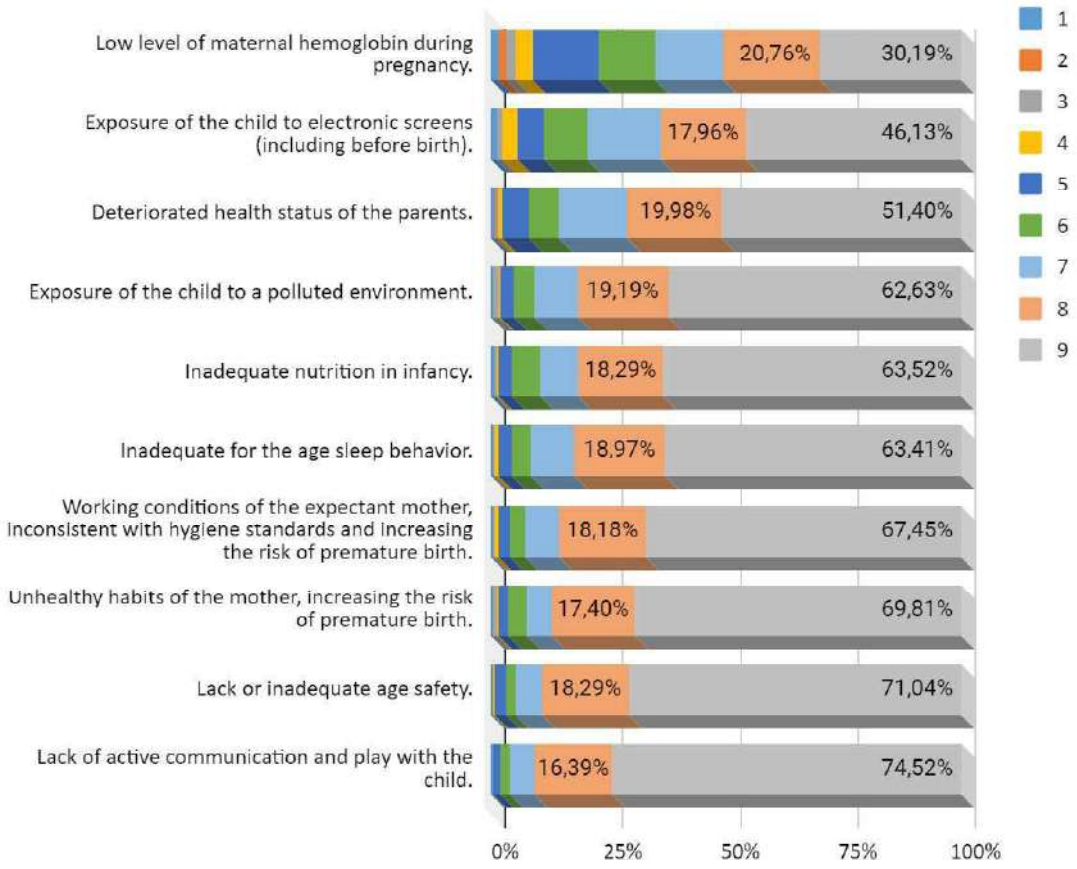


Figure 11. Distribution of parents in assessing the significance of risks in the ECD on a nine-point scale (%)

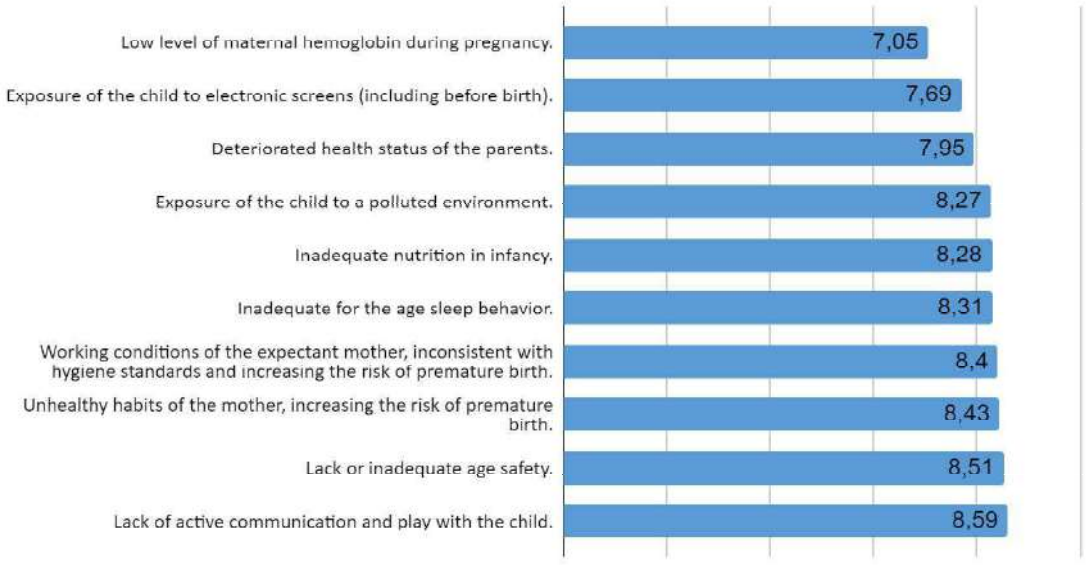


Figure 12. Ranking of risks in ECD according to the average score of the parents (score)

Before and during pregnancy, parental interests in ECD appear in only 511 or 57.4% of respondents, and 43 or 4.8% of parents say they are not interested in this information.

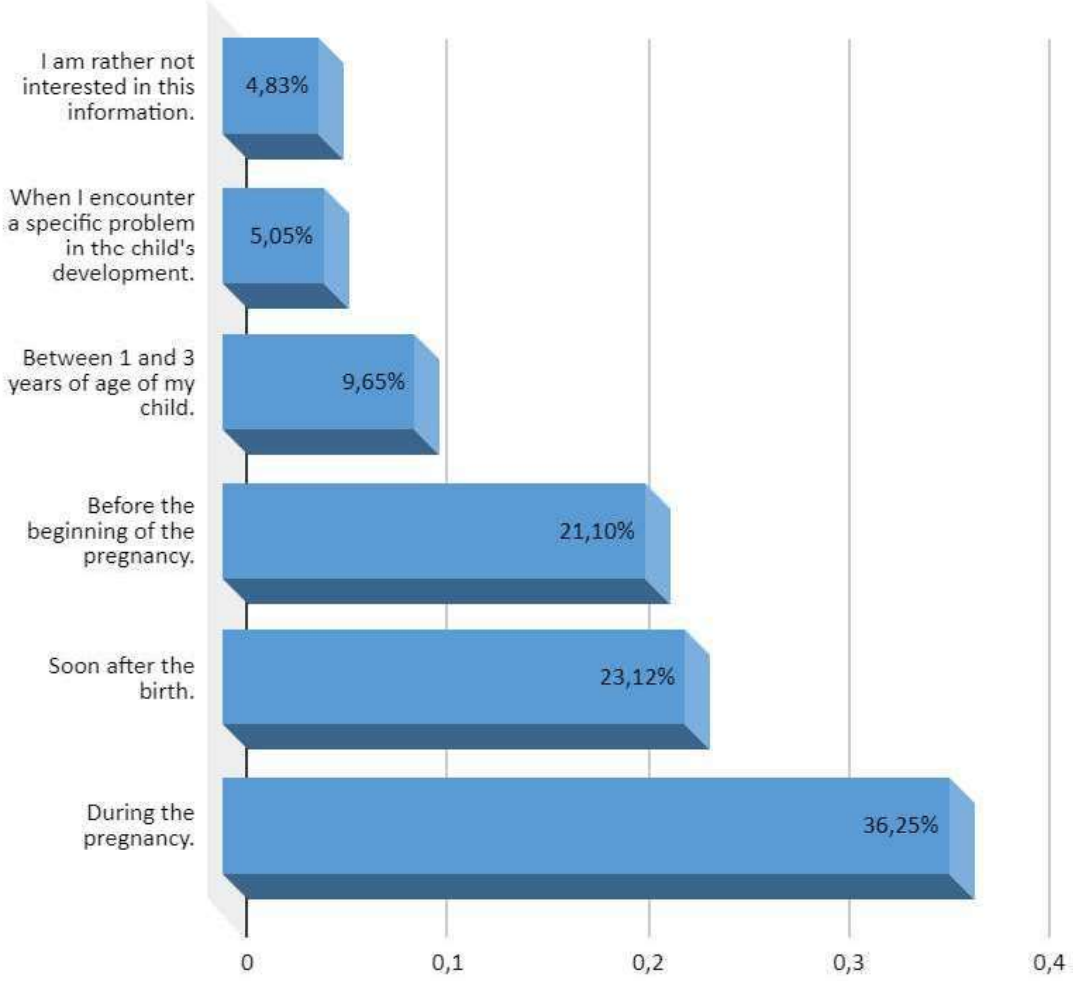


Figure 13. Distribution of parents by principle of interest in the importance of parental care in ECD (%)

The second topic of the questionnaire is about parental literacy, as the first construct is related to the assessment of one's own literacy, and the second - to the assessment of the partner's literacy.

The data of the self-assessment of literacy for ECD shows that the highest percentage of parents are adequately informed about the rules of tempering (761 people or 85.41%), followed by sleep behaviour (754 or 84.62 %), car seat safety and minimum daily physical activity (715 or 80.25%). Relatively lower are the percentage distributions of the literate for limiting the time in a lying or sitting position on a stroller (255 or 28.62%) and in front of a screen (624 or

70.03%), as well as for the regular tummy time daily of the infancy (391 or 43.88%).

The level of parental literacy correlates positively with each of the areas of parental competence in the ECD, although weak, the highest values are for health caregiving (0.149 p <0.01) and the lowest for stimulating caregiving (0.09 p <0,01).

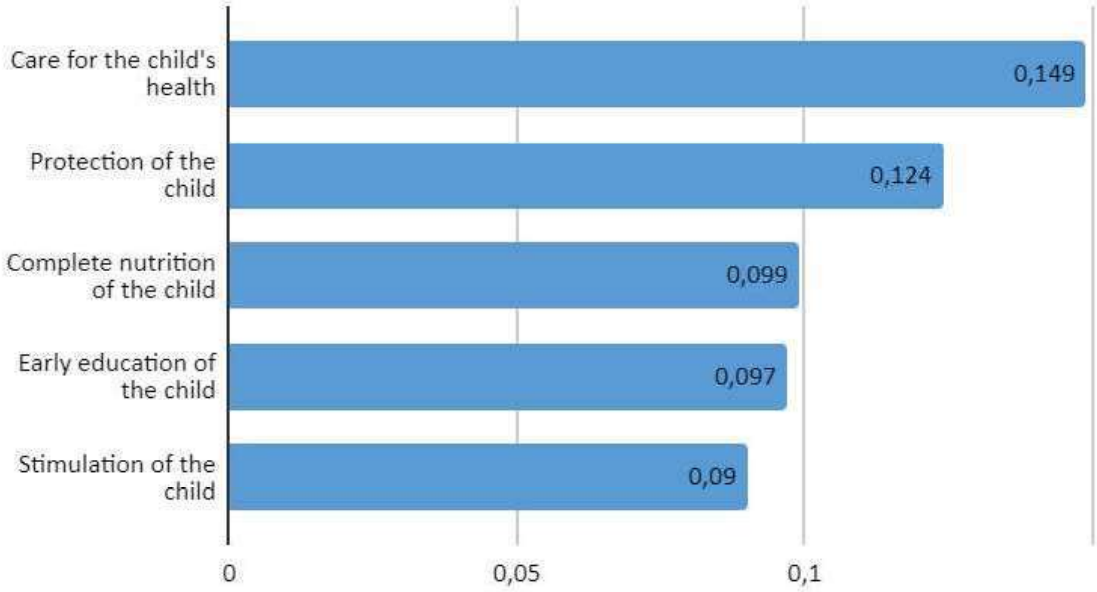


Figure 14. Correlation coefficients of literacy level with early childhood parental care panels (Spearman's coefficient)

Parents demonstrating a higher level of literacy show a trend towards its practical application with more intensive parental care in each of the panels for parental competence - child stimulation, early learning, protection/safety, nutrition and health caregiving. Awareness of the importance of stimuli with a score of 8.727 ± 0.04 is significantly higher in parents with high literacy than other parents - 8.569 ± 0.023 (p <0.05).

The trend in gender comparisons is similar - mothers show more intense parenting competencies, but the difference is again significant only in the score for the importance of incentives - 8.6 ± 0.02 for women compared to 8.19 ± 0.18 for fathers answered the questionnaire (p <0.05).

Higher education of parents is associated with significantly higher scores for stimulating caregiving (4.55 ± 0.013 compared to 4.52 ± 0.039, p <0.05), importance of stimulating (8.61 ± 0.02 compared to 8, 43 ± 0.08, p <0.05) and risk awareness (8.17 ± 0.03 versus 7.97 ± 0.11, p <0.05). Parents living in rural areas rated significantly higher the importance of stimulating (8.75 ± 0.05

compared to 8.58 ± 0.02, p <0.05) and the importance of risks in early childhood (4.41 ± 0 .09 versus 8.14 ± 0.03, p <0.05).

For the second construct it is reported that the partner is involved in raising the child in 860 (96.52%) of the respondents. He was less informed in 473 (55%) and more informed in only 28 (3.26%) of those who completed the survey.

There are differences in gender in the distribution of expectations for participation in the upbringing of the child by the partner. Half of men and only one-fifth of 19.1% of women have exceeded their partner's expectations for childcare. (Chi square 15,996 p 0,000).

The partner's participation in stimulating the child significantly influences the distribution of participants according to the level of justification of expectations. It is noteworthy that even with less involvement of the partner exceeded expectations are found in 29 or 7.9% in the whole group and in 8% of women. Equal and greater than the partner's stimulation of the child is associated with seven-fold increased chances in the whole group (OR 7,776 (95% CI 3,118-7,314) and four-fold increased chances for women OR 4,443 (95% CI 2,89-6,830) for exceeding expectations of the partner parent.

If the father participates equally or more than the mother in the child's early learning, this is associated with a threefold increase in the chances of exceeding the expectations of the partner (OR 3,531 (95% CI 2,308-5,403). The lower engagement of men corresponds to and exceeds the expectations of more than half of their partners - 214 (64.3%).

