

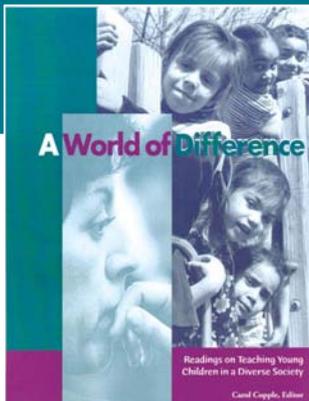
Developmentally
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*Developmentally Appropriate Practice in
Early Childhood Programs Serving Children
from Birth through Age 8, Third Edition.*

READING #22 |

Diversity and Infant/Toddler Caregiving



Janet Gonzalez-Mena and Navaz Peshotan Bhavnagri

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CATEGORIES:

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Diversity and Infant/Toddler Caregiving

Janet Gonzalez-Mena and Navaz Peshotan Bhavnagri

Junior, who is new to the center, is excited when he sees a bowl of food. The baby makes happy sounds, kicks his legs, and waves his arms. But when Helen puts Junior in the high chair and places the bowl in front of him, he just sits there and makes no attempt to feed himself. He looks confused and then distressed. Finally he slumps over, a glazed look in his eyes.

His mother explains later that she has taught Junior not to touch his food. In fact, her son has never been in a high chair; he has always been fed on his mother's lap, wrapped up tightly in a blanket to discourage him from interfering with her. Junior obviously doesn't know how to respond to this new arrangement.

The scene above provides an example of diversity in caregiving practices. When caregivers come upon a difference like this one, what do they do? If the program policy advocates self-feeding, do caregivers just stick to it and try to convince the mother that she should do at home what they do in the center?

We'd like to suggest that the place to start in this situation is to look for the reasons behind the mother's actions. Why has the mother taught her son not to touch his food? It's easy to assume that she is obsessed with neatness or hygiene. But maybe that's not it at all; maybe her approach to feeding has to do with a particular set of cultural beliefs or traditions.

What if Helen discovers the feeding difference stems from a cultural practice? What should she do? Is it okay if the baby encounters one set of practices at home and another in child care? Every day caregivers are faced with differentiating between negative parenting practices and positive cultural practices. We hope this article will help them do that better.

Exposure to diversity in infancy

Are we perhaps asking too much of some babies to develop a sense of who they are and where they belong *and* relate to caregivers who care for them differently from the way they are cared for at home?

Maybe infants are highly adaptive and can easily adjust to variations of caregiving. Is it possible that variations in caregiving styles and expectations overwhelm and perhaps even harm some infants?

Little specific research has been done on exactly how variations in caregiving impact development. We do not know much about the consequences of differences in caregiving as it is carried out by the parent compared to what the child encounters in child care. We do know that, even when there are no cultural differences, sensitive, responsive caregiving is far more effective than insensitive, unresponsive caregiving (Lamb & Easterbrooks 1981; Ainsworth 1993; Isabella 1993).

Variations in caregiving practices come from many sources, but this article concentrates on those from cultural sources. We're defining culture as "the values, beliefs and traditions of a particular group [from which arise] a set of rules that, to varying degrees, guide the behavior of individuals who are members of that group, whether that group is defined in terms of national origin, racial experience, linguistic experience, religious background, socioeconomic status" (Chang, Muckelroy, & Pulido-Tobiassen 1996, 19). We acknowledge that within any culture exist differences also in age, gender, and sexual orientation.

Cultural sensitivity

When sensitive caregivers meet individual needs, they also may be meeting cultural needs. However, without specific cultural information, caregivers can inadvertently use practices that undermine parents' efforts and tread on their cultural values.

For example, in a videotape (Gonzalez-Mena, Herzog, & Herzog 1995), Akemi, a Japanese American mother tells a story about her interaction with another mother, a recent

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immigrant from Asia (she doesn't say what country). She describes how the two are having a little get-together while their babies play on the floor at their feet. Akemi expresses delight when the visiting child gets to his feet and takes a wobbly step. But his mother downplays her son's accomplishment. She tells Akemi how clumsy and stupid her son is. She goes on to point out all the things he cannot do. Akemi is upset that this woman would put down her son right in front of him and tells her so. The immigrant mother is confused by what Akemi says.

Imagine a caregiver observing that scene. Would she realize that what she knows about self-esteem development is not universally accepted? Would she know that in some cultures humility is valued over pride and that negative comments are meant to instill a proper attitude, starting in infancy? Would the caregiver know that attitudes toward pride and humility are directly linked to cultural goals and values (Kitayama, Markus, & Matsumoto 1995)? The mother's negative remarks about her son might upset a caregiver who does not understand the mother's view of what is best for him.

