

**CAH** CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT

**The importance of  
caregiver-child interactions  
for the survival and  
healthy development  
of young children**

**A REVIEW**



DEPARTMENT OF CHILD  
AND ADOLESCENT HEALTH  
AND DEVELOPMENT  
WORLD HEALTH ORGANIZATION

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## Foreword

Nearly 11 million children died before reaching their fifth birthday in the past year. Almost 40% of these children die within the first month of life. Millions of children survive but face diminished lives, unable to develop to their full potential. Poor nutrition and frequent bouts of illness limit the young child's opportunities to explore the world during a critical period for learning basic intellectual and social skills. Often neither the caregiver nor health personnel are aware of what to do to prevent or lessen the worst effects of illness, nor how to provide compensatory experiences to get the child's growth and psychological development back on track.

This review lays the groundwork for including interventions to improve the relationship between the caregiver and child in an overall strategy to improve the child's survival, health, and development.

The recognition of the importance of the child's relationship with a primary caregiver has been limited. In the area of child health, we have tended to focus on the caregiver's role in bringing the child to the attention of health services and in implementing treatment recommendations and follow up. On their side, psychologists and psychiatrists have tended to concentrate on the caregiver's role in the child's emotional development and on residual themes to be addressed in the psychoanalysis of the adult. We have failed to recognize the effects of the caregiver-child relationship on the very survival and health of children most at risk.

This has not always been so. This review goes back to the work of John Bowlby. In 1951 he wrote the influential monograph *Maternal Care and Mental Health*, commissioned by the World Health Organization. Using the available empirical evidence, he demonstrated that a loving, stable parental relationship is as critical to the young child's survival and health as is food and health care.

Carrying on the work of Bowlby and others, this paper is important for several reasons. First, it gathers a wealth of information on the nature of the interactions between the mother – or other principal caregiver – and the child.

It blends theory with current scientific evidence from both advantaged and resource-poor countries to describe the interactive processes that shape this relationship during the first days through the early years of the child's life. This relationship meets the child's basic needs for food, safety, warmth, affection, and stimulation – and the caregiver's need to feel effective and satisfied in caring for her child.

From recent research, the review identifies two fundamental qualities that determine the caregiver's ability to provide effective care: sensitivity and responsiveness to the child. These skills enable the caretaker to detect the child's signals and to respond appropriately, in synchrony, to meet the child's needs.

Second, the review summarizes what we have learned about how a strong and supportive caregiving relationship supports the development of a child who is physically, intellectually and socially healthy, and more resilient to the damaging effects of poverty and violence.

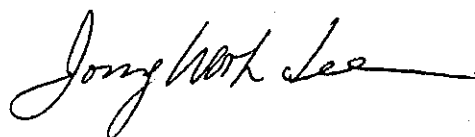
The review shows us what it looks like when this relationship works, and identifies the consequences when the caregiver and child fail to engage. The most vulnerable children – those who are premature, low birth weight, non-organic failure to thrive, and malnourished – are the ones to suffer the most from the effects of this failure on the child's health. We also see the human cost on children living in institutions, conflict, refugee camps and other settings that deprive them of stable, caring relationships.

Finally, this review calls us to work with the whole child and with the child's closest caring environment. It presents a solid foundation for the need to integrate interventions to promote better caregiver-child interactions into the design of primary health care programmes for mothers, other caregivers, newborns, and young children. These interventions are also appropriate for community-based nutrition, early child care, violence prevention, orphan care and parent education programmes. A response to this call has

implications for the training of physicians, nurses, child care workers, and others who assist families in caring for their children.

Focusing on the quality of caregiver-child interactions as a critical aspect of the care of young children is a new direction for the World Health Organization, UNICEF, and their international and local partners. We need to marshal adequate

organizational and financial support to promote effective caregiver-child interactions as a fundamental condition for ensuring that children survive and thrive. It is our wish that all will draw upon this rich evidence to rethink the meaning of our shared responsibility for the survival of children and a strategic investment in their future.



LEE Jong-wook  
Director-General  
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## Executive Summary

Young children are dependent on the care they receive from others. In this sense, there is no such thing as a baby on its own. There is always a baby in the care of someone. All the child's physical and psychological needs must be met by one or more people who understand what infants, in general, need and what this baby, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support.

This paper reviews current theory and evidence on the importance of caregiver-child relationships for the survival and healthy development of children from birth to three years of age. It begins with the seminal contribution of the World Health Organization (WHO) in the area of caregiving. In 1951 WHO asked John Bowlby to review the impact of the separation of children from family and caregivers as a result of the Second World War in Europe.

Bowlby's most important contribution lay in his emphasis on the importance of the close and caring interpersonal relationships that infants and young children have with their primary caregivers. Bowlby was convinced that an ongoing warm relationship between an adult and a young child

... the care that children receive has powerful effects on their survival, growth and development... care refers to the behaviours and practices of caregivers (mothers, siblings, fathers and child care providers) to provide the food, health care, stimulation and emotional support necessary for children's healthy survival, growth and development... Not only the practices themselves, but also the way they are performed – in terms of affection and responsiveness to the child – are critical to a child's survival, growth and development.