We find similar trends in terms of complete nutrition: the weak male commitment to provide a varied and frequent diet justifies and exceeds the expectations of most of their partners - 82 or 57.7%. Involvement of the partner is equally and more actively associated with exceeded expectations in the general case with OR 3,767 (95% CI 2,471-5,742), and if it is a man - with OR 3,642 (95% CI 1,868-7,103).

The expectations of two thirds of the partners of men with low commitment to child protection are justified and exceeded - a total of 324 or 75%. The participation of fathers in providing a safe environment, protection from dangerous objects, protection of the child from stress and controlling access to screens equally and more than mothers is associated with increased chances of exceeding expectations OR 2,012 (95% CI 1,410-2,870), and in the general case without gender, with OR 2,116 (95% CI 1,495-2,995).

The passivity of men in the child's health care is well accepted by the partner. In 150 or 37.9% of women, this exceeds or at least meets their expectations. With equal and more active participation in the general case, the

expectations were exceeded with a chance of OR 2,146 (95% CI 1,378-3,344), and for men with regard to the exceeded female expectations - OR 1,982 (95% CI 1,268-3,097).

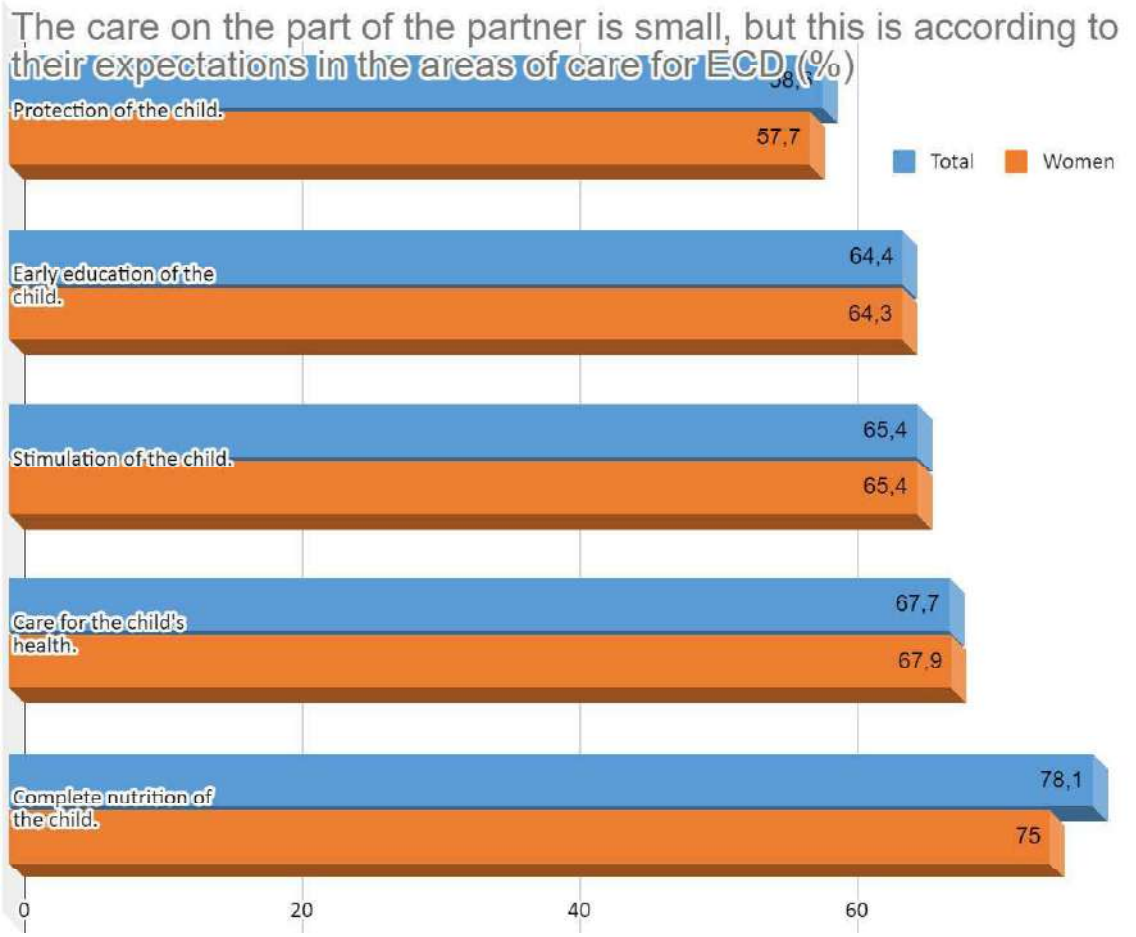


Figure 15. Distribution of the groups of parents, total and among women, who indicated at the same time that the care on the part of the partner is small, but this is according to their expectations in the areas of care for ECD (%)

## 5. Assessment of parental attitudes towards seeking and using support and interaction between parent and specialist on the "parent-child-specialist" axis

The knowledge and awareness of the parents about the importance of ECD and the establishment of the parent-child-specialist relationship are related to the creation and quality of more effective strategies for child care at all levels, respectively the provision of QOL for them.

The leading specialist that most parents would seek as a source of help with an identified problem is a pediatrician or general practitioner (probably 723 or 81.14% and a GPA of 4.78 out of 5), followed by a specialist (speech therapist,

psychologist, etc.) (686 or 76.99% and 4.72), after which the respondents put mother, mother-in-law or grandmother (231 or 25.93% with an average score of 3.49). In the last place is the religious community - indicated as completely safe by 12 parents or 1.35% and an average score of 1.35. The statistics of those responsible for dealing without external assistance is similar - also 12 parents or 1.35% and an average score of 1.29.

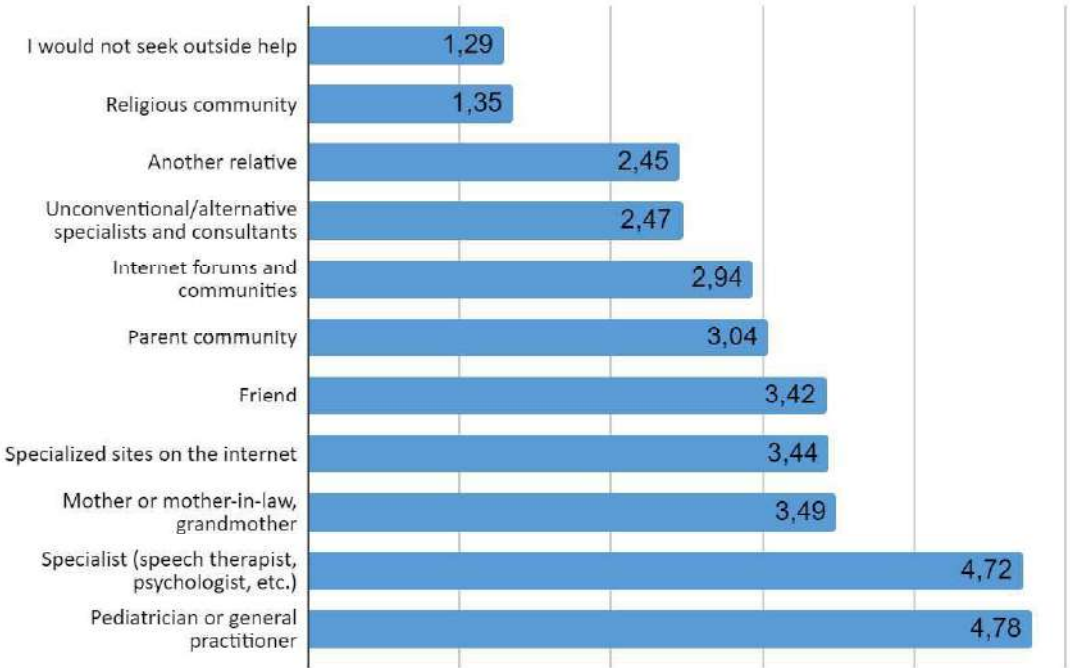


Figure 16. Ranking by average score of the primary source of help in case of an identified problem (score)

The literacy score demonstrated by parents correlates only with the refusal of outside help. A higher level of literacy correlates with a lower probability of not seeking outside help (Spearman's ratio = -0.130 $p < 0.05$).

Higher level of education correlates with the probability of seeking help from friends (Spearman coefficient = 0.073 $p < 0.05$), Highly educated parents more often seek help from the circle of friends - 415 people or 53.8% compared to other people - 44 or 40.4%, ($\chi 2 = 7.312$ $p < 0.05$).

Parents living in a village and a small town are more likely to seek help from a mother or mother-in-law, grandmother - 65 people or 60.7% compared to those living in a big city and capital - 403 or 53.9%, ($\chi 2 = 7,893$ p. <0.05).

Families from small towns and villages are more likely to seek help from the parent community - 48 people or 45.3% compared to those living in urban settlements - 250 or 33.7% ($\chi 2 = 7.028$ $p < 0.05$).

The religious community is perceived as a possible support for families more often in Bulgaria and mainly from small settlements. None of the parents outside Bulgaria indicate a high probability to turn for help compared to 27 or 3.2% of those living in Bulgaria. ($\chi 2 = 6.632$ $p < 0.05$). 7.6% of the small settlements are very likely to seek advice from the religious community, compared to 2.5% of the large ones. ($\chi 2 = 8.817$ $p < 0.05$).

The leading reason for parents to decide not to seek external help is the practice of relying on the opinion and experience of relatives and acquaintances (fully accept this 50 people or 5.61% and an average score of 2.08). The rarest reasons for this are concerns about the opinion of others (11 people fully accept this or 1.23% and an average score of 1.31), less often the lack of time and the loss of too much time (13 people fully accept this or 1.46% and an average score of 1.42).

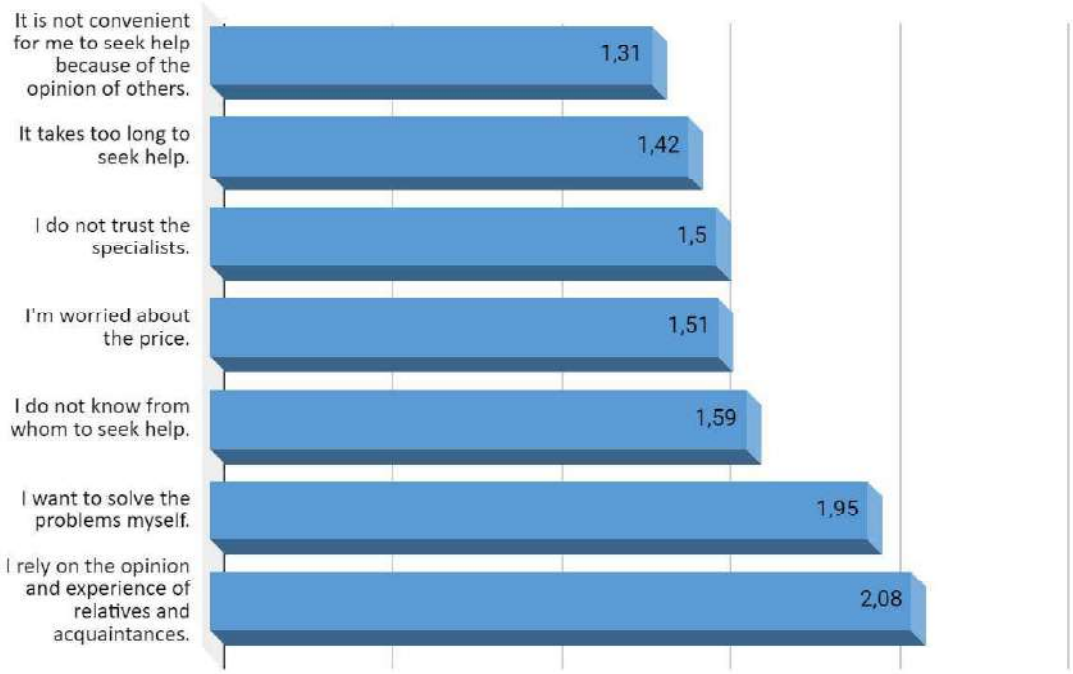


Figure 17. Ranking by average score of the reasons not to seek help in case of an identified problem (score)

The Bulgarian parents most often use a pediatrician as a source of information about ECD - 526 or 59.03 (score 3.41), followed by a general practitioner - 358 or 40.18% (score 2.88), a doctor with a specialty - 299 or 33.56% (score 2.86) and friends - 136 or 15.26% (score 2.58). The most rare respondents are informed by unconventional (alternative specialists) - 691 or

77.55% (score 1.37), media (television, radio, newspapers) - 549 or 61.62% with a score of 1.51 and sites/blogs of famous people - 567 (63.64% and a score of 1.56).

