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Myths and misconceptions about parenting and child development among social intervention professionals

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Título: Mitos e ideas erróneas sobre la crianza y el desarrollo infantil en profesionales de la intervención social.

Resumen: Los mensajes sin base científica sobre la crianza de los hijos se han hecho muy populares en redes sociales. Resulta fundamental (I) analizar la presencia de mitos e ideas erróneas sobre la crianza y el desarrollo infantil para identificar necesidades formativas en profesionales de la intervención social; (II) realizar una evaluación de mitos e ideas erróneas sobre la crianza mediante el Cuestionario de Evaluación Familiar de Mitos y Creencias Erróneas (Q-FAMM), como herramienta de cribado preventivo para promover una crianza saludable. Participaron 1279 profesionales que trabajan con familias y menores de 0 a 6 años de Cruz Roja Española. Los participantes completaron online el Q-FAMM de 32 ítems. Se realizó un análisis descriptivo de la presencia de mitos e ideas erróneas y se llevaron a cabo análisis factoriales exploratorios y confirmatorios. Estos análisis revelaron un modelo mono factorial, demostrando así la condición unidimensional del Q-FAMM. El instrumento mostró buenas propiedades psicométricas, con índices de consistencia interna adecuados (KR-20 = .860; ω = .872). Los resultados mostraron la presencia de mitos y conceptos erróneos en sobreprotección, contacto con pantallas, desarrollo cognitivo, lactancia materna, colecho, etc. El Q-FAMM también proporciona apoyo empírico para establecer objetivos y acciones políticas en el campo de las intervenciones de parentalidad positiva.

Palabras clave: mitos sobre la crianza; creencias erróneas sobre la crianza; formación de profesionales; infancia temprana; desarrollo infantil; cribado de salud pública; intervención social.

Abstract: Messages about parenting that lack any scientific basis have become very popular on the social media. It is crucial (I) to analyse the presence of myths and misconceptions about parenting and child development to identify training needs among social intervention professionals; (II) to carry out an assessment of myths and misconceptions about parenting and child development using the Questionnaire for Family Assessment of Myths and misconceptions (Q-FAMM), as a preventive screening tool to promote healthy parenting. The sample comprised 1279 professionals working with families and children aged 0-6 years in various territorial assemblies of the Spanish Red Cross. Participants completed the 32-item Q-FAMM online. A descriptive analysis of the presence of myths and misconceptions was carried out and exploratory and confirmatory factor analyses were conducted. The exploratory and confirmatory factor analyses revealed a single-factor model, thereby demonstrating the unidimensionality of the Q-FAMM. The instrument showed good psychometric properties, with adequate internal consistency indexes (KR-20 = .860; ω = .872). Results showed the presence of myths and misconceptions regarding issues about overprotection, screens contact, cognitive development, breastfeeding, co-sleeping, etc. The Q-FAMM also provides empirical support for establishing political targets and actions in the field of positive parenting interventions.

Keywords: Parenting myths. Parenting misconceptions. Professionals´ training. Early childhood. Child development. Public health screening. Social intervention.

Introduction

Parents are highly motivated to complete parenting tasks and are particularly sensitive to messages that offer advice about fostering and promoting their child's psychological development. This type of message is becoming increasingly popular on the Internet and social media. Giving credence to messages that are not based on evidence may prompt families to engage in parenting practices that have no scientific basis and are rooted in myths and misconceptions, which may in turn lead to unhealthy psychological development among their children. This in turn may prevent them from constructing key personal competencies, such as the ability to self-regulate or cope with frustration, which enable correct social, emotional and cognitive development (García, 2018; Guerra Mora, 2023; Torío-López et al., 2019).

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The aim of the present study is to carry out an assessment of the presence about parenting and child development myths and misconceptions in a sample of professionals working in the field of family intervention. The semantic background given to the term *myth* in this study corresponds to the fourth use described in the royal Spanish academy dictionary, which is: *person or thing to which qualities or excellences are attributed that it does not have* (Real Academia Española, 2025). The assessment aims to identify the training needs of professionals in relation to the parenting competencies identified in the literature as promotors of healthy child development. With updated training, professionals will be better able to guide families, using criteria based on scientific evidence following the competencies described in parenting dimensions model (Arranz-Freijo et al., 1998, 2002, 2019).

A proposal to assess the presence of myths and misconceptions about parenting and child development

From the perspective of the parenting dimensions model and reviewing recent literature on the field an assessment proposal is building up in this article in order to obtain data regarding the level of presence of myths and misconceptions

about parenting and child development. The parenting dimension model is focused on the high plasticity developmental period between 0 and 6 years given the deep impact that quality of family interactions have on the appearance of many key developmental milestones, such as attachment development, emotional regulation skills, executive functions, theory of mind and many others. The general parenting model to promote a healthy psychological development (Arranz-Freijo et al., 2019) can be observed in Table 1.

Table 1
Positive Parenting Model

Dimensions of Positive Parenting	Secondary Identifiers	Parental Competences
Good Treatment	Secure Bonding	Secure relationships
	Promotion of Resilience	Optimal Frustration
Promotion of Development	Scaffolding	Socioemotional: Expressiveness and emotional regulation; Autonomy and self-esteem; behavioural control; siblings' relationships; non-parental care; community values. Cognitive-Linguistic: Early Synchronous Interactions; symbolic play; executive functions and self-regulation; theory of mind; share reading and storytelling; regulation of digital environment; diversity of experiences.
Parenting Ecology	Distal Socio emotional Ecology	Socioeconomic status; social capital; extended family relationships; relations with the school. Exposure to neurotoxins; breastfeeding, quality of physical environment. Parental self-efficacy; parental co-responsibility; parental knowledge of child development; parental mental health. Adaptive parental stress; adaptive parental conflict.
	Proximal to the interaction Ecology	
Structure	Routines and Rituals	It is embodied in stable routines and rituals that provide a predictable and safe environment.

Within the framework of the first dimension of parenting, *Good Treatment* and scaffolding for social-emotional development, it´s proposed to assess the presence of myths and misconceptions linked to the following parenting competencies:

Fostering secure attachment and cognitive development / Breastfeeding

The idea underlying this myth is that the well-known benefits of breastfeeding for physical health extend also to certain characteristics of children's social, emotional and cognitive development. The physical health benefits of breastfeeding lie in the maternal transmission of antibodies, which boost the infant's immune system, and the fatty acids docosahexaenoic and arachidonic, which have a significant neuro-protector effect since they are involved in the myelination process in the frontal lobe, the part of the brain identified as the neurological infrastructure responsible for executive cognitive functions (Murat & Sabuncuoğlu, 2023).