The same kind of linking to culture that is true of self-esteem is also true of self-help skills, independence, dependence, manners, and respect. Values and goals show up as *behaviors* and become organized into *practices*. Any time parents' practices tread on caregivers' values, beliefs, and understandings, some caregivers find it harder to be sensitive and responsive to those parents. Instead of trying to understand the behavior, many just want to change it.

The issue of cultural sensitivity is more urgent now than ever before because today's immigrants represent greater ethnic, racial, and socioeconomic diversity than did earlier European immigrants (Grant 1995), and their caregiving

practices are very different from the prevalent European American practices (Lieberman 1995). The new Americans—and even many longtime Americans—have differing customs from those of families firmly rooted in the dominant culture of the United States, although not all the people of the dominant culture are alike either. Diversity is found in every group. Diverse people not only do things differently, but they perceive things differently too. They have distinctive belief systems, perceptions of their children's capabilities, even goals for childrearing, all of which affect their parenting practices.

Cultural differences in childrearing practices

Although cultural differences demand more attention today, caregivers have little training in diversity. According to a study done by Chang, Muckelroy, and Pulido-Tobiassen (1996), caregivers have neither the skills nor the knowledge to effectively address issues of race, language, and culture. Caregiver training generally neglects to make the connection between quality care and diversity. "To date, the definitions and measures of quality care are, for the most part, missing an analysis of the implications of racial, cultural, and linguistic diversity in child development and in child care" (p. 20).

A similar study in Canada (Bernhard et al. 1995) came to the same conclusions. Parents' responses showed that "There were cases where teachers had clearly failed to appreciate cultural differences in child-rearing practices" (p. 36).

Responding to differences

Suppose that caregivers do have the knowledge they need to understand and appreciate cultural differences. Does knowledge alone guide response? Does sensitivity to

diversity mean that caregivers must adopt the parent's way even if it differs from program policy? No. Caregivers must not abdicate their professional responsibility but must make considered decisions with each family and child about what is best to do. And that is not easy when parents and caregivers have conflicting views.

There is no simple rule to follow when caregivers and parents do not see eye-to-eye. Standing firm on all policies and practices is too rigid, and caregivers changing what they do each and every time a parent asks them to is too flexible. Sometimes a family's practices are in conflict with their goals for their children. Sometimes a family practice is risky or actually harmful.

When a caregiver perceives a negative consequence of a particular practice, it is his or her responsibility to help a family sort out and understand the implications. Of course, in a case of obvious harm to the child that fits the legal definition of child abuse, it is the caregiver's responsibility to report to authorities.

When the family and the program do not agree about some practice or policy, the caregiver should ask 10 questions:

1. What is the cultural perspective of the family on this issue?
2. How do the family's child care practices relate to its cultural perspective?
3. What are the family's goals for the child, and how has the family culture influenced its goals?
4. In view of the goals, is the family's practice in the child's best interest?
5. Are there any sound research data indicating that the family's practice is doing actual harm?
6. Is the program's practice or policy universally applicable, or is it better suited to a particular culture?
7. Did the family choose the program because of the particular philosophy, even if it is based in a different culture from the family's own?

8. Have I attempted to fully understand the family's rationale for its practices, the complexity of the issues, and other factors that contribute to the practices?

9. Have I attempted to fully explain to the family my rationale for my practices and looked at the complexity of the issues and at how my own culture influences my rationale and perspective?

10. What are some creative resolutions that address both the parents' concerns and my own?

Looking for a creative solution that incorporates both the parents' and the caregiver's concerns fits right in with the *both/and* thinking explained in NAEYC's revised *Developmentally Appropriate Practice in Early Childhood Programs* (Bredekamp & Copple 1997). Caregivers can and should avoid the polarization of *either/or* choices and explore more thoroughly how two seemingly opposing views can both be right. It may be hard to explore a situation in which there is a clear conflict of values between what's behind program policy or caregiver's belief and what's behind parental practices. But even in the case of a value conflict, those devoted to both/and thinking may find a win-win solution. Such solutions usually come from dialogues and often surprise those involved because neither party would have thought of the solution without the other.

Caregivers should be sensitive to differing practices and yet still be professionals and share their expertise. They must recognize that as families outside the dominant culture come in contact with it, they change. But it is equally important to realize and acknowledge that the dominant culture also changes through contact. Cross-cultural contact is a two-way process. Some old values and practices remain intact, some remain but are modified, and some are shed for newer ones. This process opens up both families and caregivers to

operate flexibly in two or more cultures (Patel, Power, & Bhavnagri 1996).

