

## SOUTH CAROLINA EARLY CHILDHOOD DATA REPORT

### DATA BRIEF: EMOTIONAL WELL-BEING

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#### INTRODUCTION

The earliest years of a child’s life, beginning before birth, are among the most impactful in influencing the child’s lifespan potential and outcomes. This means that a child’s environment should include positive factors to encourage development, as well as buffer against life’s inevitable stressors [1, 2]. This data book serves to share information about the environmental factors impacting children, ages 8 and under, in South Carolina, compared to North Carolina, Georgia, and the United States as a whole. In 2017, South Carolina had a population of a little over 5 million, of which 1.1 million were under the age of 18 [3]. Children under the age of 5 comprised 26 percent of the child population with 291,414 individuals [3]. This report provides a snapshot of the well-being of these youngest citizens of the state.

## METHODS

This Data Brief focuses on indicators reported in the full *South Carolina Early Childhood Data Report* related to Emotional Well-Being. The full report utilizes four domains of indicators. Table 1 below highlights the four major categories of indicators in this report, along with sub-categories on indicator types. This report and the full data table (beginning on page 6) follow the order presented here.

*Table 1: Early Childhood Well-Being Indicators*

<b>Family Environment</b>	<b>Physical Health</b>	<b>Emotional Well-Being</b>	<b>Cognitive Development</b>
Family income Parent education Parental employment Teenage motherhood Family engagement	Prenatal care Substance use Domestic abuse Preterm births Low birth weight Infant mortality Breastfeeding Immunizations Medical care Oral health Obesity and Activity	Maternal depression Abuse and neglect	Developmental delay Child care Head Start Pre-kindergarten

There is no one comprehensive indicator of child well-being. Rather, well-being spans physical, social-emotional, and cognitive health and development. Since children do not grow up in a vacuum from their parents or communities, there are a variety of factors that influence overall well-being and long-term flourishing.

This brief focuses *only* on findings and conclusions related to Cognitive Development. Given the inter-related conditions across domains which can impact child well-being, we recommend reading the full report for a full discussion of all domains of child well-being, as well as the methodology for collecting these data. The Data Table comparing these data in an easy to read format is available online.<sup>1</sup>

<sup>1</sup> The full data report contains analysis of all indicators as well as a full data table of indicators and is available online at: <https://www.instituteforchildsuccess.org/publication/2019-sc-databook/>. Alternately, an Excel file containing only the Data Table and citations is available download at <https://www.instituteforchildsuccess.org/databook-toolkit/>.

## RESULTS AND STATE COMPARISONS

### *Maternal Depression*

In 2010, 12.8 percent of all South Carolina mothers experienced postpartum depression [4]. In 2015, the rate in reported postpartum depression was notably lower, with a cumulative percentage of 7.9 percent of mothers reported experiencing postpartum depression always or often [5]. North Carolina mothers experienced a similar level of depression, always or often, at 8 percent [6]. The national average of mother reporting postpartum depressive symptoms was 12.8 percent. Reliable comparison data for maternal depression not found for Georgia. It is not clear at this time whether the PRAMS reported methodology and sampling deficiency between these time points is a reason for this decrease.

### *Abuse and Neglect*

Data from 2016 reveals that 17,331 (15.8 per 1,000) South Carolina, 21,635 (8.6 per 1,000) Georgia, and 7,134 (3.1 per 1,000) North Carolina children have experienced some form of maltreatment [7]. Compared to the national (United States) number of 671,622 (9.1 per 1,000) children [7], South Carolina's children are suffering maltreatment at a higher rate than our nation's children, while Georgia's children are close to the national rate, and North Carolina's children are experience maltreatment at less than the national rate.

Of the children who are experiencing maltreatment, a large percentage of those children are aged 5 and under, and an even higher proportion of children are 10 and under. Five and under rates alone for each state and the nation are South Carolina 39 percent, Georgia 37 percent, North Carolina 35 percent, United States 41 percent. With the addition of the 5-10 year old population to the 5 and under population, the percentages of maltreatment victims for children 10 and under are South Carolina 74 percent, Georgia 72 percent, North Carolina 70 percent, and the United States 74 percent [7].

Children who are in foster care are also likely to be aged 6 and under. In South Carolina, 1,531 (39 percent) of the children served by foster care are aged 6 and under, compared to Georgia 5,316 (43 percent), North Carolina 4,219 (41 percent), and the United States 178,822 (41 percent) [8].

## DISCUSSION AND POLICY IMPLICATIONS

### *Maternal Depression*

Gains in neuroscience are helping to shed light on why children of depressed mothers are at higher risk for difficulties with school, social adjustment, and mental health than children of non-depressed mothers. Lasting effects of experiencing maternal depression in early childhood are the result of changes in brain architecture and stress response systems, with children of depressed mothers producing higher and more volatile levels of cortisol and other stress chemicals [9, 10]. Studies have shown postpartum depression, an episode of major depression occurring within the first year after giving birth, to be associated with higher cortisol levels in children at age 3.

One recent report from the Brookings Institute indicates that maternal depression could be an economic mobility issue, as it can serve as a barrier to upward mobility due to lack of connection, energy, and other symptoms of depression [11]. The researchers go on to describe the cyclical nature of a mother's depression affecting the bond between her and her child, which leads to poor performance in school and cognitive functioning, resulting over time in a depressed child who then not only struggles with getting out of poverty, but likely repeats the cycle with his/her own child [11].

While all families can be impacted by postpartum or maternal depression, research has found it is more prevalent among certain populations. One in two low-income mothers with young children may experience depression, presumably due to the additional stress caused by concern over meeting basic family needs [12]. The American Committee for Obstetrics and Gynecology (ACOG) recommends screening for depression at least once during the perinatal period, from pregnancy through the 12 months following delivery [13].

### *Abuse and Neglect*

Child neglect and abuse have immediate negative consequences for children in terms of psychological and physical impacts, with these outcomes often reinforcing each other [14]. For example, physical consequences, such as damage to a child's brain during this sensitive period of growth, can be linked to cognitive delays or emotional difficulties. These negative experiences early in life also have long-term negative consequences, including links to high-

risk behaviors later in life such as smoking, alcohol abuse, or drug use [15, 16]. Exposure to ACEs, which include exposure to violence during childhood, is linked to chronic illness as an adult [17, 18].

Child neglect cases, rather than child abuse, account for about three-quarters of all substantiated cases involving child protective services nationwide. Neglect refers to children not receiving their basic needs of food, shelter, care, and adequate supervision [19]. Given that 39 percent of South Carolina’s children in foster care were under the age of 6, families can benefit from prevention services to avoid placement in the foster care system and ongoing support for both birth and foster families as they navigate these challenges, which is also something that has been highlighted in the South Carolina Early Childhood Common Agenda, supported by the United Way Association of South Carolina, Save the Children Action Network, the Children’s Trust of South Carolina, and the Institute for Child Success [8, 20].

## CONCLUSION

The indicators in this report make it clear that too many young children continue to struggle every day in South Carolina. By providing a snapshot of how young children are faring in the state, we strive to inform statewide efforts to intervene early and effectively in the lives of children. We recognize, however, that this report can only be as informative as the data available for us in the state. To be fully informed about the needs of young children and the outcomes of systemic reforms effecting changes in the lives of these children, we must ensure the availability of reliable, valid, and appropriate data statewide. To this end, the Institute for Child Success recommends continued efforts toward high-quality and timely data collection concerning early childhood well-being.

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