In the area of cognitive development there is solid evidence showing a significant effect on it in terms of increasing the IQ when exclusive breastfeeding has been practiced for 6 months, followed by the introduction of complementary feeding into the diet until 2 years of age (Wallenborn et al. 2021). With the exception of the above mentioned results, the protection provided by biological variables may be considered necessary but not sufficient to have an impact on specific aspects of children's psychological development, especially given the significant influence of the quality of the family interactions on child development.

In research on the influence of breastfeeding on attachment development, it is worth highlighting the systematic review by Linde et al. (2020), which concluded that maternal attachment style has a greater impact than breastfeeding. The authors recommend informing mothers that the effect of breastfeeding on the development of their children's attachment style is relatively small. Another study found that difficulties breastfeeding may undermine the quality of the affec-

tive bond established between a mother and her baby (Ondrušová, 2023).

Fostering secure attachment and cognitive development / Co-sleeping

The idea underlying this myth is that the amount of physical contact between a baby and their mother has a directly proportional impact on the subsequent development of the baby's attachment bond, with more contact leading to stronger attachment. This myth stems from the extrapolation of evidence about the positive impact of skin-to-skin contact on children's health during infancy to their subsequent psychological development.

Skin-to-skin contact has a significant impact on the development of premature babies in terms of physiological regulation and cognitive control (Feldman et al., 2014). For babies, this positive impact affects sleep organisation, temperature and heart rate regulation, behavioural response, colic-related crying, social-emotional development and quality of attachment. For mothers, studies have demonstrated that skin-to-skin contact lessens depressive symptoms and promotes better physiological stress regulation and contingent response capacity.

Recent findings indicate that it is not possible to establish a causal relationship between co-sleeping and indicators of better social-emotional and cognitive development. One example would be the cohort study carried out by Bilgin et al. (2024), which found that co-sleeping is not associated with the greater or lesser presence of externalizing and internalizing symptoms between the ages of 3 and 11 years.

Optimal frustration practice

Within the framework of the first parenting dimension is worth highlighting the myth about the parental practice of the so call optimal frustration; in relation to this practice, some parents have been observed to feel the need to closely supervise every aspect of their children's lives in order to ensure that no incidents of any kind occur. This style has been identified by the extant literature as a risk factor for healthy social-emotional development, with an association being found, in general terms, between this kind of behaviour and the emergence of symptoms of anxiety and depression (Vigdal & Brønnick, 2022). The myth that underlies this compunction to protect children against frustration is rooted in the belief that being forced to cope with difficulties is bad for their development. The idea stems from parents' overestimation of the concept of trauma, perhaps due to their own past traumatic experiences that they project onto the upbringing of their children, or to confusion regarding which events are merely demanding (and commonplace) and which are truly traumatic.

This style, which is sometimes referred to as Helicopter Parenting, is located at the opposite end of the spectrum from optimal frustration, which is defined as parental fostering of children's ability to cope with the small challenges of everyday life, providing they are appropriate to their level of development. Setting limits during childrearing is closely linked to the practice of optimal frustration, because it generates a certain degree of frustration that in turn fosters children's development of emotional, cognitive and behavioural inhibition and self-regulation (Arranz-Freijo & Barreto-Zarza, 2022).

Within the framework of the second dimension of parenting, *Promotion of Development* (scaffolding for socioemotional and cognitive-linguistic development), it´s proposed to assess the presence of myths and misconceptions linked to the following parenting competencies:

Fostering expressiveness and emotion regulation

Another field in which myths and misconceptions are often detected is that of parental management of emotions, with many believing that the best way of managing emotions is not to express or share them with others. This is paradoxical since, in general terms, the extant literature has clearly demonstrated that fostering children's emotional expressiveness and emotion regulation helps ensure good social interactions and healthy social-emotional development (Havighurst et al., 2020). One widespread myth in this field is the erroneous assumption that children should learn to self-soothe in order to foster their development into more independent adults. According to the extant literature, however, the exact opposite is true; with scientific evidence indicating that children's ability to self-regulate can only develop if they have previously received emotional support and control from their caregivers. It is important to remember that self-regulation is a vital cross-cutting personal competency that has an impact on many different behaviours, including aggression, addiction and child obesity, which are so prevalent nowadays (Hernandez Acton et al., 2025).

Promotion of healthy self-esteem and autonomy

Children are often praised because their parents think that this will help them develop good self-esteem, which will in turn enable them to achieve more. The problem with this myth is that it fails to recognise that healthy self-esteem is fostered not through praise, but rather through recognition of effort and the contribution made by children to the community. As demonstrated in the study by Zell and Johansson (2024), parental promotion of non-toxic self-esteem not based on comparisons with or the disparagement of other people helps foster psychological well-being and good mental health throughout the life cycle. The natural expected outcome of a healthy self-steem is closely linked to a proper development of autonomy, as Ach and Pollmann (2022) have pointed out.

Practice of behavioural control

Regarding this parental competency, the most prevalent myth is the one that advocates the use of rewards and prizes as a means of encouraging children to internalise limits and the need to make an effort. The problem with this myth is that it is rooted in an external locus of control rather than in any true understanding of or agreement with the meaning of and need for the rules in question; if the external reinforcement were to disappear, children would have no intrinsic motivation to respect them. Recent research has shown that behavioural control grounded in rules established through mutual agreement between parents and each child, and adapted to the child's individual characteristics, is significantly more effective than either the neo-behavioural approach, which relies on providing rewards for specific behaviours, or psychological control, which relies on emotional blackmail and the induction of guilt (Yan et al., 2020).

Fostering healthy sibling relationships

One persistent myth concerns the supposed positive effect of presenting one child as a role model for their siblings. There is broad consensus in the extant literature that this is a harmful practice because it denies children their basic need to have their own identity recognised unconditionally, and encourages sibling jealousy and rivalry, both of which hamper healthy psychological development. Some studies have identified the impact of the quality of sibling relationships as a predictor of the development of diverse psychological variables, including social behaviour, psychological adjustment, cognitive development and physical and mental health (Holmes et al., 2024).

Fostering early synchronous interactions, executive functions and self-regulation

The myth detected in relation to this parental competency is rooted in the idea that babies are focused on their own internal world; a belief that overlooks the fact that children are active agents of their own development (Gopnik, 2009). Adults' contingent responses to children's behaviour (looking, pointing, touching, mouthing, etc.) have a profound impact on their subsequent cognitive development. As Arranz-Freijo and Barreto-Zarza (2022) point out, early synchronous interactions between babies and their caregivers constitute a vital prerequisite for the construction of key cognitive competencies such as executive functions that begin to develop during the first months of a baby's life and continue developing right up until early adulthood (Komanchuk et al., 2023).

