**Special Problems and Ethical Issues in Research**

**Introduction**

*Research in child and family investigates dispositional, experiential, and environmental factors that contribute to physical, mental, emotional, and social development in human beings during the early years of life course. As Eunice Kennedy Shriver’s National Institute of Child Health and Human Development puts it “The overall goals of Child and Family Research are to describe, analyze, and assess the capabilities and proclivities of developing human beings, including their genetic characteristics, physiological functioning, perceptual and cognitive abilities, emotional, social, and interactional styles, as well as the nature and consequences for children and parents of family development, and children's exposure to and interactions with their physical surroundings. There are special problems and ethical issues to pay attention to due to the diversity of communities and their cultural settings, traditions and ethnic background that may hinder a researcher from accomplishing the investigation(s) for the benefits of advancing knowledge and other goals of the investigation. To ascertain that researches take place even where children become active participants, the Society for Research in Child Development, (SRCD) in 1990 came up with Ethical Standards for research with children to safeguard the researcher and also the child*

## Special Problems and Ethical Issues in Research with Children

* Special problems in research with children occur to Investigators due to many types of family set-up and different styles of parenting. Such styles of parenting are brought about by different socio-economic background of each individual family. So many questions disturb or distract the Investigator and many other ordinary people. Such questions include long-standing issues of child development. They include:
* What are the universals of child development and childcare in our species?
* How do infants participate in and shape the environments of child development?
* How do mothers and fathers parent infants and organize the effective environment of infancy?
* What are the contributions of culture to infancy, parenting, and parent-infant interaction?

No research study of a single society can answer these broad questions. It is possible, however, to learn lessons from different societies that may shed new light on these questions and perhaps lead to their more meaningful reformulation for future research. Note that each day more than three-quarters of a million adults around the world experience the joys, embrace the rewards, assume the responsibilities, and face the challenges of becoming new parents. According to some surveys conducted by the National Center for Children, Toddlers, and Families in US (where the socio-economic background is considered higher than that of majority families in Kenya), more than 90% of parents say that when they had their first child they not only "fell in love" with their baby, but were personally happier than ever before in their lives. But, *what are parents' newfound responsibilities and challenges?* And are they universal, or do the responsibilities and challenges of parenting vary with context? Do individual parents respond to their newborn children (as often seems the case) in an *ad hoc* and idiosyncratic fashion, or is parenting an organized system geared to meet the universal responsibilities and challenges of childrearing? Parenting a human infant is a full-time job, for infants are utterly dependent and their ability to cope alone is minimal. Infancy is also the phase of the life cycle when adult parenting is thought to exert its most important and enduring influences. Not only is the human infant totally dependent on parents, but infants may be especially susceptible and responsive to external events. Not surprisingly, then, the sheer amount of interaction between parent and child is greatest during the infancy period; parents spend more than twice as much time with their infants as they do with their children in middle childhood. Furthermore, parents everywhere appear highly motivated to meet the new-found responsibilities and challenges of parenting a new baby. Early maternal care is more common than paternal care, and mothers and fathers do not share the same parenting investment strategies. Cross-cultural surveys also attest to the central role that mothers play in human infant development. For these reasons, theorists, researchers, and clinicians of childrearing and child development have historically concerned themselves primarily with mothering. Mothers participate in childrearing activities at significantly higher rates than do fathers (or other infant caregivers), and mothers generally have more opportunities to acquire and practice skills that are central to infant care-giving than do fathers. On average, mothers spend between 65 and 80 percent more time than fathers do in direct one-to-one interaction with their babies. This is not to deny or minimize the considerable contributions to infant care made by fathers and other caregivers in and outside of the family. Infants profoundly affect their environments and the people in them, just as they are affected by their environments and those people. Infants command the attention and stir the emotions of their parents; they alter their parents' sleeping, eating, and working habits; and they affect how parents define themselves. Infants thus engender particular responsibilities and create undeniable challenges. Reciprocally, for newly minted parents, the first months with an infant constitute a period of radical adjustment and transformation. Many of young infants' worldly experiences stem directly from interactions they have with their parents, and parents directly influence infant development both by the beliefs they hold and by the behaviors they exhibit and the direct experiences they provide. From an individual perspective, infants and parents have their separate needs and goals. From a relational perspective, infants and parents must work in concert to meet one another's needs and goals. Cultureis very important in shaping these needs and goals of infant-parent interactions. Infants' and parents' needs and goals are also shaped by the contexts in which the two find themselves. All cultures prescribe certain characteristics that their members should possess (as well as those they should not) if they are to "fit into" the culture. Some of these expectations may be universal across cultures, such as the requirement for parents to nurture and protect children. Other standards and values vary greatly from one cultural setting to the next. In all societies, training of children occurs to ensure that children are socialized in such a way that each new generation acquires that society's prevailing attitudes, beliefs, and behavioral practices. Central to every concept of culture is the expectation that different peoples possess different beliefs and behave in different ways with respect to parenting. Actively or passively, to a greater or lesser degree, intentionally or unwittingly, parents "pass on" their "culture" to their offspring. Parenting is a principal reason why individuals in different cultures are who they are and often differ so from one another. Due to such differences, researching with children requires Investigator’s considerations of the cultural background of the child since the Investigator and the child might be from different cultures and their interactions during and even before investigations start should be carefully handled. Areas that might present special problems to the researcherin child studies may include six (6) maternal domains and five (5) infant domains, all of which have been found to influence the development of the infant and the acquiring of the relational needs and goals of the parent and the infant. The continuous behavioral Domains so far captured includes:

1. The 6 maternal domains, encompassing some primary parenting tasks and abilities were:
2. Nurture (feed/burp/wipe, bathe/diaper/dress/groom, and hold);
3. Physical and verbal encouragement of the baby's large motor skills (to sit/stand and to roll/crawl/step);
4. Social exchange (encourage baby to pay attention to mother, social play, express affection to baby);
5. Didactic ("teaching") interaction (encourage baby to pay attention to the object world);
6. Providing materials for exploration (including quality and quantity of play materials);
7. Speech to infant.
8. The 5 infant domains, representing 15 key developmental and performance competencies that are critical to successful adaptation of the infant in the middle of the first year of life were:
9. Physical development (pre-locomotion upper body, pre-locomotion lower body, locomotion, and sitting);
10. Social interaction (look at mother, smile, alert expression);
11. Exploration (look, touch, mouth objects);
12. Non-distress vocalization;
13. Distress communication (negative facial expression and negative vocalization).
14. Other special problems that a researcher faces include dealing with uncooperative families, children who are handicapped in one way or another, cultural and traditional values and attitudes transmitted to child by their parents or care-givers, dealing with children with behavior disorders, communication problem with children with psychiatric communication disorders and many others

Researcher must follow some Ethical Standards when researching with Children.

There are two major sets of responsibilities carried by professional psychologists (other researchers), whether their work is applied or research oriented (H. Coolican, 1994) as long as they are dealing with human subjects and especially children.

* + 1. They have responsibilities as research community to publish only well-founded results with conventional support open to analysis by colleagues. They also need to pay attention to possible social affects of research results and assess these in prevailing moral and political climate.

1. They need to follow strict codes of conduct, devised by both the British Psychological Society **(BPS)** and the American Psychological Association **(APA)** when working with participants. These codes cover; ***confidentiality*** (of the results and those who produced the results), ***privacy, deception*** (which has been held to lower the public’s trust in psychological research), ***debriefing*** (informing the participants and returning them to their pre-test state), ***mental*** and ***physical stress*** and ***discomfort,******recognition of participants’ rights to withdraw*** and the ***special power of the investigator,*** problems with ***involuntary participation*** and ***intervention.***

Both the BPS and APA have agreed on the guidelines on the Ethical Issues involved in psychological research. Each of these bodies has booklets of statements to be followed. BPS’s booklet (1993) covers a wide range of issues, and also a code of conduct (1985) adopted through a postal ballot of all its members. The 1992 revision of the 1978 principles is entitled Ethical *Principles for Conducting Research with Human Participants* and introduces ‘with’ as well as changing ‘subjects’ to ‘ participants’- and this is not trivial amendments.