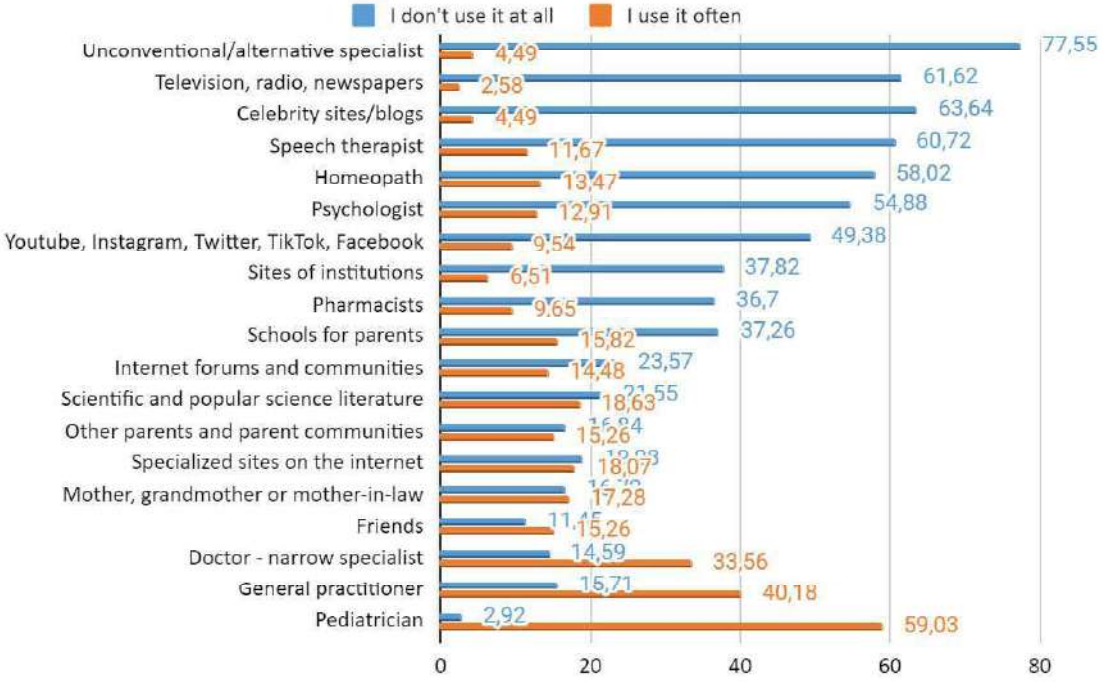


Figure 18. Distribution of parents according to the source of information on ECD (excluded and most often) (%)

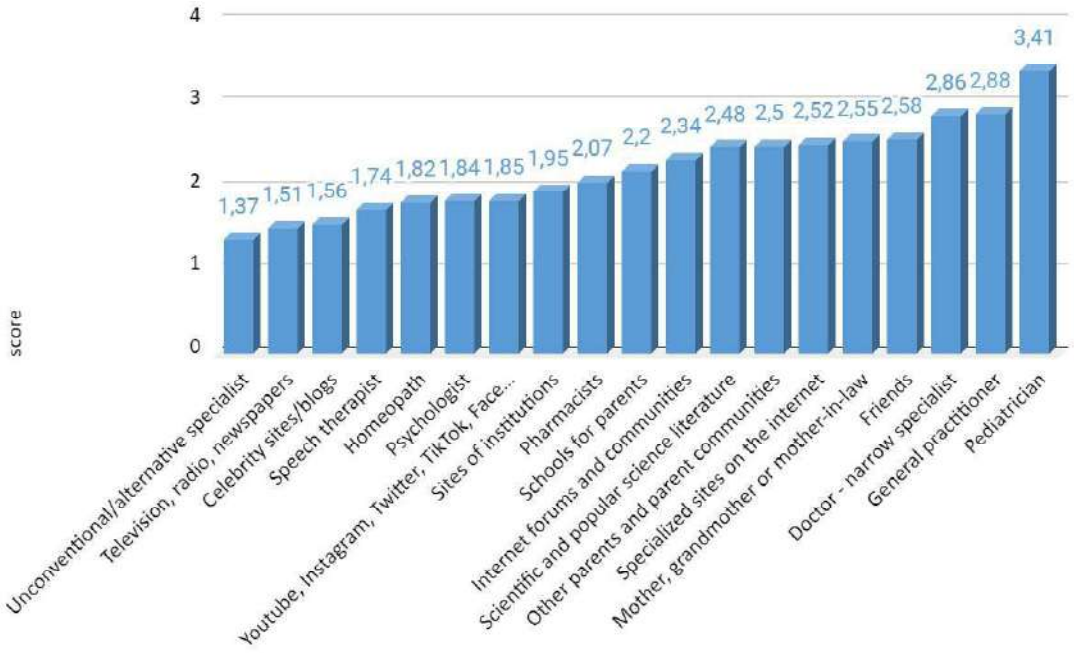


Figure 19. Ranking by average score of the source of information (score)

Persons using the pediatrician as an information source also turn to a general practitioner (Spearman's ratio = 0.464 p <0.001), a specialist (Spearman's ratio = 0.353 p <0.001), a pharmacist (Spearman's ratio = 0.258 p). <0.001), more experienced relatives (mother, grandmother or mother-in-law) (Spearman's ratio = 0.171 p <0.001) and have the least trust in specialized Internet sites (Spearman's ratio = -0.170 p <0.001), Internet forums and communities (Spearman odds = -0.103 p <0.05), unconventional/alternative professionals (Spearman odds = -0.088 p <0.05), digital social networks (Spearman odds = -0.079) p <0.05) and other parents and parent communities (Spearman ratio = -0.071 p <0.05).

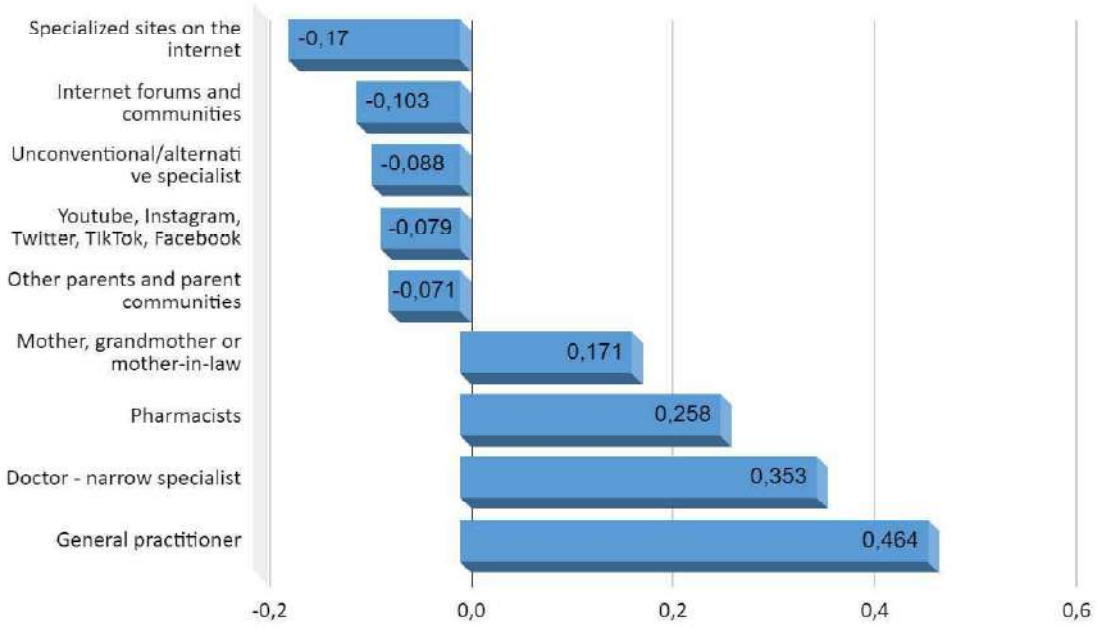


Figure 20. Statistically significant correlations of the level of information from a pediatrician with other sources of information on DDR (Spearman's ratio)

The parents living in Bulgaria are probably more often used by a narrow specialist doctor. Sometimes and often 584 (67.8%) of the parents in the Republic of Bulgaria indicated compared to 15 (50%) of those living abroad. ($\chi 2$ = 4.182 p <0.05).

The relative share of parents with higher education who turn to scientific and popular science literature is higher 419 (53.9%) compared to the other 37 (32.7%) at $\chi 2$ = 17.602 p 0.000 OR 2.397 (95% CI) 1,579-3,639). The parents with higher education more often than other parents use a psychologist (214 or 27.5% compared to 21 or 18.6% at $\chi 2$ = 4.045 p <0.05) and less often sites/blogs of famous people (126 or 14, 7% versus 9 or 29% at $\chi 2$ = 4.756 p <0.05 and OR 0.421 (95% CI 0.190-0.936)).

A higher relative share of parents with higher education is informed by websites of institutions 217 (27.9%) compared to the other 18 (15.9%) $\chi 2$ = 7.272 p <0.01 OR 2.041 (95% CI 1.204-3.460) .

A smaller relative share of parents with Bulgarian ethnicity to increase their literacy turn to websites and blogs of famous people 419 (53.9%) compared to the remaining 37 (32.7%) $\chi 2$ = 17,602 p <0.001 OR 2,397 95% CI 1,579-3,639).

A larger relative share of parents with Bulgarian ethnicity is literate in schools for parents 360 (42%) compared to the remaining 7 (22.6%) $\chi 2$ = 4.656 p 0.031 OR 2.483 (95% CI 1.059-5.827).

The majority of parents 315 or 35.35% turn to specialists with questions about their child's development once a month, 240 or 26.94% do so once every three months.

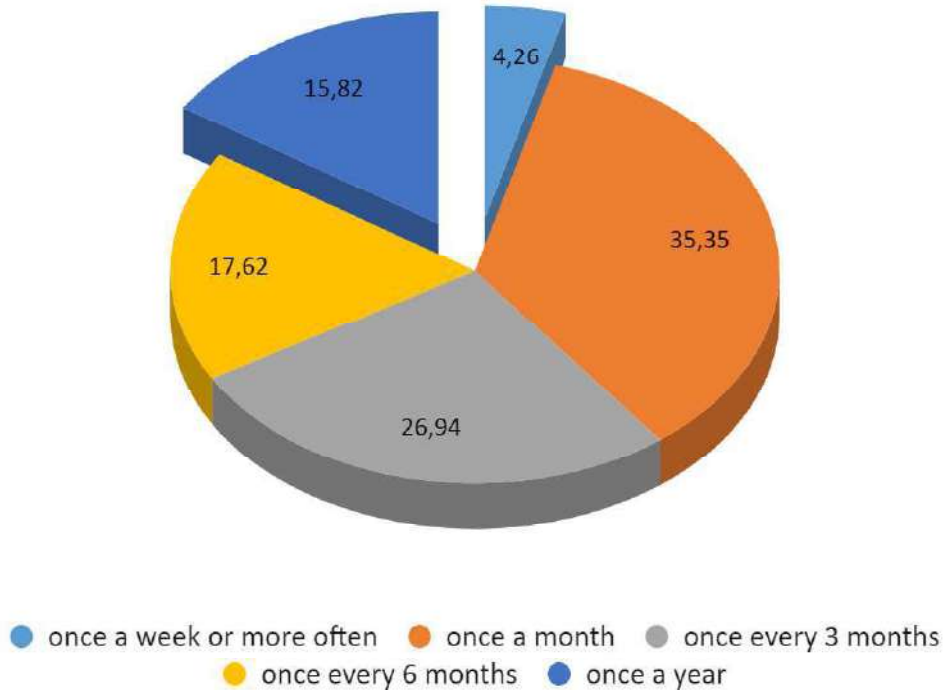


Figure 21. Distribution of parents according to the frequency of child development consultations (%)

When there is a suspicion of a problem related to ECD, the majority - 405 or 45.45% of parents postpone within a week to decide to consult a specialist. The next largest parent group, out of 253 parents or 28.40%, tends to procrastinate within a month.

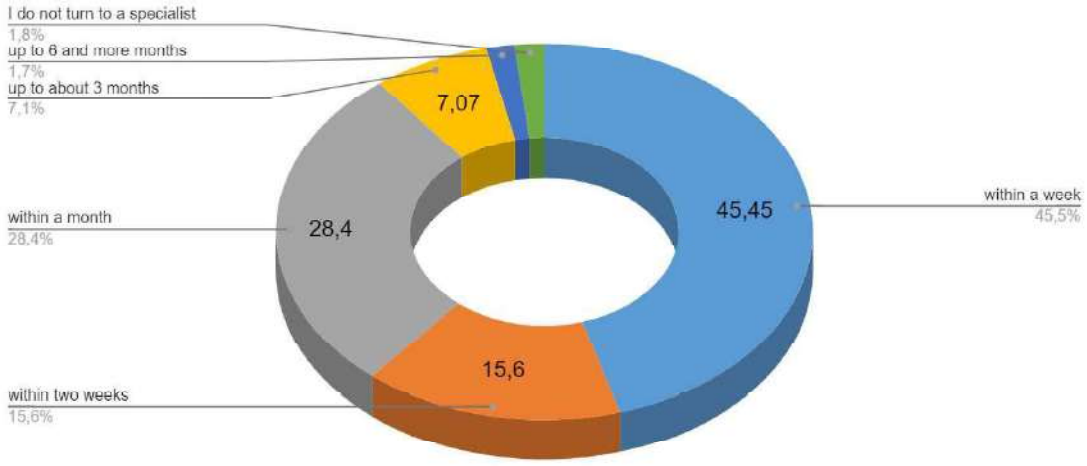


Figure 22. Distribution of parents according to the time for postponing the consultations by a specialist in case of an established problem in ECD (%)

When they suspect that the child has a problem related to ECD, Bulgarian parents turn first to a pediatrician - 633 or 71.04%, followed by a significantly smaller group of respondents - to a general practitioner - 108 people or 12.12%. In third place in terms of group size are the parents who first consult a psychologist - 41 people or 4.60%. Parents who choose to see a doctor first - a narrow specialist are only the fourth largest group in the study - 39 people or 4.38%.

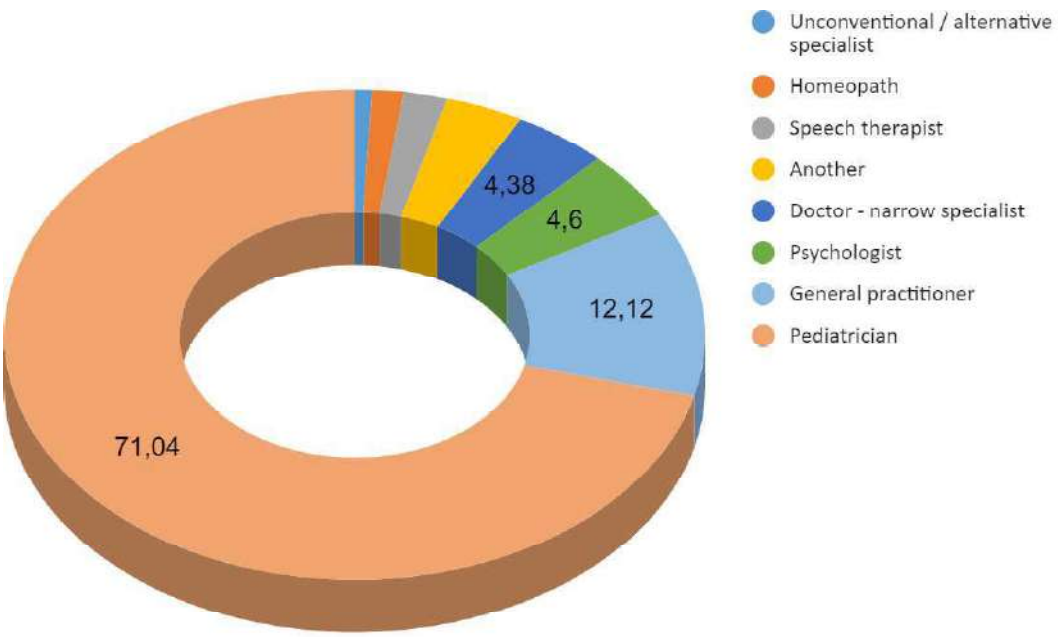

Figure 23. Distribution of parents according to the type of specialist to whom they turn in case of suspicion of a problem related to the ECD (%)

In one third of the parents - 285 or 31.99% - the expert opinions often coincide. The next most frequent cases are of the parents, where the opinions coincide sometimes - 175 or 19.64% and almost always - 150 or 16.84%.