Promoting the acquisition of theory of mind

The most frequent myth is parents' belief that they can accurately predict their children's development. We consider is very significant to check the presence of this myth focusing on one of the lesser-known milestones of child development that is the emergence of theory of mind, which is a child's ability to put themselves in someone else's shoes and understand that others may have emotions and thoughts that differ from their own (Hughes & Devine, 2015). Theory of mind develops gradually from age 3 and a half years onwards, but a lack of knowledge regarding this cognitive-social competency often leads parents to underestimate their child's ability to understand certain situations or rules. This in turn prevents them from providing the explanations required to further develop this skill, causing them to waste many opportunities to promote their child's development.

Practice of share reading and storytelling

In relation to parents' limited knowledge of child development and its potential impact, we decided to include the assessment of another parenting myth: the underestimation of the importance of shared reading and storytelling, a practice that can be regarded as a delicacy of cognitive development promotion given the range of symbolic, executive and theory of mind abilities it cultivates. This has been amply demonstrated by methodologically rigorous longitudinal studies such as the one by Hutton et al. (2017), which used magnetic resonance imaging to chart the impact of shared reading on the areas of the brain responsible for expressive language, social-emotional integration and working memory in a sample of 4-year-old children. For their part, Canfield et al. (2020) found that shared reading at 6 months increased parental warmth and sensitivity and decreased parental stress assessed 12 months later.

Regulating the digital environment

On the field of parental regulation of digital environment, prior to the presence of myths and misconceptions, it is highly interesting to include in our proposal an estimation of the amount of parents who are aware of the World Health Organization (2019) recommendations calling no to use of screens by children in the period from 0 to 2 years. We also propose to check the presence of myths and misconceptions that deny and/or minimise the negative influence of screens, that has been widely demonstrated by research, and even support L'Ecuyer's neuromyths (2014), which hold that children learn better when they do so through screens. Parents' failure to regulate the digital environment partly stems from the fact that letting their children use screens keeps them occupied and calm while they themselves carry out other activities. Minimising the negative effect of exposing their children to this environment reduces the cognitive dissonance or internal contradiction experienced by parents regarding their use of screens as a digital dummy.

Within the framework of the third dimension of parenting, *Parenting Ecology*, it is proposed including the assessment

of the presence of myths and misconceptions linked to the following parenting competencies:

Social capital and Relationships with the extended family and friends

Social capital (McPherson et al., 2013) refers to the availability of parenting support measures and policies, such as, among others, work-life balance benefits, financial and tax-related support and the possibility of accessing specific family and/or parenting support programmes. This is not specifically a parental skill; however, it was decided to include it in our proposal in order to evaluate the importance that parents give to receiving some kind of external support to raise their children.

Creating and maintaining a good network of friends is, in itself, a parenting competency that enhances the quality of family life (Jaeger, 2012) and it´s also a perfect complement to the social capital resources; For this reason, the proposal also includes an evaluation of the importance that parents attach to the practice of this competence, relative to the social ecology of the family.

Relations with the school

In the context of the coeducation approach, it is important to debunk the myth of independent action by the family and the school. This idea is rooted in the view of education as a remunerated service from which families expect a high-quality result. The joint construction of a shared educational curriculum is the best means of fostering children's healthy psychological development (Arranz-Freijo & Barreto-Zarza, 2022). From the perspective of positive parenting, it is important to maintain good communications between the family and the school, through individual meetings with tutors and the participation of parents in school events. That´s why the measurement of parent´s perspective on this issue has been included in our proposal.

Parental self-efficacy

Parental self-efficacy is defined as the view parents have of their own ability to bring their children up in such a way as to foster their healthy psychological development; it is a perception of self-confidence that, when high, is associated with indicators of psychological adjustment (Fang et al., 2021), such as good emotion regulation (Morelli et al., 2020). Certain erroneous beliefs were detected that hamper the positive development of this competency, including feelings of guilt about not responding properly to children's needs. This circumstance is frequently observed among parents of families in situations of risk and vulnerability.

Parental co-responsibility

Parental co-responsibility is a practice stemming from a gender-equal view of parenting. However, it is often still considered a myth since it has yet to be consolidated as normal practice in our society. One precondition for co-responsibility is greater involvement by the father, providing he lives with his children and forms part of the childrearing team (Hennigar & Cabrera, 2024).

Constructive management of parental conflict

As in other cases, a lack of knowledge about child development contributes to the perpetuation of the myth of young children's alleged isolation from their surrounding situation. Although it is true that at an early age children are not yet able to understand the cognitive content of their exposure to destructive parental conflict, they are nevertheless able to understand and experience the negative emotional content implicit in such circumstances. The extant literature provides clear evidence of the disruptive effect of exposure to destructive conflict on children's psychological development, particularly in terms of sociability and self-regulation (Hosokawa & Katsura, 2017).

The positive effect of constructive parental conflict resolution is associated with children's assertiveness and ability to cooperate, as well as with good cognitive development during childhood (Arranz-Freijo & Barreto-Zarza, 2022) and good psychological adjustment during adolescence (Wahyuningsih et al., 2020). As in the case of a failure to regulate children's exposure to the digital environment, the cognitive dissonance generated by the recognition of the negative impact of destructive conflict often prompts parents to minimise it and assert that their offspring do not realise what is happening, even though they know that exposure to such conflict is harmful to their development. From the perspective of positive parenting, it is vital to provide the general population of families with relevant and scientifically grounded information about the disruptive effect of exposure to destructive conflict on children's development, since such exposure upsets the attachment-exploration balance, which in turn has consequences for social-emotional and cognitive development.

Adaptive management of parental stress

The myth identified in relation to this competency is based on confusing one's desire not to let stressors located outside the family (personal, work-related, social, etc.) affect family life and the real situation, which is that they do indeed have a negative influence, penetrating the family system and upsetting its balance. The effect is more significant when the stress goes from being periodic to sustained or toxic, since it decreases the interactive quality of parental scaffolding, hampering the promotion of children's cognitive and social-emotional development (Shonkoff et al., 2012). This is turn

leads to the inadequate development of executive functions (Finegood & Blair, 2017) and an alteration in the neuroendocrine-immune network (Johnson et al., 2013), which increases children's vulnerability to disease.