Dialogue and reflective-thinking strategies

Dialogue between caregivers and parents works best when all concerned use what John Dewey (1933) called *reflective thinking*. Individuals should be encouraged to give active, persistent, and careful consideration to any apparent form of knowledge or beliefs in light of the grounds that support it and the conclusions that are drawn from it.

Schon (1987) strongly recommends that practitioners, to be effective professionals, need to systematically reflect on their actions. Lubek (1996) specifically suggests this reflective approach when working with a diverse population. She believes that reflective practitioners who learn to think deeply about the implications of their choices are more likely to tailor their practices to the diverse needs of children in a multicultural society.

How does dialogue using reflective thinking work? Let's go back to the example of Junior, who refuses to touch finger food. When Helen, the caregiver, finds out that in the mother's culture it is highly inappropriate to ever touch food with the hands, she'll want to ask more. She'll want to understand everything she can about this practice and what it's based on.

If the mother does not know about the program's view of self-help skills, Helen can explain. But if Helen does so too soon or too strongly, the effect may be to silence the mother. Helen's goal is to keep communication open, so when she meets with the mother she does more listening than talking.

Let's imagine that as the two continue to talk about their different views, it becomes clear that the mother does not value self-help

skills. Helen is surprised. But if she can keep the conversation going, she may uncover the mother's fears about her child becoming too independent. And if they keep talking, Helen may discover that the mother's goal is to keep the family together—and that she believes independence threatens this goal. In many cultures, interdependence and collectivism are valued more than independence and individualism.

Whether Helen agrees or not, she's beginning to see another perspective. The program's goals of independence and individuality are just what the mother is trying to discourage in her child. The parent instead wants to emphasize the interdependence and embeddedness that are valued in her culture. She is in no hurry for her son to feed himself. She doesn't want him to become the independent individual that is Helen's ideal and a stated program goal.

The reflective-thinking process in this case could result in various outcomes. Perhaps after dialoguing, Helen and the mother agree that the child would benefit from two cultural approaches to feeding. They aim for an early bicultural goal by using one practice in child care (self-feeding) and the other (spoon-feeding) at home.

Conversely, Helen and the mother may concur that early exposure to differences creates identity issues and puts the child at risk for losing his culture. They decide for the present that this child needs to be tied as closely to his roots as possible. They agree that an early focus on independence might separate him from his people and their customs. As a result, the caregiver may consent to go along with the mother's practice of spoon-feeding.

Those are only two possible outcomes; there are others (Gonzalez-Mena 1992). The results of reflective thinking are unpredictable when both parties are truly committed to dialoguing about their differences in behaviors and practices.

Conclusion

It is time for caregivers to receive additional diversity training so they come to see that concepts of “quality care” must be put in culturally relevant contexts. More minority voices must be heard so that definitions of excellence can be mutually agreed upon.

In the face of diversity, everyone in the early childhood field must become skilled at dialoguing. Only then will infants and toddlers in child care receive what they need, which can be determined only by the trained caregiver and the concerned parent using a reflective-thinking process. It is possible for professionals to be both culturally sensitive and professionally responsible.

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For further reading

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Name: _____ Registry# _____

Phone# _____ Email _____ **Circle: Family/Group Center**

12-Diversity and Infant/Toddler Caregiving.

Although the material you just read is a major part of DAP. Remember it is through close observation and interaction with the individual children in their classrooms that skilled teachers assess where children are and thereby know how to best guide them.

Use the Table Below to Fill in the Blank

1. Variations in caregiving practices come from many sources, but this article _____ on those from cultural sources.
2. We acknowledge that within any culture exist _____ also in age, gender, and sexual orientation.
3. When _____ caregivers meet individual needs, they also may be meeting cultural needs.
4. Although cultural differences _____ more attention today, caregivers have little training in diversity.
5. There is no simple rule to _____ when caregivers and parents do not see eye-to-eye.
6. Dialogue between caregivers and parents works best when all _____ use what John Dewey (1933) called *reflective thinking*.

1	concerned	2	differences
3	sensitive	4	concentrates
5	demand	6	follow

List three ways you will use this information:

- 1 _____
- 2 _____
- 3 _____

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Course Evaluation (return this evaluation with homework)

Please take a few minutes to evaluate this training. Your input will be very helpful to us.

Name: _____ Registry# _____

Course Name: 12-Diversity and Infant/Toddler Caregiving Email: _____

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Training Evaluation Survey

Please circle your response here

The presentation consisted of hands on training, questions and answers, and lecture.	1 2 3 4 5
Overall effectiveness of training (I feel the training was clear and easy to understand)	1 2 3 4 5
The interactive classroom and homework assignments were helpful learning materials	1 2 3 4 5
This subject was useful and I have incorporated the information into my childcare environment	1 2 3 4 5
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I would recommend other providers to attend this training	1 2 3 4 5
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