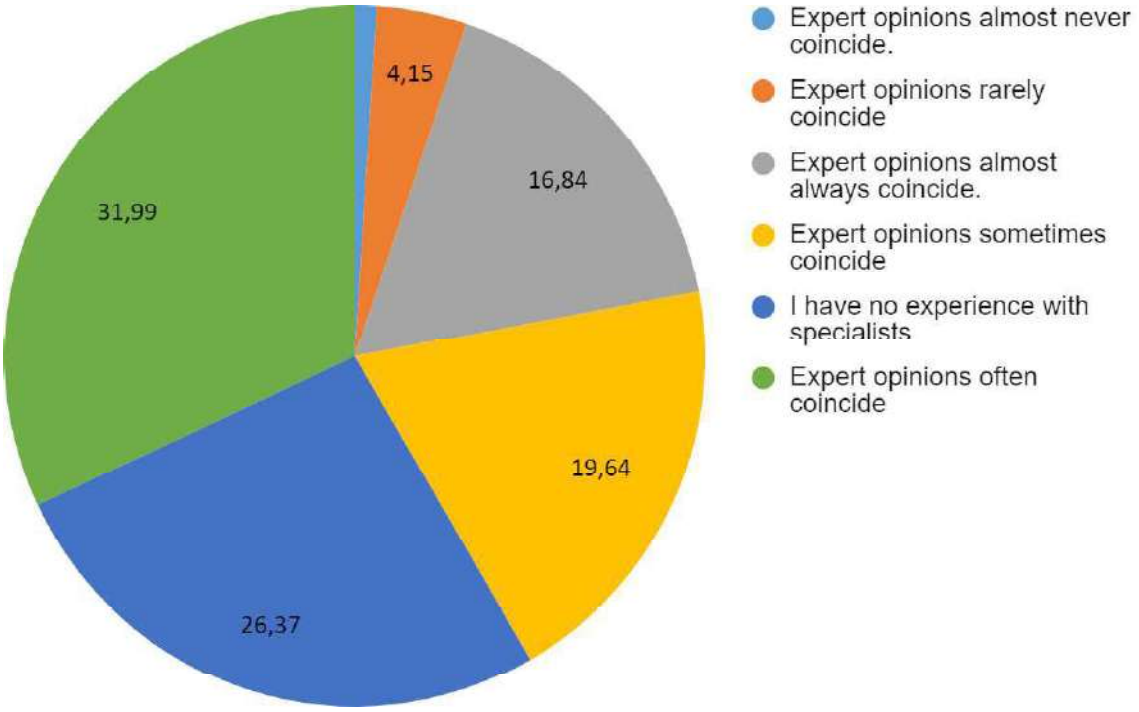


Figure 24. Distribution of the groups according to the coincidences of the expert opinions received from the parents regarding the ECD (%)

The majority of parents with conflicting expert opinions either accept what is closest to their own understanding and act according to it (442 people or 49.61%), or seek a third expert opinion in the country (434 people or 48.71%), either they deepen their own knowledge and make a decision on that basis (425 or 47.70%), or they observe the child and wait before making a decision (331 or 37.15%).

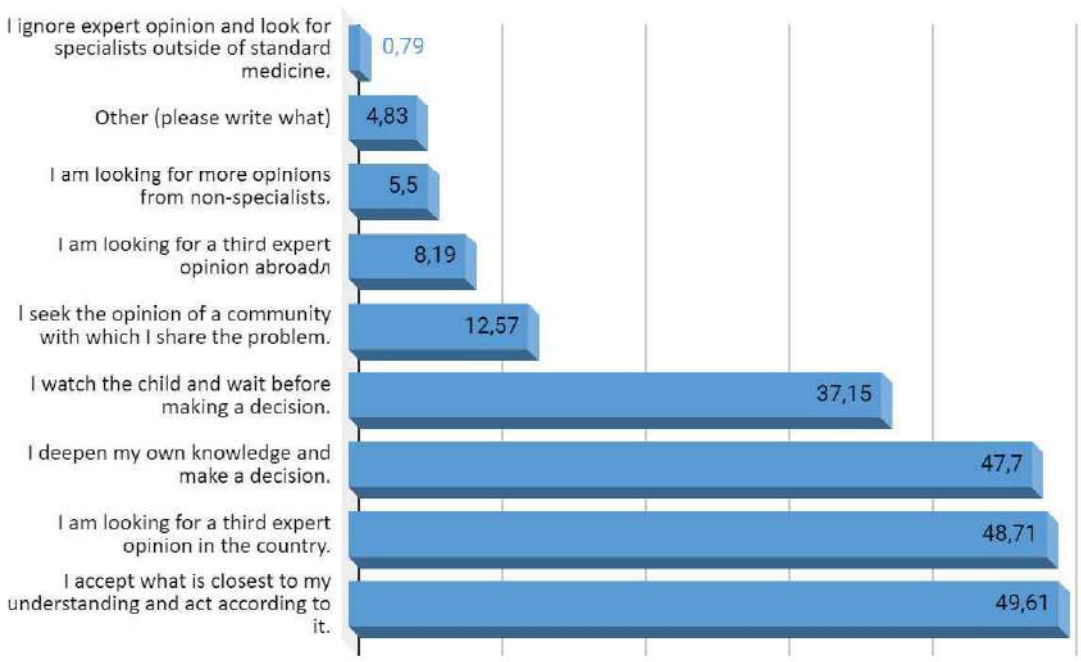


Figure 25. Distribution of parents according to their behavior in case of conflicting expert opinions on the ECD (%)

The scores of the top three specialists used by Bulgarian parents rank the pediatricians safely in the first place, followed by almost identical scores in second place - a narrow specialist and a general practitioner.

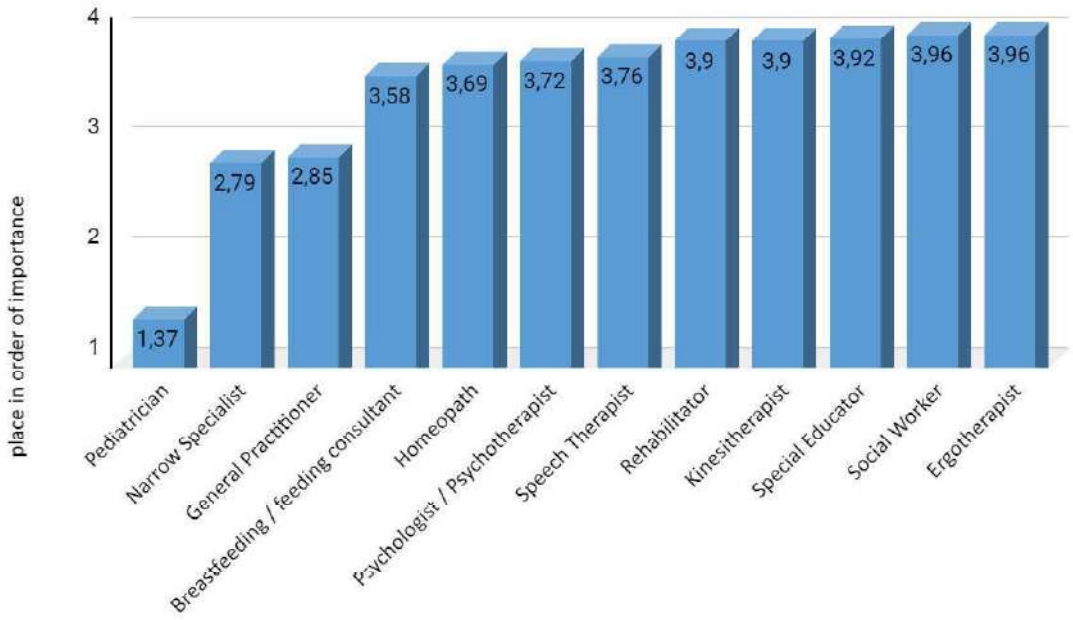

Figure 26. Ranking of specialists with whom they have already consulted on the ECD (average score on the place in the ladder)

The ranking of the most frequently used ECD consultants is maintained in relation to the first three specialists and when considering the answers by demographic indicators. It is noteworthy that for parents with higher education, residence in a big city and capital and a high income over BGN 2,000, the ergotherapist ranks fourth after them.

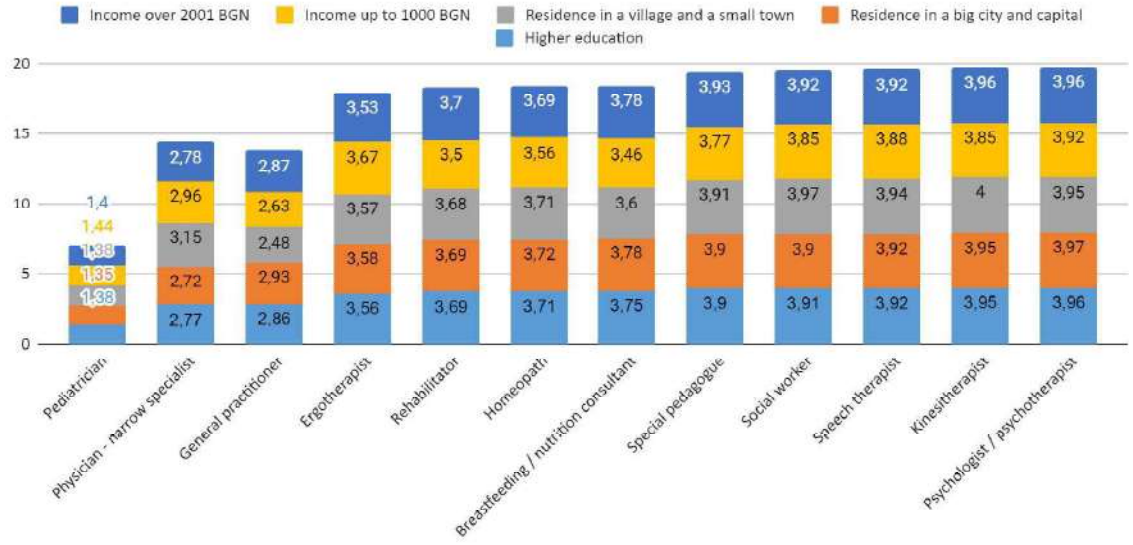


Figure 27. Ranking of specialists with whom they have already consulted on the ECD, depending on the education, residence and income of the parents (average score on the place in the ladder)

In second place are the youngest parents up to 25 years of age and those in the age group 36-45 years, the general practitioner, and the oldest group over 45 years - the doctor-specialist.

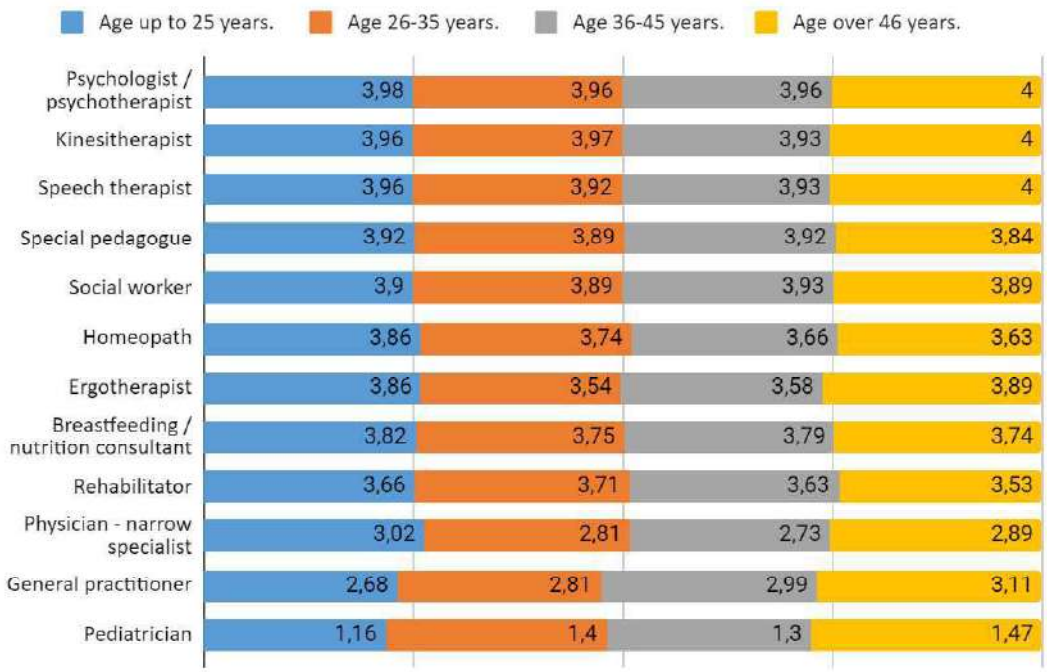


Figure 28. Ranking of specialists who have already consulted on the ECD, depending on the age group of the parents (average score on the place in the ladder)

The specialist's attitude towards the child and the family strongly influences the development of parental competence and literacy and the timely taking of measures with both preventive and diagnostic and therapeutic goals regarding ECD.

In the study of the constructs related to the attitude to the expert opinion on ECD, specific parental behaviors and tendencies stand out.

Against the background of all the above answers, the parent notes that he accepts the best specialist who is polite to the child and family 75.31% (score 4.68) and who shows professional flexibility, expressed in the statement "During the consultation the specialist's attention is focused entirely on my child" - 64.42% (score 4.48).

The profile of the preferred specialist is based on the preferences of the parents, he makes an effort to speak a language understandable to them - 69.25% (score 4.65); to treat the child and the family benevolently - 78.45% point (4.76); to accept them as partners in child care - 52.64% (score 4.3) and interesting to listen - 58.92% (4.41).

From the aspects of the parent-specialist relationship, the overall score, as well as respect for the child, concern and empowerment are significantly higher in the parents with the help provided by the extended family compared to others.