Within the framework of the fourth dimension of parenting, *Structure*, we detected the presence of myths and misconceptions linked to the following parenting competencies:

Maintaining routines and rituals

The ability to provide structure is a cross-cutting parenting skill that is vital to the effective practice of all the other competencies outlined above. Structure, in the form of interactive routines, provides children with a feeling of predictability and security in relation to their everyday environment. If the routines are positive, this fosters good psychological development, although it can also be harmful if the routines are inexistent or negative, as is often the case with unstructured or chaotic families (Arranz-Freijo & Barreto-Zarza, 2022; Arranz-Freijo et al., 2025).

Research has shown that human babies are genetically equipped to perceive chaotic contexts severely lacking in structure as something that threatens their survival and respond to them with increased alertness; this in turn can lead to toxic stress with the subsequent segregation of cortisol (Blumenthal, 2024). From the perspective of positive parenting, the risk lies in parents minimising the importance of routines and failing to establish or maintain them, a circumstance that hampers children's psychological development. As a key complement to interactive routines, rituals in children's family life help reinforce feelings of cultural belonging, fostering the development of an individual and community identity rooted in the emotions shared during family and social occasions, such as musical and sporting events, etc (Arranz-Freijo et al., 2025; Spagnola & Fiese, 2007).

Methodological precedents in assessing parenting and child development myths and misconceptions

Some methodological precedents for detecting myths and misconceptions regarding parenting and child development can be found in the pioneering work by Ackerman (1991), who identified the relationship between irrational beliefs about parenting, child development and parental stress. In terms of the instruments available for assessing the presence of parenting myths, particularly worth mentioning is the Parent Rational and Irrational Beliefs Scale (P-RIBS) developed by Gavita et al. (2011), which evaluates the presence of myths linked to demandingness, rigidity and lack of flexibility. The approach adopted by these authors is similar to the assessment of the authoritarian style identified in classic works on parenting styles. Another instrument worth mentioning is the Parenting Belief Questionnaire (Farruggia, 2009; Gonzalez et al., 2024), which represents two myths associated with two factors: parenting as a private affair (understood as the sole responsibility of the child's parents) and acceptance of corporal punishment. Both myths are highly relevant, since they form part of the ecology of situations of abuse. Other instruments that assess the presence of parenting and child development myths include the Parent Play Beliefs Scale (PPBS) by Fogle and Mendez (2006) and the Children's Daily Activities-Parental Beliefs Scale (CDA-PB) by Petrogiannis et al. (2013).

The present study

In light of our review of the literature, the main contribution made by this study to the research, clinical and educational fields lies in its exhaustive design, which is geared towards detecting myths and misconceptions about multiple variables linked to parenting and child development. It is vital for professionals working with families to receive ongoing training in order to eradicate possible myths and misconceptions and disseminate evidence-based knowledge (Lam, 2015; Moon et al., 2021).

Method

Participants

Participants were 1279 professionals, 1066 (83.3 %) women and 205 (16 %) men, all working with the Spanish Red Cross in the family and child programmes run by the organisation throughout Spain. Participants' mean age was 39.45 years (*SD* = 10.45). All gave their informed consent to participating in the study and the procedure was approved by the Spanish Red Cross's Ethics Committee.

Sociodemographic characteristics of the sample group

As shown in Table 2, most participants were women (83.3 %); more than half (75.7 %) had a university degree and 2.7 % (*n* = 35) had only primary school qualifications. Despite being a sample of professionals working with the Spanish Red Cross, it is important to note that although most had official work contracts, a small percentage were volunteers. Another characteristic that should be highlighted is linked to have minors in their care, 20.2 % (*n* = 258) had children aged between 0 and 6 years, 12 % (*n* = 153) had children aged between 7 and 12 years, and 21.7 % (*n* = 277) had children aged 12 years and over. Finally, only 20.6 % (*n* = 264) had participated previously in some kind of training programme linked to positive parenting.

Table 2
Sociodemographic characteristics of the sample.

Mean Age (*SD*)	39.45 (10.45)
Sex	Frequency (%)
Female	1066 (83.3)
Male	205 (16.0)
Other	8 (.6)
Education level	
Primary/Secondary	35 (2.7)
Further education	80 (6.3)
Vocational training	195 (15.2)
University degree	969 (75.7)
Income Level	
Less than €600	156 (12.2)
Between €600 and €1000	183 (14.3)
Between €1000 and €2,500	870 (68.0)
Between €2,500 and €5000	60 (4.7)
More than €5,000	10 (.8)
Number of children	
0	591 (46.2)
1	268 (21.0)
2	362 (28.3)
3 or more	58 (4.5)
Age of children	
No children	591 (46.2)
0 to 6 years	258 (20.2)
7 to 12 years	153 (12.0)
Over 12 years	277 (21.7)
Previous participation in positive parenting training programmes	
No	1015 (79.4)
Yes	264 (20.6)

Instrument

The Questionnaire for Family Assessment of Myths and Misconceptions (Q-FAMM) comprises 32 items representing diverse myths and misconceptions about parenting and child development from age 0 to 6 years, linked to the four dimensions of parenting: (1) Positive treatment and scaffolding for social-emotional development (2) Scaffolding for cognitive-linguistic development (3) Parenting ecology and (4) Structure.

The statements in each item are rated on a Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores represent a greater presence of parenting and child development myths and misconceptions. To interpret the results, scores on the Likert-type scale are transformed into dichotomous values, with scores of 1 and 2 becoming 0 (representing the absence of myths) and scores of 3 to 6 becoming 1 (indicating the presence of myths). The questionnaire takes 30-35 minutes to complete.

Procedure

Construction of the Q-FAMM. First, we carried out a theoretical review of evaluations of parenting competencies and myths and misconceptions about parenting and child development between the ages of 0 and 6 years. Based on our findings, we compiled an initial proposal comprising 40 items designed to explore the degree to which respondents agreed with myths and misconceptions linked to a representative group of parenting competencies that together make up the parenting dimensions model (Arranz-Freijo and Barreto-Zarza, 2022). A group of 6 professionals working in developmental psychology, education and social work assessed the degree to which the items represented myths and misconceptions about the dimensions of parenting. We used a 4-point Likert-type scale (1 = not at all relevant; 2 = relevant but requiring a thorough revision; 3 = relevant but requiring a minor revision; 4 = highly relevant and representative of that being measured). Of the total, 8 items were eliminated due to irrelevance. The Content Validity Index in this case was CVI = .95. The final version of the Q-FAMM therefore comprised 32 items rated on a Likert-type scale ranging from 1 to 6.

Data collection

Professionals working in the territorial network of the Spanish Red Cross were told about the study by their coordinators. Participation was strictly voluntary and anonymous, and the questionnaire was completed online using the digital Microsoft Teams platform, which remained open for 4 weeks. Participants were provided with a contact email address they could use in the event of having any doubts about the questionnaire or if they required further information.