*Engle & Lhotska (1999, p.132)*

was as crucial to the child's survival and healthy development as the provision of food, child care, stimulation and discipline. The lack of personalized care during the early years of life has a devastating effect on the child's health, growth, personality adjustment and cognitive capacity.

### Conclusions

This review brings our evolving understanding of the importance of caregiver-child interactions up to the present. Following are the critical findings:

■ **Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical and psychological development of a child.** Sensitivity and responsiveness have been identified as key features of caregiving behaviour related to later positive health and development outcomes in young children. Sensitivity is an awareness of the infant and an awareness of the infant's acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of caregivers to respond contingently and appropriately to the infant's signals.

To ensure the child's health and growth, caregivers need to be sensitive to the physical state of the young child, to be able to judge whether the child is hungry, tired, needs toileting, or is becoming sick. Responsive caregivers are able to make these judgements because they monitor the child's movements, expressions, colour, temperature, and the like. By continuously taking account of the child's response, they are able to adjust their own actions to achieve an optimum outcome – for example, to comfort the child's fretfulness, put the child to sleep, and encourage the child to feed when ill.

In addition, the capacity of infants and young children to cope with biologically challenging conditions, including low birth weight and illness, is dependent on the ability of caregivers to adjust their caregiving to the special needs of the child.

They must compensate for the immaturity or limits of the child's abilities. For example, sick infants and young children need additional fluids and food even though they lack appetite. It takes a caring and skilled caregiver to encourage a child to eat and drink under these circumstances.

Beyond survival, interactions between caregiver and child that are sensitive to the child's cognitive functioning, and complement and extend the child's capacity to identify and act on objects in the world, are essential to the child's psychosocial development, including the acquisition of language and cultural meaning. A stable and close emotional relationship, long before the infant learns to speak, enables the caregiver to describe and mediate the child's experiences, and lays the foundation for the child's language development.

Loving care also provides the infant with a mirror reflecting a tender and sympathetic view of the child's self and of the world. Early experiences function as schema on which the infant then predicts future events and encounters. The young child who receives loving care feels that he is a loved person and expects other people to respond to him as someone deserving of care and attention. In contrast, a child whose needs have been neglected does not usually expect others to be kind and considerate, and frequently behaves aggressively and defensively.

■ **Inadequate, disrupted and negligent care has adverse consequences for the child's survival, health and development.** The quality of caregiving relationships has an impact on children's health and development. These effects occur because children, whose care is less than adequate or whose care is disrupted in some way, may not receive sufficient nutrition; they may be subjected to stress; they may be physically abused and neglected; they may develop malnutrition; they may not grow well; and early signs of illness may not be detected.

Research on what occurs when young children are placed in institutions provides powerful evidence of the importance of supportive and stable caregiver-child relationships for the health of young children and their cognitive and social development. Young children in group care often fail to thrive, they tend to be sickly, they are demanding of attention, and they find it difficult to have normal peer relationships with other children.

■ **Infants and caregivers are prepared, by evolutionary adaptation, for caring interactions through which the child's potential human capacities are realized.** The evolving biological and social capacities of the newborn and young child set out an agenda of requirements for support from caregivers to meet the child's full potential for health, growth and development. The infant's brain is prepared to anticipate and depend on nurturant human care. Babies, for example, are born with neurophysiological and sensory filtering mechanisms, which enable them to focus on human contact and communication. From the first moments of life, they preferentially attend to the face, gestures and voice of other humans. The capacity of newborns to express simple emotions through facial expressions and movements guides caregivers to understand and respond in ways that are most helpful for infants to calm, feed, sleep, stay alert or interact with others.

In a matched way, all normal human beings, young and old, male and female, have a capacity to care for young children. When interacting with a young child, adults adapt the pitch and simplicity of their language, make their actions slow and purposeful, carefully watch the reactions of the child to them, and make ongoing modifications to their behaviour to engage and accommodate the child.

■ **Factors directly affecting the caregiver and child, as well as underlying social and economic issues, influence the quality of caregiver-child relationships.** Barriers to the natural emergence of a caring relationship disrupt the care a child needs. Caregiver mood and emotional state are critical determinants of caregiver behaviour, for example, with consequences for the child's health and development. Studies of maternal depression illustrate how self-preoccupation and a negative mood can disrupt caregiving. Faced with chronic stress or anxiety, the caregiver may withdraw from her infant and become inattentive to the child's physical and psychological states. With a lack of attention and poor surveillance, the caregiver is not aware of early signs of illness, that a child has not eaten sufficiently during the last meal, or that no one has praised the child for efforts to do something or provided the child with guidance and limits for behaviour. Chronic stress, associated with poverty and other environmental challenges, can also disrupt the capacity of adults to give loving care. The effects of caregiving on young children

can persist well into adolescence in the form of behaviour disorders, anxiety, and depression.