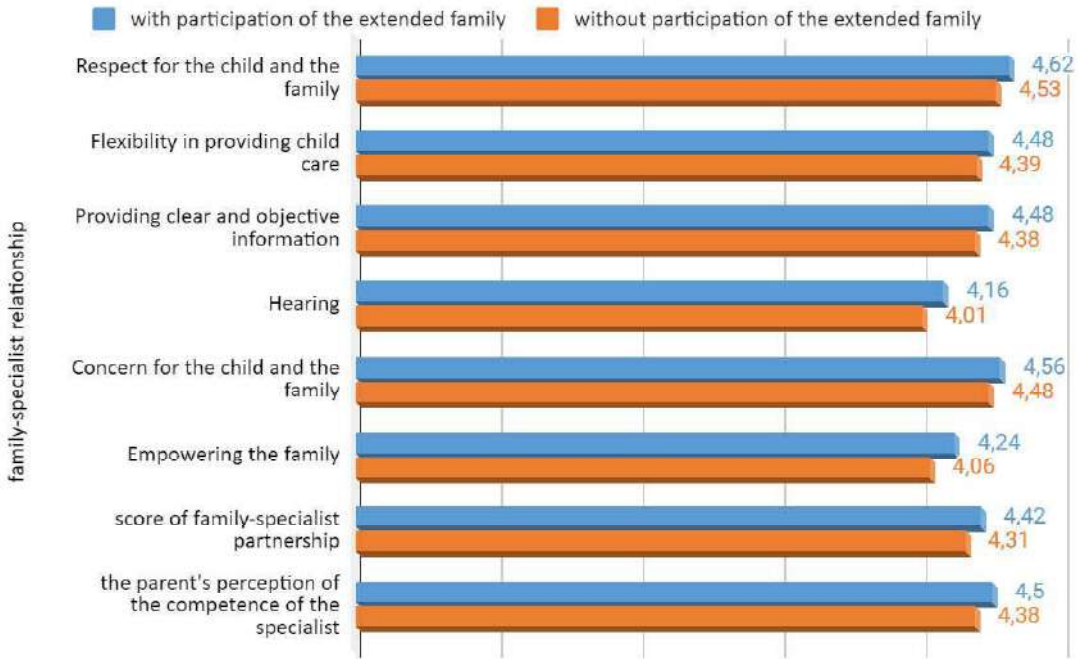


Figure 29. Average scores of aspects in the parent-specialist relationship in the groups of parents with and without the participation of the extended family in the care of ECD (%)

The average score of the parent's perception of the competence of the ECD specialist correlates strongly positively with the average score of all aspects of competencies (Spearman's ratio = 0.731 p <0.001), with parental satisfaction (Spearman's ratio = 0.722 p <0.001) and confidence (Spearman coefficient = 0.706 p <0.001). This is followed by the importance of flexibility in care (Spearman's ratio = 0.689 p <0.001), the provision of clear and objective information (Spearman's ratio = 0.684 p <0.001) and the ability to listen (Spearman's ratio = 0.663 p <0.001) .

The parent's belief that the specialist knows the child well and his health condition is most strongly correlated with satisfaction (Spearman's ratio = 0.644 p <0.001), trust (Spearman's ratio = 0.628 p <0.001) and flexibility offered by the specialist caregiving (Spearman coefficient = 0.618 p <0.001).

The level of parents' conviction in the effective interaction of the specialist with the child again strongly correlates with parental satisfaction (Spearman's ratio = 0.674 p <0.001), but in second place is the correlation with the flexibility in offering consultations (Spearman's ratio) = 0.641 p <0.001), followed by the provision of clear and objective information (Spearman's ratio = 0.640 p <0.001) and only then with the confidence (Spearman's ratio = 0.635 p <0.001) and the respect shown (Spearman's ratio) = 0.629 p <0.001).

The level of professional knowledge, according to the parents, correlates with their trust in the specialist (Spearman's ratio = 0.64 p <0.001) and their satisfaction with him (Spearman's ratio = 0.626 p <0.001).

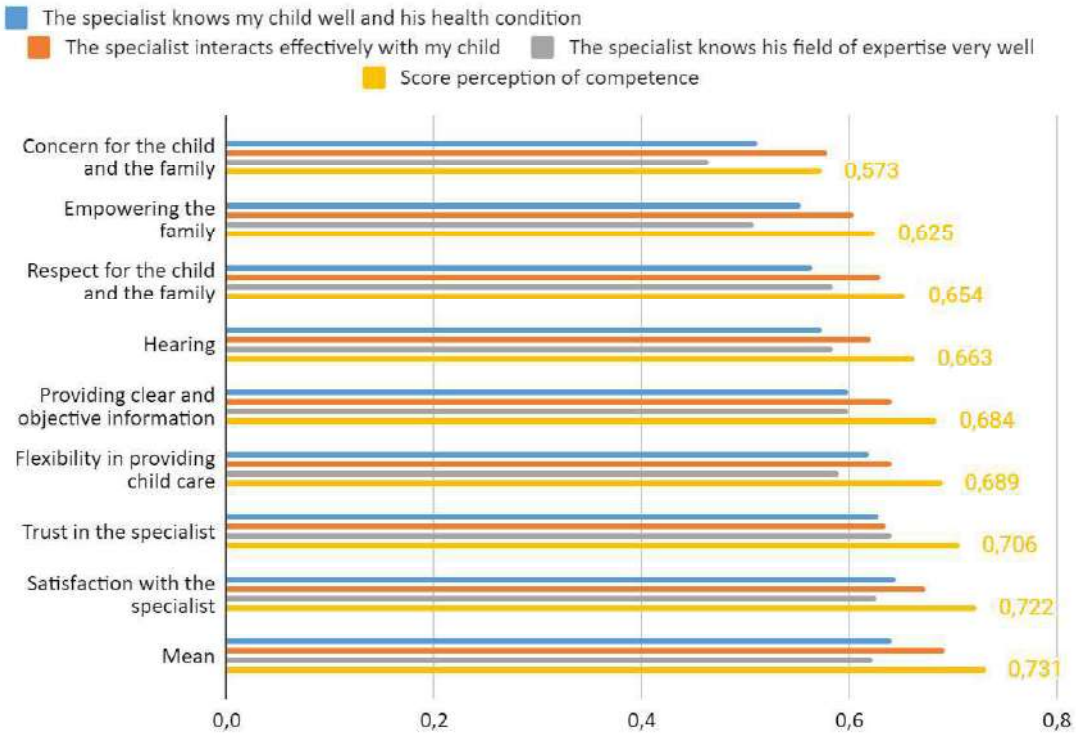


Figure 30. Correlations of the parents' perception of the competence of the specialists with the average assessment and the aspects of the knowledge of the child as a patient, the interaction with the child and the professional knowledge of the expert (Spearman coefficient)

It is most important for Bulgarian parents to receive clear and objective information (average score 8.62), the specialist to show respect for the child and family (score 8.5) and to be flexible in providing care for the child (8.4). Next are qualities such as the ability to listen (8.30) and to show concern (8.28). Last parents place the empowerment of the family (7,65).

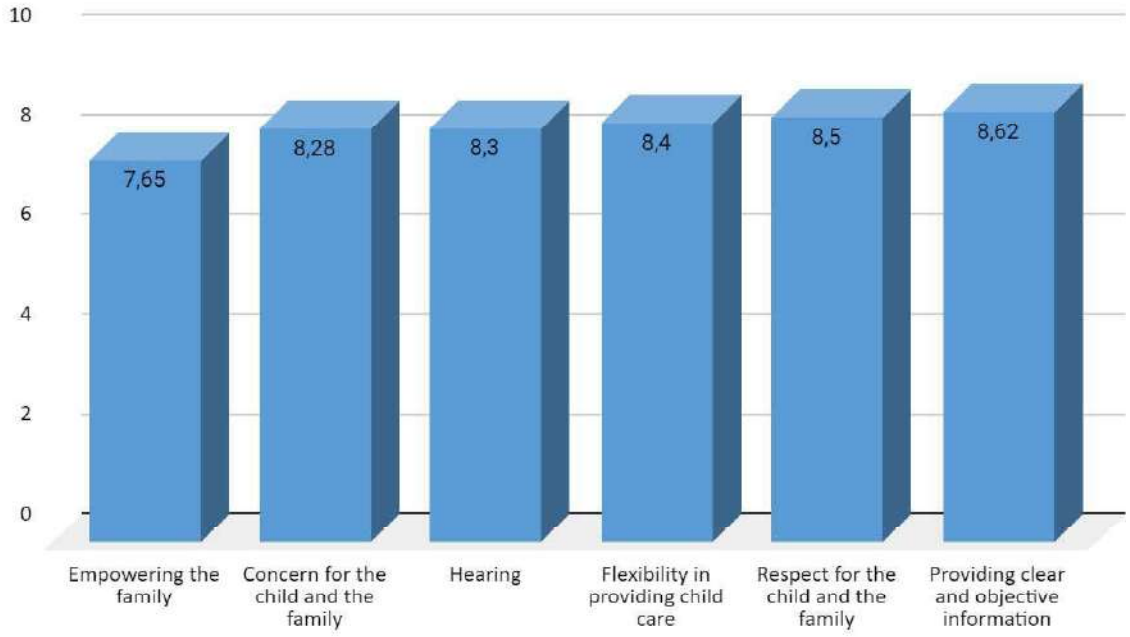


Figure 31. Ranking of aspects of the family-specialist relationship by importance for parents (score)

In order to gain the trust of the Bulgarian parent, the ECD specialist should show an individual approach (8,64) and have extensive practical experience (8,20). The importance of the child's trust in the child's sympathy for the specialist is high (7,87). Confidence and qualifications have the least impact on the specialist's trust (7.23) and the application of the latest methods, tools and medicines (7.27).

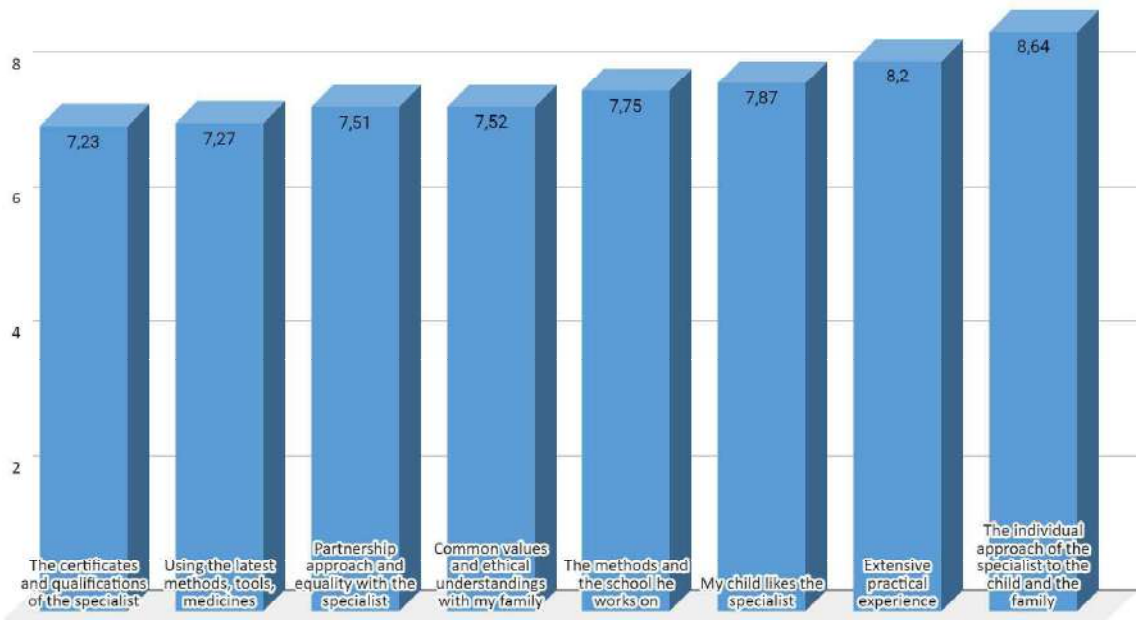


Figure 32. Ranking the aspects of the family-specialist relationship by importance for building trust (score)

The specific parental profile of educated, high-income women living in a regional town, Bulgarian ethnic group, with an only child raised by only two parents, without the participation of the extended family, who have suspected developmental disorders, stands out and raises a number of questions. They turn most often to pediatricians, much less often than other parents - to the general practitioner, speech therapist and psychologist/psychotherapist and least often to a specialist.

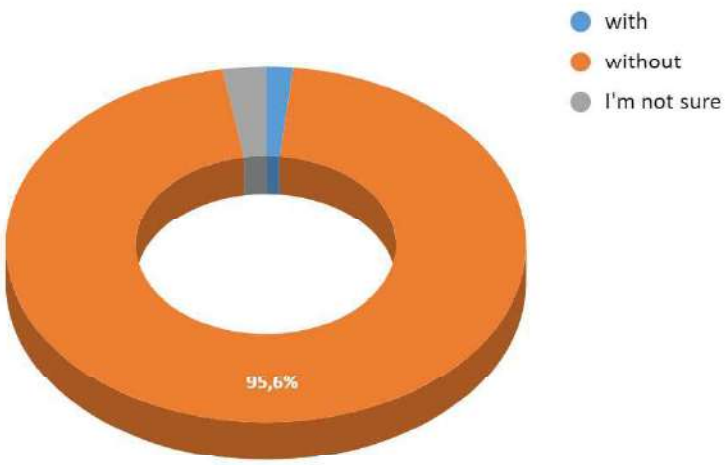


Figure 33. Distribution of children by special needs (891 respondents)

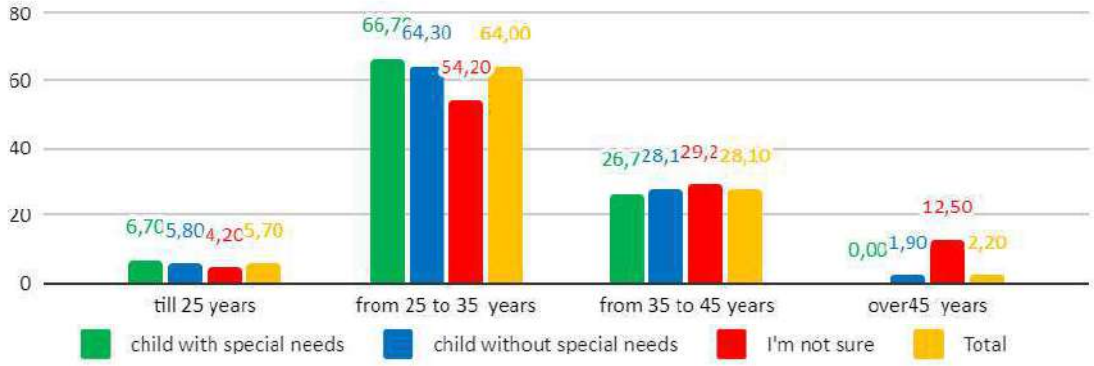


Figure 34. Age distribution of the parents of children with, without and unspecified special needs included in the study (%)

From the characteristics of the quality of life, the parents rate the panel "Emotional development of the child" with an average score of 4.48, followed by "Physical development" with a score of 4.01 and the lowest "Social development of children" with a score of 3.93 on a five-point scale. The leading indicator in the emotional sphere with almost a maximum score of 4.92 is the curiosity, which is most developed in their children according to 843 or 94.61% of parents.