Data analysis

Versions 28.0 of SPSS and AMOS Graphics by IBM-Statistics (IBM Corp., 2021) were used for the data analysis. First, we analysed the descriptive characteristics of the total sample group (N = 1279). Next, we calculated the descriptive data for the Q-FAMM, including means, standard deviations and the percentage of participants who said they agreed with each item and therefore with the corresponding myth about parenting and child development.

The next step was to analyse the dimensionality of the Q-FAMM by means of an exploratory factor analysis (EFA). To this end, we selected part of the total sample group, specifically those professionals who had children aged between 0 and 6 years (n = 258). The Nmin criterion of 5 participants per item (Kline, 2023) was met (> 160). The Barlett´s test of sphericity was performed, and sampling adequacy was calculated using the KMO (Kaiser-Meyer-Okin) test. Once the factor structure had been identified through the EFA, a Confirmatory Factor Analysis (CFA) was conducted with the rest of the sample (n = 1,021). To assess the factor structure, we used maximum likelihood estimations with the following goodness of fit indexes (Byrne, 2013): Chi-square (χ^2), with ideal cut-off values of $p < .05$; the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Incremental Fit Index (IFI), with values of > .90 being deemed to indicate good fit; and the RMSEA (root mean square error of approximation), for which values of < .05 are considered indicative of

good fit. The goodness of fit indexes for the model are shown in Table 4. The next step was to calculate the reliability of the questionnaire by assessing its internal consistency using the Kuder-Richardson formula-20 (KR20; Kuder & Richarson, 1937) for dichotomous instruments (Campo-Arias & Oviedo, 2008). We also used version 1.2.17 of JAMOVI (2021) to calculate McDonald's omega.

Finally, we calculated measurement invariance in accordance with random sample (n = 591) or had children aged between 0 and 6 years (n = 258), in order to determine whether or not the questionnaire behaved differently in different groups. To this end, we calculated the metric invariance, scalar invariance and residual invariance models, the last of which is the most restrictive. In the event of any of the models not complying with Δ CFI < .01, partial invariance was calculated following the recommendations of Putnick and Bornstein (2016).

Results

Descriptive analysis of the Q-FAMM

Table 3 shows the percentage of professionals who claimed to agree with the statements made in the Q-FAMM to explore the existence of myths and misconceptions. The items of the Q-FAMM are presented in order, from strongest to weakest agreement with the respective myth represented. There were two statements with which over half of the professionals in our sample agreed, therefore indicating the presence of an erroneous belief about the issue at hand. With a positive response rate of 66.5 %, item 1 corresponds to the dimension Positive treatment; next, with a positive response rate of 47.6 %, item 17 is linked to the regulation of the digital environment, again indicating a low level of knowledge in this respect. The items with the lowest positive response rates, indicating a weaker presence of the corresponding myths and misconceptions, were linked to social - emotional scaffolding (item 23), cognitive-linguistic scaffolding (item 10), fostering healthy relationships between siblings (item 6) and co-responsibility (item 28).

Table 3
Descriptive data of the items, ordered from strongest to weakest presence of myths regarding parenting and child development among a sample of professionals (N = 1279).

Items of the Q-FAMM	*M* (*SD*)	Prevalence (%) of the corresponding myth and misconception *
C1. In order to foster their development, it is important to ensure that children never have to cope with difficulties.	.66 (.47)	66.5
C17. Children aged between 0 and 2 years can watch screens (tablets, mobile devices, TV, etc.) for up to half an hour without it affecting their development.	.48 (.50)	47.6
C7. From about age 6, a child begins to understand that other people may have thoughts or feelings different from their own.	.37 (.48)	37.2
C2. When a baby shows an interest in an object, you should not pay them any attention because this will teach them to play alone and be more autonomous.	.36 (.48)	36.2
C18. The best way to foster children's positive self-esteem is to say things like 'you're the best'.	.35 (.48)	35.3
C16. You should let children cry so that they learn to calm themselves without help.	.32 (.47)	31.9
C22. Giving children responsibilities is a demanding way to bring them up.	.30 (.46)	29.7
C12. It is best not to show your emotions in front of children so as to avoid hurting them.	.28 (.45)	28.2
C8. You should give children rewards to get them to concentrate.	.28 (.45)	27.5
C19. Older siblings should be the most responsible.	.24 (.43)	24.3
C13. When children interrupt a conversation, you should pay attention to them immediately without making them wait.	.22 (.41)	21.5
C14. Frequently changing daily routines enables children to learn to adapt better to changes.	.21 (.41)	21.3
C21. In the family-school relationship, the most important thing is for everyone to play their part independently.	.21 (.41)	20.7
C32. To ensure healthy child development, children should sleep in the same bed as their parents until the age of 4.	.21 (.41)	20.6
C24. You do not need help from relatives and/or friends to bring children up well, since parents are the only people responsible.	.18 (.38)	18.0
C30. Feeling that you are capable of bringing up your child has no influence on their development.	.17 (.38)	17.4
C31. Children who are bottle fed will have more problems establishing secure attachment than those who are breastfed.	.17 (.37)	16.7
C20. Education using digital resources (tablets, computers, TV) is just as or even more beneficial than education in direct contact with people.	.14 (.35)	14.5
C5. Since parents are the ones who know their children best, they do not need anyone else's help to bring them up.	.13 (.34)	13.0
C9. Providing children feel loved, maintaining stable routines in their daily life is not so important.	.12 (.32)	12.0
C3. From age 3 years onwards, children should be allowed to use electronic devices (tablets, mobile de-	.11 (.31)	10.9

vices, etc.) alone so that they learn to use them properly.		
C29. Parents do not need to be taught how to bring up their children.	.11 (.31)	10.9
C15. There is nothing parents can do to decrease the stress of parenting.	.10 (.30)	10.1
C27. Children learn what is right and wrong without anyone having to tell them.	.10 (.30)	10.1
C26. If children find it hard to do something (reach a toy or do a puzzle), it is best for an adult to do it for them so they don't suffer.	.10 (.30)	9.7
C11. Work-related, financial or other kinds of worries do not affect parents' relationship with their children.	.09 (.29)	9.5
C25. Routines are not important because children adapt to change more easily than adults.	.28 (.09)	9.1
C4. Very young children do not understand anything when adults argue in front of them.	.06 (.23)	5.6
C23. When a child cries and/or has a tantrum, a good way of making them listen to you is to raise your voice and/or shout at them.	.05 (.21)	4.5
C10. It is not worth reading to children under the age of 1 year because they are still too young to understand anything.	.04 (.21)	4.4
C6. It is good to compare siblings with each other, as this contributes to their psychological development.	.03 (.17)	3.0
C28. It is not particularly important for parents to share childrearing tasks.	.03 (.17)	3.0

Note: *M*: Mean; *SD:* Standard Deviation; %: Percentage; the percentage (**%**) of the presence of myths and misconceptions corresponds to the number of participants who agreed with the corresponding statements.