On the other hand, a strong caring relationship can protect a young child from the effects of deprivation and disadvantage. The caring relationship is the strongest explanation for why some children who grow up under wretched conditions nonetheless grow well, are healthy, are able to be productive in school and work, and have good relationships with other people.

**Caring interactions promote the health and development of vulnerable children. They increase the resilience of young children to the potential damaging effects of poverty and deprivation.**

■ **Nurturant caregiver-child relationships have universal features across**

**cultures, regardless of differences in specific child care practices.** In all human groups, babies depend on warm, responsive, linguistically rich, and protective relationships in which to grow and develop. They cannot survive in environments that do not meet threshold levels of these characteristics. Caregivers in all cultures demonstrate sensitivity and responsiveness towards infants and young children, although the form of the caregiver's actions may vary considerably from one cultural milieu to another. Sometimes these features of caregiver-child relationships are not so easily observed because interactions with children, or the expression of emotions, are kept private as a matter of social convention. This does not mean, however, that caring adults do not watch young infants, cuddle and talk to them, and stimulate babies to develop skills indicative of healthy growth and wellbeing.

There are also factors that commonly affect the quality of caregiving relationships and the child's development. For example, the positive correlation between the family's socio-economic status and the psychological development and adjustment of the child is found in all societies.

### Research priorities

The review exposes several areas of much needed research, including on:

■ **The nature and determinants of child care by caregivers in poor communities, especially in developing countries.** As in other fields of science, most of the available research has been

conducted in developed countries, and the extent to which the results can be applied in different cultural and socio-economic conditions is not known. For example, comparatively little is known about the varieties and effects of rearing children by more than one intimate adult, a common practice in many non-Western communities.

■ **The link between the qualities of the caregiving relationship and the child's survival and health, in addition to psychosocial development.** The strongest empirical evidence on the importance of sensitive and responsive caregiving is from developed countries, where the greatest effects have been demonstrated in school performance and later behavioural outcomes. More research is needed on the direct contributions of the qualities of effective caregiving to the survival and health of infants and young children – particularly among children living under poor and otherwise high-risk conditions. Some potential outcomes of positive care to study include: the reduction of the frequency and severity of episodes of common childhood illness; the speed and adequacy of catch-up growth and development; adherence to medical treatment and return for follow-up care; the prevention of injury and family abuse; and improvements in feeding and the prognosis for low birth weight infants and malnourished young children. In many areas of the world, additional documentation of these effects on the health and growth of children, as well as on their psychosocial development, will be key to mobilizing attention and resources to improve caregiver-child interactions.

■ **The effectiveness of interventions in changing the basic skills in caregiving and the qualities of the caregiver-child relationship.** Interventions need to be designed and tested for their effectiveness in improving the basic qualities or skills – sensitivity and responsiveness – that determine the effectiveness of caregiving, as well as specific care practices, for example, those included in feeding, attending to the sick child, and stimulating the child's language and cognitive development. The technology is now available to observe the patterns of interaction and changing affect between caregivers and children to demonstrate how these qualitative improvements in the relationship are likely to benefit the child.

### **Interventions for children: Promoting effective relationships with caring adults**

The theoretical and empirical evidence, which has accrued since the middle of the last century, needs urgent application in developing countries. Children living under disadvantaging conditions need as much help as they can get from caregivers. It is also the most effective help children can get to compensate for other deficiencies in their environment. While it is beyond the scope of this paper to review specific interventions, the evidence here has implications for designing and supporting appropriate and effective interventions to improve caregiver-child relationships.<sup>1</sup>

■ **Interventions to improve caregiver-child interactions may be targeted at one or more of the factors that affect sensitive and responsive caregiving.** These include socio-economic conditions, social support, knowledge about children's health and development, caregiver emotional states, caregiver skills and characteristics of the child.

■ **Interventions need to be directed at especially vulnerable children living in poor communities in developing countries.** Improve-

ments in caregiver-child interactions among these groups of children benefit the child by stimulating health and development. They are also likely to improve the impact of complementary interventions to reduce childhood malnutrition, low birth weight and other limiting conditions on the child.

Children who live in difficult conditions are dependent on the nurture of primary caregivers to shield them from the most threatening features of their environment. Warm and responsive caregiving extends protection to children in otherwise adverse situations.

Conditions of chronic and worsening poverty prevail in many parts of the world. There are countless communities fraught with violence and instability. Thousands of people flee their homes each year in search of food, safety and a better life. The impact of the HIV/AIDS epidemic, like the homelessness of children following the Second World War, is a crisis of human development whose effects will endure for several generations through its impact on young children.

It is urgent that we apply the knowledge gained about the importance of caring relationships between adults and children to benefit children and caregivers in all of these situations.

<sup>1</sup> An overview of interventions to promote the development of especially low-income, nutritionally-at-risk children is the subject of a separate paper.