In the next item - physical development - with a predominant number of children with the maximum manifestation according to their parents, is the activity and energy - in 816 or 91.58% of children rated with maximum value. The results for social development present as the most lagging behind the opportunities for children to communicate with adults (maximum rated only in

6.29% of children) and acceptable behavior for other children and adults (maximum developed in 5.27% of respondents).

The predominant part of the surveyed parents rate the overall health of their child - 91.92%, and in 38.50% of all it is highly rated.

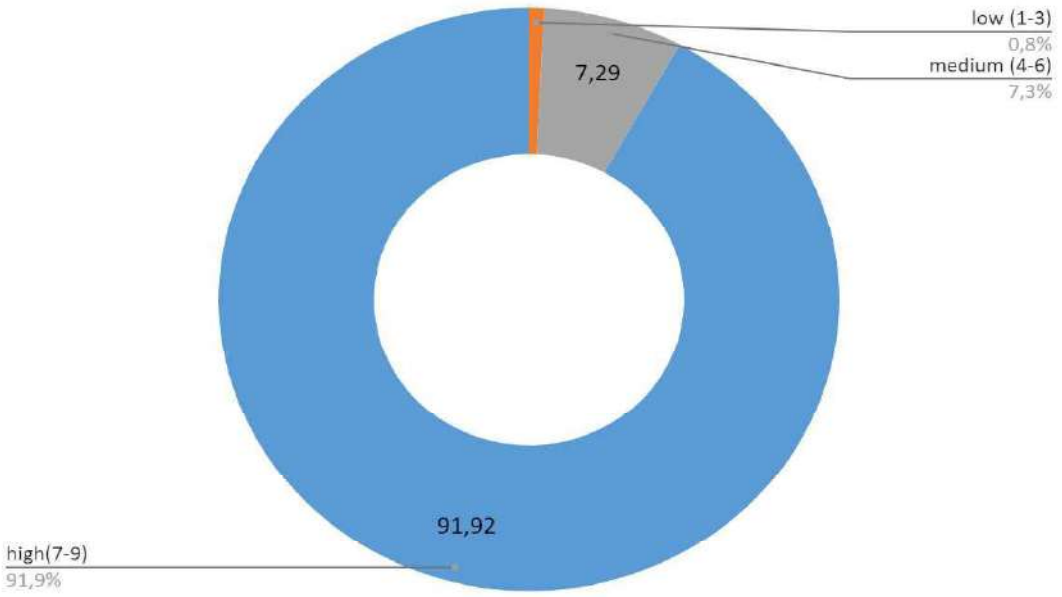


Figure 35. Distribution of groups for assessment of the overall health of the child (%)

## VII. Discussion

Thirty years after the establishment of the Convention on the Rights of the Child, children's health and development issues are becoming more and more relevant and provocative for society and the scientific community (ООН, Комитет по правата на детето, 2014).

The research challenge is to comprehend and integrate in unity the classical approaches to ECD, the new methods in this field, in accordance with the dynamics of the 21st century, with the parental competencies and public attitudes on the issue. At the same time, the pandemic conditions of human existence in the last two years highlight the concept of the new "normal" and the previous "normal", in which issues of quality of care and respect for the child's personality, especially in early development, emerge significantly.

The current study was conducted in a series of pandemic time constraints and challenges for its implementation, which gives additional meaning to the interpretation of the results. For the first time, a qualitative study "Participant Observation" was conducted on 1448 visits of parents with children in the area for early socialization and prevention lasting 14 months. It is pre-conceived as a

basis for the creation of an author's "Questionnaire for measuring the importance of ECD in the parental community", fully consistent with the modern scientific approach to the topic - international and Bulgarian, specific.

The questionnaire reached the parent audience in the conditions of limiting factors such as: implementation during the COVID19 pandemic; restriction of the respondents by the age of the child for which they fill in the questionnaire; large volume of the questionnaire; distribution in electronic form only, implying computer literacy; reaching out to respondents through the "voluntary response sampling" and the "snowball sampling". Thanks to the social PR for the purposes of the research, an extremely high number of respondents was achieved.

For 1 month in the beginning of 2022, the website was visited by 4904 respondents, of whom 2459 started filling in the questionnaire and 891 people completed it completely. A comparison is made with two other studies with a similar profile. In an internet-based survey of parents' attitudes within the national survey "Early Childhood Development in Bulgaria" using a questionnaire in only four sections, by distributing it on popular sites and online forums, with the help of a well-known sociological agency, through the "voluntary response sampling", also at the beginning of the calendar year - the total number of respondents who completed the online survey is 748 (Йосифов и кол., 2018). Another study of a similar design in Riyadh, Saudi Arabia, with the assistance of a public marketing organization and the national telecom, reached 1471 parents in six months (Aldayel et al., 2020).

The interest shown by the Bulgarian parent-respondent confirms the importance and relevance of the ECD problem for Bulgarian society. At the same time, we accept the respondents' interest in the research, despite the limiting factors, as a sign of: trust in the institution that created and disseminated it; approval that it is designed for and compliant with Bulgarian conditions; desire for partnership between parents and specialists on current issues for ECD; the need for a national perspective on ECD issues.

Confirmation of the above are the shared positions of parents during the distribution of the questionnaire, which we have thanks to social PR and the ability to maintain constant contact with respondents: Parent # 1 I filled it out! It was very interesting! I will pass it on to other mothers; Parent # 2 I allowed myself to make a post in the "Varna Moms" Facebook group about this research. There are already people doing it. I think that will reach a larger audience; Parent # 3 I sent the research to the Viber group of the kindergarden's group. There are good reviews and interest. My sister abroad did the same; Parent # 4 Thank you! I did the research and realized that I was a good parent; Parent # 5 I'm happy to post and I'm already informed about this study. Many of my colleagues assist in data collection; Parent # 6 The study is very interesting. I

wrote down the questions I didn't know the answer to and then read about them; Parent # 7 (extended family and medical practice) I uploaded the survey on my professional Facebook page, my daughter filled it out and forwarded it to many other people; Medical Practice # 1 I uploaded the questionnaire to my page, which has 2,000 followers; Organization # 1 Thanks for the detailed information about the project. We have distributed the link to services for children and parents that UNICEF works with, as well as through the network of the Alliance for Early Childhood Development.

In connection with the method chosen for disseminating the questionnaire - through a specialized Internet platform, conducting the study in the limiting conditions of the COVID19 pandemic (including limited access to electronic devices outside the family) and the volume of the questionnaire, digital literacy of respondents is initially associated with a higher level of education. In this sense, a significantly higher relative share of respondents with higher education is expected.

It is noteworthy that although with a low relative share of the total, respondents from different ethnic groups are also interested in the questionnaire. Knowing in detail the social PR performed for the distribution of the questionnaire, naturally the question arises about the type and accessibility of communication channels for everyone in the country. The fact that interest has been shown speaks in favor of the need for such information about the parent community and the desire to raise awareness of ECD.

Extremely important for the research is the voluntary statement of the respondent's desire for feedback. Of the 891 people who completed the questionnaire, half of them - 451 (50.6%) provide their feedback e-mail with a declared desire to participate in the pilot use of the future ECD instrument, which clearly confirms the need for in-depth research work in this direction.

The ultimate goal is to use the data from this research to develop a Bulgarian methodology (to identify, assess and prevent risk factors for ECD and lifelong well-being) and to develop a standardized tool and the fact that we receive answers from highly educated respondents - 90.8% with higher and semi-higher education give grounds to accept the present study as a basis for determining the priorities of the modern educated parent in our society.

The data on the distribution by age and sex of the respondents to the questionnaire are expected to correlate with the data from the "Partcipant Observation" in the area of "The Green Sea Yard of Varna" and with the data from the literature review for the well-established ECD and significantly more limited presence of fathers in the life of the child during this period. The age distribution of the parents also corresponds to National static institute data from 2021 - for the average age of the mother at the birth of the first child - 27.5.

Moreover, the average age of the child for whom the 891 parents who answered in the questionnaire is 26.97 +/- 15,858 months.

The average age of children visiting the area for early socialization and prevention coincides with that for which the questionnaire was completed. These data can be linked to the fact that between the ages of 18 and 36 months, even parents for the first time already have enough experience in communicating and interacting with their own child and are ready to comment and present it.

The even distribution in the study of children by gender gives grounds to analyze the following topics and constructs in the study, without allowing a specific influence of gender on parental understanding and attitude towards ECD.

The distribution by income, place of residence and family size is directly related to the described demographic processes and trends in the current decade, covered in the literature review. Better opportunities on the labor market in big cities are the natural prerequisite for security when starting a family with one child - a traditional model for Bulgaria compared to the age distribution for the mother at the birth of the first child (Бърдаров и Илиева, 2021; НСИ, 2021).

343 or 38.5% of the respondents declare the participation of the extended family in the care of the child, as opposed to 548 or 61.5%, in which the child does not participate. It is impressive that the share of families that manage without the help of other generations is almost twice as large. It can be assumed that internal migration, new cultural models different from the existing intergenerational ties in the Bulgarian family, or the limiting conditions of the COVID19 pandemic have an impact. However, it is quite possible, according to the generational theories of Strauss, Howe, McCrindle, that these are much deeper generational differences, which the modern Bulgarian parent recognizes empirically. In practice, the competences of current parents (Gen X 1966-1979; Gen Y1980-1994; Gen Z 1995-2009) for the care and communication with their children of the latest generation of Gen α (2010 to 2024) are radically different from those with which they were raised by their parents from previous generations. In this sense, it is quite understandable that due to these intergenerational differences (probably deepened even more than COVID19), 860 or 97.4% of parents rely on a partner in raising a child. These data and considerations are very close to the conclusion of the qualitative study that the partner and the extended family are included in the daily care of the child with great variability in terms of their time, shared responsibilities and awareness of ECD. At the same time, the study clearly points out that the extended family participates in the care for the early development of children living mainly in villages and small towns, and that its participation in raising children is positively associated with adequate child nutrition compared to those raised by

nuclear family. It is assumed that this is a result of better preserved family units and healthier intergenerational relations as part of the modern expression of Bulgarian life and soul (Хаджийски, 2002; Бостанджиев, 2016).

This study for the first time analyzes the parents' attitudes about the importance of the ECD period through the prism of awareness and competencies in the context of the specific cultural model. Despite the unified global framework for the key elements of ECD, parents focus on specific priorities in ECD, which can be both positive and negative. Knowing the attitudes about the importance of ECD in the parent community is crucial for the implementation of policies in the field of health promotion and for the justification of specific future interventions - at the individual and population level.

Much of the research shows that parental awareness and competences are mostly related to knowledge about caressing and calming infants, children's sleep and nutrition, how to witness love and affection for a young child (Karp, 2008; Chung-Park, 2012; Regalado and Halfon, 2001; Zarnowiecki et al., 2011).

The present study outlines very clearly the specific parental behaviors and priorities in the ECD through the formulated from 6 to 8 fixed statements for each construct related to parental competencies and behavior. In the "Stimulating Caregiving" panel, the leading parental behavior is the flattering attitude - they hug and caress their child for no reason almost always, and the least common is the telling and reading of children's stories - only half of the respondents. In the analysis of the "Participant Observation", the book is described as a constructive means of communication. It may be a matter of prestige and imitation in public to show a commitment to the book, provided that it is freely available to all and a means of initiating communication. Apparently in a family environment the book is underestimated as a means of stimulating care and/or is unavailable for financial reasons.

Probably the parents also lack information that oral and written language are radically different and are part of the over-complex coordinated brain activity and system, set in the ECD period, and that the frequency of shared reading of books by parents is directly related to the acquisition of children of skills and knowledge that influence their later success in reading, writing and other areas (Duursma et al., 2008; Frey and Fisher, 2010; Baker, 2014).

When grouping the answers for stimulating caregiving "Often and almost always", another weak parenting practice stands out - the least are the answers "I take my child out to play". In the limiting pandemic conditions, a possible reason for this practice may be the different ideas and perceptions of generations about the adequacy of anti-epidemic measures (McCrindle, 2020). The reason for such an interpretation is the data from the study that parents rarely take their children to organized educational activities. On the other hand, in early learning,

parents most often purposefully teach the child new things - probably as a process that not only requires the least resources, but also ensures daily communication with the child.

In the "Protection/Safety" panel, parental behavior is most often expressed in ventilating the room and least often in checking the safety of toys. There is probably not enough information in the parent community that unintentional injuries are the leading cause of death among children aged 1 to 9 (CDC, 2016). Families' practices for a safe family environment directly affect a child's health. A large meta-analysis of randomized and non-randomized controlled trials of educational home safety interventions for families shows that education is effective in increasing the proportion of families who focus successfully on this problem (Kendrick et al., 2013). It is noteworthy that against the background of the digitalized 21st century and the consolidated presence of screens in our lives as a way to deal with pandemic constraints, parents underestimate the risk of exposing children to screens during the ECD. Almost half of parents also use screens when feeding their children and do not appreciate that eating without the use of mobile devices is a mandatory part of the concept of complete/adequate nutrition. These data emphasize the need to inform and build parental competencies as the necessary care for the child is presented in depth with the mandatory causal link between parental behavior and choices and their importance for different stages of child development.

The need to make sense of and fill in more meaningful parental care also applies to the topic of protecting children from stress. Of the seven possible options for parental activity to protect the child, the fourth most important for respondents is the prevention of stress. From a quantitative point of view, the result is good, but this answer is probably rather standard and is not due to knowledge/assumptions about the child's ability to experience emotional, mental and physical discomfort that affects his health. From an early age, children are active subjects, influencing their environment and at the same time are objects of its impact. Such bilateral influence has been found in many empirical studies on the interaction of children and parents and has been shown to lead to changes in their behavior, which in turn affects their health and quality of life. It is important to remember that children are in a complex social environment - the family - with relationships, interaction, parental emotions in it (Белоусов, 2008; Center on the Developing Child at Harvard University, 2016). If even at the stage of ECD this environment is problematic, if it deprives the child of the warmth of communication and interaction, he feels powerless - both mentally and physically, suffers, but has no opportunity to change or change it. Then it closes in on its still unconscious inner reality. The child transfers this experience in the family in his behavior when meeting people from the constantly changing social environment, even to his peers. Therefore, the statement that the family is a factor with a long-term impact on the social, mental and emotional

development of the child is indisputable. The family speeds up, slows down or stops the process of adaptation and integration, and in this sense, protection from stress as parental protection is a key point in ECD.