Exploratory Factor Analysis

To carry out the exploratory factor analysis, a subsample of 258 professionals were selected, all of whom had children aged between 0 and 6 years. Bartlett's test of sphericity proved statistically significant ($p < .001$), and the value returned by the Kaiser-Meyer-Olkin (KMO) sampling adequacy index was excellent (KMO = .920), thereby indicating the relevance of the factor analysis. In light of these results, a principal components analysis was carried out to identify patterns in the variables evaluated. The analysis revealed a single component, suggesting a unidimensional structure that encompasses all the dimensions of parenting. During this stage of the process, two items were found to have saturations of under 0.30. These were item 1 'In order to foster their development, it is important to ensure that children never have to cope with difficulties' and item 32 'To ensure healthy child development, children should sleep in the same bed as their parents until the age of 4'.

Confirmatory Factor Analysis

The confirmatory factor analysis was carried out with the rest of the sample ($n = 1021$). To determine the goodness of fit of the Q-FAMM, we explored the single factor solution identified previously during the EFA. Given the theoretical relevance of each item and the aim of retaining all the statements in the original version of the questionnaire, we also evaluated the model's goodness of fit when the two items previously found to have very low saturations (items 1 and 32) were included. In the end, we decided to keep all 32 items of the original version, since all the factor loadings were statistically significant, and the model was found to have a good fit (see Table 4).

Reliability Analysis

The internal consistency of the 32-item Q-FAMM was evaluated using the Kuder-Richardson formula-20, designed for instruments with dichotomous responses. The value returned was .860 and McDonald's Omega coefficient was .872. Both values indicate good internal consistency.

Table 4
Goodness of Fit Indexes for the Confirmatory Factor Analysis.

X^2	*d.f.*	*p*	$X^2/d.f.$	RMSEA	IFI	TLI	CFI
970.868	.443	< .001	2.192	.034	.898	.885	.897

Note: χ^2: Chi-square; *d.f.* Degree of Freedom; *p*: *p*-value; RMSEA: Root Mean Square Error of Approximation; IFI: Incremental Fit Index; TLI: Tucker-Lewis Index; CFI: Comparative Fit Index

The instrument (Q- FAMM) also presents a good measure of invariance, as can be seen in Table 5. Following the recommendations of Putnick and Bornstain (2016) it measures correctly in different groups.

Table 5
Invariance Goodness-of-Fit Indices in random sample vs. dependent children aged 0 to 6 years old.

Model	Absolut Index			Comparison between Groups				
	χ^2 (*df*)	CFI	RMSEA (90% CI)	Model Comparison	Δ χ^2 (Δ *df*)	Δ CFI	Δ RMSEA	Decision
M1- Configural Invariance	2,175.303 (928)**	.780	.040 (.038-.042)	-	-	-	-	-
M2-Metric invariance	2,203.359 (959)**	.780	.039 (.037-.041)	M2 vs M1	28.056 (31)	.000	.001	Accept
M3-Scalar invariance	2,438.695 (991)**	.744	.042 (.039-.044)	M3 vs M2	235.336 (32)**	.036	.003	Reject
M3.1- Partial Scalar invariance	2,438.943 (991)	.744	.042 (.039-.044)	M3.1 vs M2	235.584 (32)**	.000	.000	Accept
M4-Residual Invariance	2,840.014 (1024)**	.700	.046 (.044-.048)	M4 vs M3.1	401.071 (33)**	.044	.004	Reject

Note: χ^2: Chi-square; *df*: degrees of freedom; CFI: Comparative Fix Index; RMSEA: Root Mean Square Error of Approximation; Δ: Difference; *: *p*-value < .05; **: *p*-value < .001

Discussion

This study presents the results of proposal for assessing the presence of myths and misconceptions about parenting and child development between the ages of 0 and 6 years using the Questionnaire for Family Assessment of Myths and Misconceptions (Q-FAMM). The instrument was found to have adequate psychometric properties and was sensitive enough to reflect variability in a broad sample of Spanish professionals. Due to the presence of myths and misconceptions among professionals, it is important to identify what evidence-based training they require to improve their knowledge of those parenting competencies that foster healthy psychological development among children. The final 32-item version of the questionnaire is a single-factor instrument, reflecting the unidimensionality of the parenting dimensions model. It is important to note that in the sociodemographic analysis of the sample, almost 80 % said they had never participated in any kind of positive parenting training programme; this may explain the presence of myths and misconceptions about parenting and child development observed among the professionals in our study. We will now analyse the results obtained in the questionnaire, following the structure presented in the introduction of this article.

In the Positive treatment and scaffolding for social-emotional development dimension, we detected the presence of myths linked to parenting competencies mentioned in the introduction section. We found that, regarding item 31, 16.7 % of the sample agreed with the presence of a myth and misconception about the positive impact of breastfeeding on the development of secure attachment among children. The practical implication of this finding is that mothers should be strongly recommended to breastfeed their babies, since, in most cases, breast milk protects and strengthens high quality interactive neural receptor structures. However, mothers who cannot or do not wish to breastfeed their offspring should not be burdened with unnecessarily guilt about not being able to fully promote their children's comprehensive development.

As regards the myth and misconception of the positive overvaluation of the impact of co-sleeping on psychological development, it should be noted that 20.6 % of the subjects in the sample agreed with it. From the point of view of the applicability of the results obtained, it is important that two key messages be conveyed to professionals and families. The first of these is to point out that the benefits of skin-to-skin contact for child development can be obtained without the need for co-sleeping, understood as an intensive practice. The second message should convey the idea that the essential consequence of a good emotional bond is, precisely, the achievement of physical separation from the main attachment figure, which provides the baby with the necessary security to launch into the exploration of the physical and social environment to enrich his cognitive, linguistic and socio-emotional development.

Results relating to the exploration of the presence of overprotection, understood as opposed to the practice of optimal frustration, are the most striking of the study, given that 66.5 % of the subjects in the sample agreed with the practice of protecting children from facing difficulties in daily life explored in Item 1. From the applied point of view, the central message to be disseminated in the family population consists of making them clearly aware of not depriving their sons and daughters of contact with the difficulties of daily life with the intention of promoting successful adaptive strategies in them throughout the life cycle.