The APA (1987) has a more comprehensive set of ethical principles comprising ten major categories, each with several sub-principles. If a researcher’s/psychologist’s work is in question, the general public can bring complaints to the ethics committee who then adjudicate.The psychologist or the researcher concerned can be reprimanded, dismissed or required to alter behavior or attend relevant training.

This breadth of principles and disciplinary power reflects the far wider application of psychology to the general public as consumers in USA. Most of the major principles are similar to those which are relevant in the doctor-patient relationship.The 1992 *Principles* cover the following areas: confidentiality, consent, deception, debriefing, withdrawal from an investigation, protection of participants, observational research, giving advice (to participants) and monitoring of colleagues in the profession.

H. Coolican (1994) tells us that Section 2 of the *Principles,* entitled ‘General’ runs as given here below:

“*In all circumstances, investigators must consider the ethical implications and psychological*

*consequences for the participants in their research. The essential principle is that the investigation*

*should be considered from the standpoint of all participants: foreseeable threats to their*

*psychological well-being, health, values or dignity should be eliminated. Investigators should*

*recognize that, in our multi-cultural and multi-ethnic society and where investigations involve*

*individuals of different ages, gender and social background, the investigators may not have sufficient*

*knowledge of the implications of any investigation for the participants. It should be borne in mind that*

*the best judge of whether an investigation will cause offence may be members of the population from*

*which the participants in research are to be drawn.”*

Both BPS and APA principles stress that psychological research should lead to better

understanding of ourselves and to the enhancement of the human condition and promotion of

human welfare. It is very important to bear this in mind even more carefully when the

participants are children, than when the participants are adult human being who already know

their rights.

As excerpts from *Society for Research in Child Development*, (SRCD) Ethical standards for research with children, (1990) the following is the explanation regarding special problems encountered and safeguarded by the 14 ethical issues that follow the quoted information. “Children as research participant present ethical problems for the investigator that are different from those presented by adult participants. Children are more vulnerable to stress than adults and, having less experience and knowledge than adults, are less able to evaluate the social value to the research and less able to comprehend the meaning of the research procedures themselves. In all cases, therefore, the child’s consent or assent to participate in the research, as well as the consent of the child’s parent or guardians, must be obtained.

In general, no matter how young children are, they have the rights that supersede the rights of the investigator. The investigator is therefore obligated to evaluate each

proposed research operation in terms of these rights, and before proceeding with the investigation, should obtain the approval of an appropriate Institutional Review Board

Let me also quote principles (listed below) which have extensively been quoted by many researchers in child development. These principles are not intended to infringe on the right and obligation of the researchers to conduct scientific research but to guide”.

**Principle 1.** ***Non-harmful Procedures***

The Investigator should use no research operation that may harm the child either physically or psychologically. The investigator is also obligated at all times to use the least stressful research operations whenever possible. Psychological harm in particular instances may be difficult to define; nevertheless its definition and means for reducing or eliminating it remain the responsibility of the investigator. When the investigator is in doubt about the possible harmful effects of the research operations, consultation should be sought from others. When harm seems inevitable, the investigator is obligated to find other means of obtaining the information or to abandon the research.