D. Winnicott in 1935, based on his experience in practice as a pediatrician and psychoanalyst, states that "from the problem of lack of integration arises another, the problem of dissociation ..... A series of dissociations that arise because of this, that the integration is incomplete or partial". Dissociation is used by children in various stressful situations, in which they, feeling the lack of emotional connection, use dissociation as an adaptive and protective mechanism. The frequency of dissociations leads to their conscious transfer to other stages of development, in cases of conflict or stress. In a 1960 scientific paper entitled "Ego distortion in terms of true and false self," Winnicott came to the definitive statement of dissociation in inner reality as a result of neglecting its causes and first symptoms during the ECD phase (Уиникът, 2008). Nowadays, scientific evidence confirms that excessive stress disrupts the architecture of the developing brain, and parental protection through sensitive and responsive child care is the best prevention (National Scientific Council on the Developing Child, 2005/2014).

Parents clearly understand complete/adequate nutrition in its classic setting as the inclusion of mainly typical regional foods and cuisine, which is probably related to the continuous provision in the public space and in all societies of specialized and popular science information on the subject. There are many studies that prove the role of parents in determining and modeling children's eating habits, and hence their health (Hil, 2002; Sussner et al., 2006; Natale et al, 2014 г; Wolnicka et al., 2015; Вълчева, 2020).

Within the classical understanding of the parents-respondents is the behavior in "Health Care". The highest score is the implementation of the mandatory preventive examinations, but the annual preventive dental examination - health caregivng of parents - the respondents put last. This polar attitude towards the types of preventive examinations and the reasons for it can be discussed in several directions: low level of awareness of the existence of the National Program for Prevention of Oral Diseases in Children from 0 to 18 years of age, which has been in force since 2015 in Bulgaria; lack of understanding of oral health as part of physical health and/or the presence of a disruptive economic moment (Национална програма за профилактика на оралните заболявания при деца от 0 до 18-годишна възраст в Република България 2015-2020 г., 2015). The answers to the child's daily bathing and vitamin prophylaxis are an expression of the lack of a holistic view of health with its component hygienic and preventive measures. To some extent, they are surprising against the backdrop of large-scale COVID 19 campaigns around the world over the past two years, with personal hygiene and vitamin deficiencies.

This immediately brings to the fore the need for cyclically recurring (by seasons) national education modules for parents on basic child health care during the ECD period.

Of the five parenting competencies proposed in the questionnaire, in line with WHO, UNICEF and Harvard Child Development Center documents and recommendations, the most common among the Bulgarian community is stimulating caregiving and the weakest is early education. In the nine-point scale for assessing the importance of care in the ECD stage, the respondent parents again put the child's early education last. These data are very worrying, especially against the background of numerous studies and programs worldwide on the importance of early learning and its repeated return on investment at a later stage in human life (Lancet, 2017). It is assumed that respondents do not understand the importance of every opportunity and every interaction (whether positive, negative or absent) with the child for their contribution to brain development and laying the groundwork for later learning. In this sense, putting early education in the last place, parents in everyday activities with the child miss many irreplaceable spontaneous opportunities for play and interaction, which become a prerequisite for the development of his interests and competencies.

Putting early learning last as a parental competence, in the event that 90.8% of respondents have higher and semi-higher education, requires urgent and concrete measures at all levels of national policies.

The importance of risk factors for ECD and well-being throughout life is primarily recognized by respondents in the lack of active communication and play with the child, followed by lack or inadequate age and unhealthy habits of the mother, increasing the risk of premature birth. The least recognizable risk is the low level of maternal hemoglobin during pregnancy. Slightly better recognizable are the deteriorating health status of parents and the child's exposure to electronic screens.

Failure to identify parental health as a risk factor for the child's health and development raises the question of the quality of prenatal care and counseling, as well as the urgent need in all educational programs and materials for parents, prevention should be presented not only as necessary rules to follow, and in depth with the necessary causal links and the importance of all exposures (Wild, 2005; Димитрова, 2019). Data showing neglect of the child's exposure to screens may also be associated with an underestimation of the example set by parents in everyday communication. In this sense, if parental behavior is associated with a sedentary lifestyle, this explains why exposing the child to screens is not recognized as a risk to ECD and lifelong well-being (De Lepeleere et al., 2015).

It is assumed that data on identifiable risk factors for ECD and lifelong well-being correlate with the answers to the question "When did you become interested in the importance of ECD?" Only 21.10% became interested before pregnancy. Although there is such a group of parents, it is too small to carry out any preventive measures at the individual or population level. It is positive that 59.37% of the respondents start to be interested during pregnancy and soon after birth, but the interest that appeared at this later stage rather speaks of not using the opportunities for health promotion in Bulgarian society. One can also think about the variety of schools for parents in the country. No matter how many they are, if there is no unifying mandatory basic program, the messages to the future parents are out of focus and insufficiently effective.

Parental literacy is directly related to providing a healthy environment for the child. Parents with a good level of knowledge show high parental self-efficacy and competence, and those with insufficient - unrealistic expectations of the child, neglect and violent behavior towards him, disappointed by the incompatibility of their expectations with the development of their own child (Twentyman, 1982; Hess, 2004; Rikhy, 2010). Knowledge of the initial level of parental literacy for ECD in the target population is the starting point in public health for the creation of prevention programs and earlier interventions with the widest scope (Ertem et al., 2007; Bornstein et al., 2010; Habibi et al., 2017).

Data from the ECD literacy self-assessment in this questionnaire show that the highest percentage of parents are adequately informed about the tempering rules followed by sleep behaviour, car seat safety and minimum daily physical activity. The percentage distributions of the literate for limiting the time in a lying or sitting position on a stroller, in front of a screen and for the regular daily tummy time of the child in infancy are relatively lower. If we conditionally divide the answers into two pole groups, then it can be seen that parents are better prepared for practices that have long been discussed in public, as opposed to those for which there are well-established international recommendations and documents (WHO, 2019). This is probably related to the information and communication channels used and the provision of information by a specialist and/or non-specialist. For example, in connection with the limited knowledge of the practice of regular daily tummy time of the child in infancy, reference may be made to the need to structure counseling in pediatric counseling and provide proper basic guidance from non-medical professionals - as in the centers “KindyROO” under the Australian Early Childhood Development System for children from 6 weeks to 5 years.

Overall, the survey data show that the level of parental literacy correlates positively with each of the areas of parental competence for ECD. Parents with a higher level of literacy show a tendency for more intensive practical application of each type of parental competence – stimulation caregiving, early learning, protection/safety, complete/adequate nutrition and health caregiving as the most significant is observed in the provision of health care. The trend in gender comparisons is similar - mothers show more intense parenting skills, which is fully in line with data from the qualitative survey "Participant Observation" and those from international studies (Conrad et al,1992; Reich, 2005; Al-Maadadi and Ikhlef, 2014).

It is interesting to overlap the results of the respondents from two subcultures - parents with higher education and residing in a village. They give significantly higher scores for stimulating caregiving, the importance of incentives and awareness of risks in early childhood, whether the result of theoretical knowledge or empirical experience

The second literacy construct concerns the partner. The data that the partner is involved in raising the child in 860 of all respondents, that he is less informed in 473 and more informed in only 28 of those who completed the survey, are expected results against the background of gender distribution of respondents and roles in Bulgarian family. Of interest are the data showing that against the background of all modern dynamic processes in our society, women expect men to participate less in child care and the passivity of men in child health is well accepted. Even the expectations of these respondents have been exceeded, in which the partner-father participates minimally. On the one hand, these data show the direct connection of the various care provided to the child with the Bulgarian folk psychology, but transferred to the 21st century (Хаджийски, 2002). For example, the results of the national representative survey on "Gender stereotypes towards women's participation in politics in Bulgaria", conducted by the Trend Research Center commissioned by the Liberal Institute for Political Analysis and funded by UNESCO in 2017 among 1002 adult Bulgarian citizens shows that 10% of Bulgarian women and 35% of Bulgarian men believe that women should obey men, and 25% of Bulgarian women and 50% of Bulgarian men believe that a woman's job is to look after children (Тренд, 2017). A Eurobarometer survey, again in 2017, found that Bulgarians are most likely to create stereotypes based on gender - 12.4% of Bulgarians think stereotypically about gender relations, which puts us first in Europe. Of all the countries in the European Union, most Bulgarians strongly believe - 81% that the most important role of women is to take care of home and family, and that of men - to make money (also 81%) (Дарик нюз и Евростат, 2017). In 2021, a study by the Ekaterina Karavelova Foundation established increasingly stable patriarchal attitudes. The question arises about the shared parental responsibility in the care of the child and the place of the father for ECD and the future well-being of the

child in Bulgarian society in proportion to global trends in fatherhood (Михайлов, 2020; Кюранов, 2020; Вълчева, 2020; Маринов 2020).

Parental attitudes have a direct impact on both parenting practices and all levels of interaction with children and professionals. There are many causal relationships in parent-child-specialist communication. According to the current study, the leading specialist that most parents would seek as a source of help with a child's problem is a pediatrician or general practitioner, followed by a specialist (speech therapist, psychologist, etc.) and third - a member of the extended family - mother, mother-in-law or grandmother. It is assumed that these data are a snapshot of the dynamic interactions in the community and institutions over the past two pandemic years with all the advantages and limitations. Higher levels of education among parents correlate with the likelihood of seeking help from friends, and those living in a village and small town are more likely to seek help from a mother or mother-in-law. Families from small towns and villages are more likely to seek help from the parent community, and the religious community is perceived as a possible support.

Bulgarian parents most often use the pediatrician as a source of information about ECD, followed by a general practitioner, a doctor with a specialty and friends (who probably use the sources of information in the same order). The most rare respondents are informed by unconventional (alternative) specialists, the media (television, radio, newspapers) and sites/blogs of famous people. The heterogeneity of the sources for information and help of the parents is also supported by the qualitative research “Partcipant Observation” in the space of “The Green Sea Yard of Varna”. However, heterogeneity needs to be examined in order to be considered as a starting point in the development of public health strategies to promote health and promote certain parenting practices. It is important through specific national policies to establish basic awareness of our society about the importance of ECD, which predetermines significant parenting attitudes and to upgrade parenting practices. It is certainly necessary to note the importance of the extended family and community in supporting ECD in smaller settlements, which respectively offer less organized ECD activities, and intergenerational links are better preserved.

The rating system of the sources of information on ECD in the respondents 'answers can be considered as a result of the parents' search for reliable sources on ECD, which is confirmed by "Participant Observation". This allows us to think about the purposefulness of the strategies for informing parents from reliable sources, including medical universities and the professional organizations of specialists related to ECD. As an example, we can use the recommendations of the American Pediatric Association on how professionals can build their communication with parents on the most important issues for both parties.

(AAP, 2003, 2016; National Academies of Sciences, Engineering, and Medicine 2016).

In case of an established problem in the ECD, 45.45% of the respondent parents take measures within one week, 28.4% within one month and 10.6% postpone more than one month or do not turn to a specialist at all. In practice, this distribution shows that the average waiting group of parents is in a sense risky and may in certain external circumstances move to that of long-delayed. This necessitates reasoning about the lack of a clear definition in the public space of the importance of specific markers of child development problems, which should determine them according to the degree of urgency or the possibility/need to wait. Parents are confronted with information about prognostic early markers of ECD abnormalities, usually at a much later stage and with already advanced development of the problem. The resources for influencing the parental expectation are hidden both in the measures for increasing the general parental competence and in the specific training on the issues of ECD of the specialists to whom the parents most often turn - pediatrician, general practitioner, narrow specialist (Донкина, 2017; Кънева, 2019). The specific training of specialists to communicate with parents on the most important issues of ECD will reduce the percentage of inconsistency of expert opinions, which in turn will reduce the time and financial resources invested at all levels and countries. The group of specialists with recommended additional qualification for communication on the problems of ECD also includes the following specialists to whom the parents turn - psychologist, speech therapist, breastfeeding consultant, ergotherapist.

When the questions to the respondents are reduced only to the specialist with whom they are most often consulted, and to certain constructs, revealing the obligatory elements in the communication between parent and specialist, the picture of the most influential and least influential practices of these relationships is reached, described in the following table.

Table 2. Most and least influential practices of the ECD specialist of the parent-child-specialist relationship

| **Construct** | **The most influential practice on the parent-child-specialist axis** | **The least influential practice on the parent-child-specialist axis** |
|---|---|---|
| Respect to the child and the family | The specialist is polite to my child and family. | The specialist respects the values and preferences of our family. |
| Flexibility in providing child care | During the consultation, the specialist's attention | The specialist is available in a way |

| | | |
|---|---|---|
| | was focused entirely on my child<br>And<br>The specialist responds adequately to the urgency of the situation. | convenient for my family.<br>And<br>The specialist makes an effort to adapt his work to the individual characteristics of our child. |
| Providing clear and objective information | The specialist makes an effort to speak a language we understand. | The specialist checks if we have a common understanding of the problems and solutions. |
| Hearing | The specialist listens to me carefully. | The specialist asks me for my opinion |
| Concern for the child and the family | The specialist treats the child and the family kindly. | The specialist treats the family with empathy. |
| Empowering the family | The specialist perceives us as partners in child care. | The specialist encourages me to attract other resources and specialists. |

For the modern parent in the Bulgarian society (average score of the constructs) it is most important in the relationship with the specialist to receive clear and objective information, to receive respect for the child and family, to have flexibility in providing care for the child, to be heard, to show concern and last, to empower the family. Putting empowerment last with its constituents (The specialist gives the family opportunities to choose child care solutions; The specialist respects our parenting competencies; The specialist sees us as partners in child care; We plan child care together with the specialist; The specialist encourages me to attract other resources and specialists.) it can only be interpreted in favor of the need for constant, purposeful and constantly expanding work to increase the parent's competencies in order to feel ready for empowerment. Then he will be ready to express his opinion to the specialist, to understand and appreciate his empathy for the family - part of the path of partnership on behalf of the child. For this purpose and for the purposes of public health it is good to offer educational programs for the development of cooperation through empathy on a scientific basis - moreover, in a 2016 US study of 63 countries, Bulgaria is among the last five with the most low scores for empathy in society (Chopik et al., 2017).