Results concerning the exploration of myths and misconceptions in the field of emotional expression and regulation are particularly interesting. It can be seen that 31.9 % of the subjects in the sample support the idea of letting children calm down on their own, ignoring the essential condition of supporting self-regulation through prior external regulation. On the other hand, 28.2 % of the subjects support the convenience of not expressing emotions in front of children to avoid hurting them, as explored in item 12. On the positive side, it should be noted that only 4.5 % support the idea of responding with emotional disruption to children's tantrums. These results requires an intensive parenting training in con-

textualized and cultural respectful management of emotions to promote child development.

Results obtained regarding the toxic promotion of self-esteem, explored in item 18, show that more than a third of the subjects in the sample, 35.3 %, agree with the myth and misconception of praising children as the best way to promote children's self-esteem. These results highlight the urgent need to provide professionals working with families with adequate training on the most effective strategies to promote self-esteem in children. Summing up a key message, rather than praise their children, parents should recognise and encourage them to achieve in order to fulfil a strong and adaptive self-esteem.

Results obtained regarding the idea about the positive impact of the reward system on psychological development show that 27.5 % of the subjects in the sample agree with this misconception. From an applied perspective, it is convenient to communicate to both professionals and families that the reward system may have a greater impact during the developmental period between 1 and 3 years, provided that rewards are given both as social reinforcement of specific behaviours and as encouragement for children to practice it in the future. This will contribute to generating an internal locus of control, as opposed to a hetero-dependent locus. On the positive side, it should be noted that only 10% of the subjects in the sample support the myth and misconception, explored in item 27, of a development without ethical references on the part of the parents.

Results obtained in item 6 can be regarded as highly positive given that only 3 % of the subjects in the sample support the myth and misconception of the benefits for child development of the practice of comparison between siblings. The message to be transmitted in this area consists of raising awareness on the part of parents of the use of relationships between siblings as a resource to enhance psychological development.

Continuing this discussion focusing on the myths and misconceptions to be explored within the framework of the second dimension of parenting, scaffolding of cognitive-linguistic development, it is very relevant to mention that the results of item 2 explores the myth about the impact of early synchronous interactions on child development. This second statement in the questionnaire occupies the fourth place in the greatest presence of myths and misconceptions explored through the Q-FAMM questionnaire since 36.2 % of the subjects in the sample support the idea that it is not necessary to respond contingently to the baby when he or she shows interest in an object. This fact also supports the development of preventive parenting programs to promote parental competencies deeply customized to the developmental period of children.

Results exploring parental knowledge about theory of mind development showed a 37.2 % of subjects in the sample agreeing with statement, exposed in item 7, that children are not able to put themselves in the sight of another person before the age of 6 years. In this field, it is important for parents to have access to reliable information about the principal milestones of their children's psychological development, in order to enable them to detect atypical behaviours. Furthermore, accurate parental knowledge of child development is considered a protective factor for good cognitive-linguistic development (Rowe et al., 2016). Fortunately, the results regarding the underestimation of the impact of shared reading and storytelling, explored in item 10, showed that only 4.4 % of the subjects in the sample agreed with the myth and misconception. This fact indicates that the participating professionals were very aware of the development-promoting impact of the practice of shared reading. Finally, it is important to note that shared reading and storytelling is a systemic indicator of the quality of family context, since its incorporation into the child's routine implies the existence of a well-balanced family system that practices co-responsibility in order to guarantee the promotion of healthy child development.

In relation to the digital environment regulation competency an striking lack of knowledge was observed regarding the advice issued by the paediatric associations and the World Health Organization (2019), which recommend that children under the age of 2 years be kept totally away from screens, and that the use of these devices be regulated throughout childhood and adolescence. 47.5 % of the subjects in the sample agreed with the statement that children under 2 years of age could be in contact with screens for half an hour a day without it harming their development (item 17). This fact is a strong indicator of the urgent need to developed well grounded procedures to disseminate parenting information in a very high competitive context such as social media. It is also striking that 14.5 % of the sample agreed with the statement in item 20 that learning through screens is more effective than learning through direct social contact. In compensation for this finding, it was observed that only 10.9 % of the subjects in the sample agreed with the statement in item 3, which proposed unregulated use of electronic devices by parents from the age of 3.

The scientific evidence regarding the impact of screen use on children is highly diverse, with some authors finding no influence on mental health variables (Tang et al., 2021) and others reporting a clear negative effect on obesity, behavioural problems, unhealthy diet, symptoms of anxiety and depression and low quality of life (Stiglic & Viner, 2019). From the perspective of positive parenting, it is important to emphasize that children's regulated use of screens should be understood as a systemic indicator of family interaction quality, ranging from well-regulated use to a complete absence of regulation, the latter being characteristic of dysfunctional, unstructured and chaotic systems (Marsh et al., 2020).

Focusing now on the exploration of myths and misconceptions within the third dimension of the parenting model, parenting ecology, it is noteworthy that, fortunately, only 10.9 % of parents agree with item 29, which stated that they do not need any external support to raise their children. However, in this field, it was observed that some of the pro-

fessionals in our study subscribe to the myth of self-sufficiency with a 18 % of the subjects of the sample supporting it in item 24 and 13 % in item 5. This myth and misconception may become a stressor for the family system, since it implies rejecting the affective and specialist support that may be provided by external resources. It is particularly important to debunk the misconception that the only thing that matters is a child's bond with his or her mother and foster instead the building of a protective network of relationships that promote child development.

The other side of the myth and misconceptions of self-sufficiency is over-dependence on external resources and the failure to assume the responsibilities of parenting. It is therefore necessary to design evidence-based parenting programmes to help families in situations of vulnerability. In what regards to the relations family school relationship**s**, it´s a bit surprising that a 20.7 % of the subjects in the sample supported the independence of the most important educational scenarios over childhood; this finding is calling to the need of spreading messages in order that families would build up a shared perception of educational tasks and responsibilities.

In relation to results testing parental self-efficacy (Item 30, 17.4 %) and parental co-responsibility (Item 28, 3 %), intervention through positive parenting programmes helps improve parents' knowledge of child development and parenting competencies, which in turn enhances their feelings of security and confidence in their ability to parent (Amirazizi et al., 2024). Over recent years, many political actions have been taken to increase fathers' involvement in their children's upbringing, since it is considered a high-impact investment that should be complemented by a fair distribution of domestic and child-rearing tasks (Cano et al., 2019). From the perspective of positive parenting, this participation greatly reduces stress in the family system right from the prenatal phase onwards, and its promotion has become a target for political action, materialising in longer paternity leave and more child-rearing support measures.