**Principle 2.** ***Informed consent***

Before seeking consent or assent from the child, the investigator should inform the child all features of the research that may affect his or her willingness to participate and should answer the child’s questions in terms appropriate to the child’s comprehension. The investigator should respect to the child’s freedom to choose to participate in the research or not by giving the child the opportunity to give or not to give assent to participation as well as to choose to discontinue participation any time. Assent means that the child shows some form of agreement to participate without necessarily comprehending the full significance of the research necessary to give informed consent. Investigators working with infants should take special effort to explain the research procedures to the parents and be especially sensitive to any indicators of discomfort in the infant. In spite of the paramount importance of obtaining consent, instances can arise in which consent or any kind of contact with the participant would make the research impossible to carry out. Nonintrusive field research is a common example. Conceivably, such research can be carried out ethically if conducted in public places, participants’ anonymity totally protected, and there are no foreseeable negative consequences to the participant.

**Principle 3.** ***Parental consent***

The parents, legal guardian of the child, the teachers or any other person recognized as the one in-charge of the child should give consent (informed consent) preferably in

writing. Informed consent requires that the parents or other responsible adults be informed of all the features of the research that may affect their willingness to allow the child to participate. The adults responsible of the child should also be made aware that they have a right to refuse without incurring any penalty to them or to the child.

**Principle 4.** ***Additional consent***

The informed consent of any person, such as school teachers for example, whose interaction with the child is the subject of the study, should also be obtained. As with the child and parents and anyone else, informed consent requires that all parties interacting with the child during the study be informed of all features of the research which may affect their willingness to participate

**Principle 5**. ***Incentives*-**

Incentives to participate in a research project must be fair and must not unduly exceed the range of incentives that the child normally experiences. Whatever incentives are used, the investigator should always keep in mind that the greater the possible effects of investigation on the child, the greater is the obligation to protect the child’s welfare and freedom.

**Principle 6.** ***Deception*-**

Although full disclosure of information during the procedure of obtaining consent is the ethical ideal, a particular study may necessitate withholding certain information, which amounts to deception. Whenever withholding information or deception is judged to be essential to the conduct of the study, the investigator should satisfy research colleagues that such judgment is correct. If withholding information or deception is practiced, and there is reason to believe that the research participants will be negatively affected by it, adequate measures should be taken after the study to ensure the participant understands of the reasons for the deception.

**Principle 7.** ***Anonymity***

To gain access to institutional records, the investigator should obtain permission from responsible authority in charge of records. Anonymity of the information should be preserved and no information used other than that for which permission was obtained.

**Principle 8.** ***Mutual responsibilities***

From the beginning of each research investigation, there should be clear agreement between the investigator and the parents, guardians or those who act in loco parentis, and the child, when appropriate, that defines the responsibilities of each. The investigator has obligation to honor all promises and commitments of the agreement.

**Principle 9.** ***Jeopardy***

When, in the course of research, information comes to the investigator’s attention that may jeopardize the child’s well-being, the investigator has a responsibility to discuss the

information with the parents or guardians or with those expert in the field in order that they may arrange the necessary assistance for the child.

**Principle 10.** ***Unforeseen Consequences***

When research procedures result in undesirable consequences for the participants that were previously unforeseen, the investigator should immediately employ appropriate measures to correct these consequences, and should redesign the procedures if they are to be included in subsequent studies.

**Principle 11**. ***Confidentiality***

The investigator should keep in confidence all information obtained about research participants. The participants’ identities should be concealed in written and verbal reports of the results, as well as in informal discussion with students and colleagues. Without the participant’s authority, everything should be kept confidential

**Principle 12**. ***Informing Participants***

Immediately after the data are collected, the investigator should clarify for the research participant any misconceptions that may have arisen. The investigator has to recognize that a duty to report general findings to participants in terms appropriate to their understanding rests with the investigator.

**Principle 13**. ***Reporting results***

Because the investigator’s words may carry unintended weight with parents and children, caution should be exercised in reporting results, making evaluative statements, or giving advice

**Principle 14**. ***Implications of findings***

Investigator should be mindful of the social, political and human implications of their research and should be especially careful in the presentation of findings from the research. This principle, however, in no way denies investigators the right to pursue any

Area of research or the right to observe proper standards of scientific reporting.

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