The described practices of the parent-specialist relationship have some insignificant variations in the participation of the extended family in the care of

the child - with a greater emphasis on respect for the child, concern and authority on the part of the specialist. The assessment of parental satisfaction and parental trust correlates moderately and strongly positively with all the mentioned constructs of professional attitude of the ECD experts.

Of the respondents who formed these aspects of the parent-child-specialist relationship, 88.6% were satisfied (completely and rather) with their work with a specialist. They can be considered as completely reliable in determining the framework for the most and least influential practices of the ECD specialist. This framework can be used to conceptualize parenting and professional behavior during the ECD period in order to train professionals and parents.

Many of the results in the questionnaire replies are expected, but there are some that arouse not only research interest but also genuine concern. For example, the question “The child you are responsible for has or does not have special needs” puts some respondents in the category of special attention, especially in terms of their parental awareness, competence and possible preventive measures for their children. Highlighting in the analysis of demographic indicators of a specific parental profile of educated women, high income, living in a regional town, Bulgarian ethnic group, with only one child raised by only two parents, without the participation of the extended family, who have suspected developmental disorders asks a number of questions. These characteristics indicate that they should have access to medical services and it is a matter of parental competence and/or choice whether, when and how to use them. Following the answers of these respondents, we know that they turn most often to pediatricians, much less often than other parents - to the general practitioner, speech therapist and psychologist/psychotherapist and least often to a specialist. The answers given only by mothers in the anonymous cyberspace can be interpreted at best as a timid desire to start clarifying the condition of the child (met with a limited number of specialists), and at worst - to remain permanently closed in their own their unshared painful topics, fears and prejudices, despite the available opportunities for clarification.

This small but specific, at the same time distinctive and mimicking group of parents is described in the qualitative research conducted in the area of "The Green Sea Yard of Varna". It is a kind of success that such a group is differentiated and proved by the questionnaire. This in itself requires the use of various resources and approaches to successfully promote positive parent-child interactions, as well as effective interventions to improve parenting competencies.

Health and QOL are in a constant relationship and conditioning, and the determinant in the dialectical relationship "health - QOL" is the period of ECD. Early life has proven to be a period of irreplaceable opportunities to improve health and lifelong learning. Respondents in the present study rated their child's

emotional development the highest, followed by the child's physical and last - social development. In the social development of the child as the weakest links are presented the opportunities of children to communicate and communicate with adults and acceptable behavior for other children and adults. 91.92% of the surveyed parents rate the overall health of their child in the highest degree, and in almost half of them - 38.50 it is rated the highest.

Although the results for QOL in the study are to be fully processed for the purposes of Project № 19021/2019 of the Science Fund on "Early Childhood Development – a determinant of health and quality of life in the modern society", it is important to note more with the first data the highlighting of health, ECD and QOL as separate structural components with their own composition, relationships and connections. At the same time, they are in a fundamental trinity, with equal importance of each component, mutually potentiating and guaranteeing the processes within the system and in modern society (Фесчиева, Ванкова 2012; Vankova, 2015; WHOQOL, 2019; Вълчева, 2020).

All three structural components have been greatly influenced by the last two years in our society in pandemic conditions. It is assumed that this is the most likely reason for the data lagging behind in social development during the ECD.

An active and comprehensive attitude to the health of the child is part of the strategic goals of every society, regardless of its level of development, and requires constant updating according to the dynamics of time and modern scientific achievements in all areas affecting ECD. In this sense, in connection with the data from the "Participant Observation" on the territory of "The Green Sea Yard of Varna", from the quantitative research and other modern sociological research related to the future of young children (Gen α), conducted in and after 2020, some specific considerations are needed in the design and implementation of any preventive measures. They are related to the COVID 19 pandemic, which: 1) Strengthens the application of technology in teaching and education at every level. 2) Further strengthens the digitalisation in the life of Gen α, already affected and shaped by the presence of technology, but at the same time emphasizes the importance of the social environment for their early development. 3) Establishes the place of the nuclear family and parental competencies as a unique resource for ECD, which must be constantly developed. 4) Affirms the crucial importance of the extended family for the socialization of the child and his involvement in the community. 5) Determines the passage of more than two years of Gen α's life in conditions of different levels of stress and insecurity as a permanent background in each family. This time and impact is crucial to the brain architecture and resilience of an entire

generation. 6) Raises the question of the security of the future, which is likely to be one of the reasons why current parents and Gen α pay more attention to education, including early learning (McCrindle 2020; Jia Jia Liu et al., 2020; Louise Dalton et al., 2020; Phelps and Sperry, 2020).

## VIII. Conclusions

The present study analyzes parents' attitudes about the importance of the ECD period through the prism of awareness and competencies in the context of the specific cultural model.

In the context of a holistic and interdisciplinary approach, it is necessary to know the processes in the embryo and development, following the logic of growth and development of any living system, as the ECD itself is.

The answers received from highly educated respondents give grounds to accept the present study as a basis for determining the priorities of the modern educated parent in our society.

Bulgarian fathers are still asserting their equal participation in developmental care during the ECD period in order to increase the benefits for maternal, child and family life/well-being.

Despite the unified global framework for the key elements of ECD, parents focus on specific priorities in ECD, which can be both positive and negative.

There is an underestimation in the Bulgarian society of early learning as part of the five key elements of "developing care" for complete ECD.

Clear and understandable for all stakeholders definitions of specific markers of child development problems in the context of their importance, degree of urgency or possibility/need to wait are not communicated in the public space.

Parents are an active party in the search for reliable sources of information on ECD by specialists, which is the basis for the formation of targeted national strategies for informing parents.

The development of competencies in the parent-child-specialist axis is crucial for the synchronization and integration of each framework and system into each other - international, national, regional; population and individual; governmental and non-governmental; extended and nuclear family - to meet the real needs of each child during the ECD.

Bulgarian society lacks a comprehensive concept of ECD, positioned at the level of health promotion and uniting the interests of all stakeholders.

Knowing the attitudes about the importance of ECD in the parent community is crucial for the implementation of policies in the field of health promotion and for the justification of specific future interventions - at the individual and population level.

It is important through specific national policies to establish basic awareness of our society about the importance of ECD, which prevents the heterogeneity of information on the topic in public space and thus to predetermine significant parental attitudes and build positive parenting practices.

Education, which defines competencies, attitudes and practices for ECD, is the intersection of all conceptual frameworks and stakeholders.

## IX. Conclusions and recommendations for health promotion and prevention in early childhood and for increasing parental competence

1. Data from this study should be used to inform all stakeholders, including at national, regional, institutional, governmental and non-governmental levels, in order to support ECD policies.

2. The data from the present research should be used for the development of a Bulgarian methodology for identification, assessment and prevention of risk factors for ECD, for lifelong well-being and for the preparation of a standardized tool.

3. The data from the present study should be used for the formation of specific national policies for the establishment of basic awareness of all segments of our society about the importance of ECD. To achieve efficiency and long-lasting effect, specific measures are recommended in six areas:

3.1. <u>For parents/nuclear family</u>

3.1.1. Cyclically recurring (by seasons) at national level educational modules for parents on basic child health caregiving during the ECD period.

3.1.2. Creating a special educational focus for developing care in the period of ECD on the competencies of the father in Bulgarian society.

3.1.3. To create and disseminate modern educational activities for parents in the five main areas of developmental care in ECD with a view to a clear definition of specific markers showing the level of child development.

3.2. For an extended family

3.2.1. Involving the extended family in informing about the five key elements of "developing care" for complete ECD as part of the continuation of intergenerational traditions in Bulgarian society and as an indispensable resource for the socialization of children during ECD

3.3. For future parents

3.3.1. Establishment of special educational programs in the field of health promotion for future parents and the importance of exposures for reproductive health.

3.3.2. In all higher education institutions to offer educational modules for ECD, related to the potential future parenthood of young people and increase their general awareness and competence.

3.3.3. In the medical universities for all students and postgraduates, in connection with their future professional and personal development, to offer free elective and postgraduate trainings dedicated to ECD.

3.4. For specialists

3.4.1. Using the created conceptual framework, as a result of the research data, for specific training of the specialists for communication with the parents on the most important issues of ECD as a resource for optimization of the services in the field of ECD.

3.4.2. Based on the data from the present study for conceptualizing parental behavior in the period of ECD, in order to improve professional practice and interdisciplinary interactions, to prepare guides for professionals working in support of children.

3.4.3. For the purposes of public health, to offer educational programs on a scientific basis for cooperation through empathy on the parent-child-specialist axis, using the resources of medical universities and professional organizations.

3.4.4. On the basis of the data from the present research to enrich the content of the topics dedicated to ECD in the already existing educational programs in scientific disciplines for the students from the medical higher schools.

3.5. For non-specialists involved in the cause of ECD

3.5.1. Regular educational modules under a unified national program for those involved in the provision of services in the field of ECD in order to increase the efficiency of their work and one-way messages in society about ECD.

3.6. At the population level

3.6.1. At the national level to create organized structures for early socialization and prevention in the period of ECD.
3.6.2. At the national level to create organized structures for early learning.

4. The created author's "Questionnaire for measuring the importance of early childhood development (ECD) in the parental community" for the purposes of this research and Project № 19021/2019 of the Science Fund on "Early childhood development - a determinant of health and quality of life in the modern society" to be used periodically in order to update information on parental attitudes, competencies and practices on the parent-child-specialist axis.

## X. Contributions of the dissertation work of original character at the national level from the beginning of the 21st century:

1. A holistic approach to research on ECD has been applied through research covering current trends at the international, national and regional levels.
2. A qualitative study "Participant Observation" in the area for early socialization and prevention "The Green Sea Yard of Varna" of children from 0 months to 3 years old.
3. A qualitative study "Participant Observation" was conducted on 1448 visits of parents with children in the area for early socialization and prevention of children lasting 14 months.
4. An author's "Questionnaire for measuring the importance of ECD in the parental community" was created, fully consistent with the modern scientific approach to the topic - international and Bulgarian, specific, containing the following topics with possible use as stand-alone tools:
    - ✓ Parental competencies for ECD up to 3 years and 11 months;
    - ✓ Literacy for ECD;
    - ✓ Seeking help from a specialist - experience and attitudes;
    - ✓ Quality of life of the child.
5. The interactions on the parent-child-specialist axis in the period of ECD are studied using simultaneously complementary qualitative and quantitative research in limiting pandemic conditions.
6. A survey on ECD in one-month time limits and pandemic conditions is carried out through social PR in a virtual environment using the "voluntary response sampling" and the "snowball sampling" and the described quantitative parameters of prevalence among respondents are achieved.
7. Networks and communities of governmental and non-governmental organizations, professionals and parents are used simultaneously and complementarily to disseminate the questionnaire.

8. The author's questionnaire, created for the purposes of research on ECD, is intended for the development of Bulgarian methodology (for identification, assessment and prevention of risk factors for ECD and lifelong well-being) and for the preparation of a standardized tool.
9. Recommendations are formulated for health promotion and prevention in the period of ECD and for increasing parental competence, in accordance with current processes and changes in Bulgarian society.
10. Recommendations to the specialists in ECD are formulated on the basis of the results received from the respondents-parents and a conceptual framework for the specialist is created, corresponding to the parental attitudes and competencies in the modern society.
11. Through the creation and implementation of a "Questionnaire for measuring the importance of ECD in the parental community" for the purposes of this research, many parent-specific behaviors for ECD are evaluated simultaneously, which allows them to be conceptualized for ECD research and filling gaps in national parent-child specialist policies.
12. A systematic approach is applied, which is expressed in the unification and development of ideas and results of the trinity - dissertation, research project and activities in space for early socialization and prevention of children from 0 months to 3 years - with the common goal of creating and building unified prophylactic environment in the period of ECD in the Bulgarian society.
13. A voice is given to a hitherto unexplored community - the parent community - to express its vision and perspective on the parent-child-specialist relationship.

**Applied contributions:**

1. A systematic theoretical review of the scientific literature, relevant to the various, diverse, relevant and interdisciplinary aspects of ECD, which confirms the importance and relevance of the topic has been implemented.
2. A qualitative study "Participant Observation" was performed with tools developed for this purpose by the PhD student, which is the basis for the preparation of the quantitative study.
3. The present study is a starting point for future training at various levels in response to the proven need for more competence, understood as a set of theoretical and practical knowledge; intellectual and practical habits; relationships with value orientations and attitudes.
4. The data from the present study are the starting point for the preparation of modern teaching materials for expanding the education of students in Hygiene of children and adolescents.

## XI. Publications and participations on the topic of the dissertation

**Publications:**

Valtcheva E.I., Early childhood development - a determinant of health and quality of life in the modern society. Social Medicine, 2019/2, ISSN 1310-1757

Valtcheva E., Dimitrova T., Mihaylov N.,Vankova D., Early childhood development - a determinant of health and quality of life in the modern society. Study design and influencing factors. Journal of the Union of Scientist – Varna. Medicine and Ecology Series.2'2020; 25:47-52

Valtcheva E., Mircheva E.,Vankova D., Early childhood development - ancient artifacts with modern reading, Collection of reports, Youth Initiative "Health and ancient healing practices in Varna". Association "Museum of the History of Medicine - Varna" with the support of the Municipality of Varna. ISBN 978-619-221-320-6 (online)

**Participations:**

Valtcheva E. The role of pediatric expertise in the formation of responsible parenting. "The child as a patient. Responsible and absent parenting in our practice", Second scientific-practical conference, Veliko Tarnovo, April, 2018

Mutafova E., Dokova Kl., Dimitrova T., Valtcheva E. "The Green Sea Yard of Varna" as an innovative model of public-private partnership for children's health. Fourth International Forum of Partnerships "Partnerships for Business, Innovation and Science", Session 2: University Research and Implementation of Innovation MU-Varna, September, 2019

Valtcheva E. Optimistic reading of non-optimistic cases from pediatric practice. Nestle Nutrition Bulgaria Forum Medicus. Generation Z Lifestyle Nutrition. Are We Ready to Respond to Change? May 2020

Valtcheva E. Fatherhood and children's health. Third scientific-practical conference "The child as a patient. Fatherhood ", MU-Varna, October, 2020