As regards the results concerning the myth of the isolation of the child from the surrounding context (Item 4, 5.6 %) a very low presence of the same is noted. This fact can be considered as very good news because it shows that professionals are very aware of the negative impact that exposure to destructive conflict has on the psychological development of children. Without a doubt, this certainty will facilitate adequate guidance for families who find themselves in conflict situations. Close to the myth and misconception about children isolation is the myth about the non-influence of stress on family system; fortunately, participants of our sample agree in a very low level with it (Item 11, 9.5 % and Item 15, 10.1 %); this fact implies that professionals are also very aware of the potential damage that toxic stress may cause to parenting. However, professionals training to deal with families in conflict and stress situation is very welcomed. This training should be based on raising awareness among parents of the negative impact of personal and/or couple-related stress on other environments. This will enable them to develop self-regulation strategies to control the projection of their conflict and stress and mitigate its harmful effect on the family system.

Focusing now on the exploration of myths and misconceptions within the fourth parenting dimension, structure, and specifically on the parental competence of maintaining routines and rituals (Item 9, 12 %; Item 14, 21.3 %; Item 25, 9.1 %) it is noteworthy that a considerable proportion of professionals (21.3 %) believe that frequently changing daily routines may have a positive effect on children. It is worth mentioning here that intervention programmes focused on establishing positive routines in vulnerable and at-risk households have reported excellent results in terms of protecting and promoting child development. One example is a programme that fosters collaboration between nursing staff and families (Massi et al., 2023).

Overall, the results found in the present study regarding the percentage of participants who agreed with the myths and misconceptions explored in the questionnaire indicate that none of the items were rejected by all participant**s**. Even the item with the lowest percentage of agreement (3 %) reflects the fact that 37 of the 1279 professionals in our study minimised the importance of co-responsibility in parenting tasks, even though the vast majority were clearly aware of the importance of the dominant approach based on shared child-rearing. The presence of myths and misconceptions, even in low percentages, among the professionals in our study is particularly striking given that 75 % of participants had university-level qualifications in the social and health sciences. This indicates the need for those responsible for public education and health policies to ensure that professionals engage in regular refresher and/or knowledge updating courses.

The principal conclusion we can draw from the data obtained is the identification of a hierarchy of aspects that need to be included in the syllabus of any refresher course aimed at professionals working in the field of family intervention. The most urgent topic on this syllabus is training designed to avoid overprotecting children and to foster optimal frustration. It is important to note that parenting interventions based exclusively on strengthening attachment bonds lack sound empirical support and should always be accompanied by the scaffolding processes described in this study. Special attention should also be paid to enhancing both parents' and professionals' knowledge of child development and the profound impact of early social interactions on the development of executive functions and the acquisition of emotional, cognitive and behavioural self-regulation, key competencies that are vital to children's successful adaptation to the community.

Two other aspects that have attracted a great deal of media attention and in which professionals urgently require training are breastfeeding and co-sleeping. It is important to convey nuanced, contextualised and complex knowledge about these two practices, as indeed we have attempted to

do in the present study. Professionals also need to improve their knowledge of the importance of interactive routines and rituals, since 21.5 % of the sample reported believing that it was beneficial to frequently change them. Another area in which training is urgently required is related to the digital environment. Professionals need to be aware of the health-related, educational and preventive criteria associated with the use of digital screens and the social media, not only during childhood, but during the teenage years also. Despite the aforementioned, among the positive aspects observed in the study, we should note that most professionals in our sample (80-85 %) demonstrated a low level of myths and misconceptions regarding key parenting competencies, including the constructive and adaptive management of stress, parental conflict and parental management of sibling relations.

The present study has certain limitations that should be mentioned. The first is the fact that the sample group, while large, was recruited exclusively from the Spanish Red Cross. In order to enable the results to be generalised to a broader population, future studies may wish to administer the instrument to a sample drawn from professionals working with a range of organisations and institutions. The second limitation is that all the professionals in our study worked in the educational and social fields. Future studies may wish to broaden this sample to include those working in the health and legal fields also.

The third limitation is that although the instrument could be used to measure the presence of myths and misconceptions among parents with children aged 0-6, we used a mixed sample of professionals, regardless of whether they had children and/or their ages. Our next objective, therefore, will be to administer the questionnaire to parents of children aged between 0 and 6 years, regardless of their profession. In this study, only 258 participants had children in this age range. Including parents would enable the results to be generalised not only to professionals, in order to detect their training needs, but also to families, who will provide data to accurately support the development of prevention programmes based on the evidence based positive parenting approach.

The fourth limitation of this study has to do with the validation process, such as the lack of randomization of the sample; however, as recommended in the literature, this study does comply with the requirement to carry out EFA and CFA on two different samples (Curran & Hussong, 2009; Orcan, 2018). In addition, future studies aim to increase the number of items in some of the constructs evaluated, such as breastfeeding and/or co-sleeping, in order to obtain a more accurate assessment. Nevertheless, the unidimensionality of the model evaluated with the items that comprise it has yielded adequate internal consistency indices, revealing adequate reliability of the instrument. Furthermore, it is important to mention the absence of a convergent validity analysis. When addressing this issue, it should be noted that, although relative measures of parental beliefs and implicit theories about child development can be found in the scientific literature, it was not possible to apply a measure to assess convergent validity, as no other instrument captures, in a single scale, the set of variables proposed in the Q-FAMM. This constitutes one of the novel contributions of our work.

Based on aforementioned in the previous paragraph, this preliminary study would constitute part of a more comprehensive validation process that is planned to be conducted in the future. Forthcoming studies will complete the procedure to provide the Q-FAMM with a solid validation process that also should address the existence of myths and misconceptions about child development analysing the influences of a broad range of cultural contexts and sociodemographic variables, in order to increase current knowledge on the field and provide more accurate preventive interventions.

Regarding the question of the transmission of practical implications for professionals and families is important to highlight the fact that our team is arranging an implementation handbook that includes a structured package of individualized guidance for families based on their responses to the Q-FAMM. Likewise, when the questionnaire would be administered to groups of professionals, a training structure will be developed to provide them with an in-depth knowledge of the parenting competencies underlying the questionnaire items on which they obtained the lowest scores.

Finally, it is important to note that the detection of myths and misconceptions within the sample underscores the need for an instrument specifically designed to assess these beliefs in a preventive manner. Such a tool would help to avoid the dissemination of messages lacking scientific basis to families, which could otherwise undermine parenting quality and hinder the promotion of healthy psychological development in early childhood.

Statements and Declarations

Conflict of interest.- The authors declare that they have no conflict of interest.

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