

Excerpt from Young Children

Taking A Culturally Sensitive Approach In Infant/Toddler Programs

by Janet Gonzalez-Mena

For several years I've been examining areas of disagreement surrounding infant caregiving practices - routines such as diapering, feeding, toilet-training, holding, comforting and "educating" babies (Claudill & Weinstein, 1969; Clark, 1981; Hale-Benson, 1986; Hopson & Hopson, 1990; Hsu, 1970; Tobin, Wu & Davidson, 1989). I have discovered that people - caregivers and parents alike - hold very strong views about how babies are supposed to be taken care of. These deep seated ideas are embedded in each of us and remain mostly subconscious.

My aim is to help people find ways to manage and resolve conflicts related to caregiving practices so they can make a better match. The more the adults in babies' lives work at settling disagreements, the fewer inconsistencies in approach the babies will experience. My theory is that with adults working hard to manage their conflicts, the children will be exposed to fewer culturally assaultive experiences. Not all children in care outside the family are in culturally assaultive environments, even when they are cared for by people from a variety of cultures. With the crossing and mixing of many cultures in America, many positive outcomes result. Just because a caregiver isn't always of the same culture as the infants and toddlers in his or her care doesn't necessarily mean that care will be inconsistent or that conflicts will arise between caregiver and parents. It has been my experience, however, that conflicts do occur occasionally - conflicts that stem from both cultural and individual differences. It is to the conflict situation that this article is addressed.

So what do you do when you are a caregiver and you and a parent disagree about what's good for babies? I see four outcomes to cultural

conflicts (or other kinds of conflicts, for that matter) in infant/toddler caregiving situations. The first three involve movement and result in change that resolves conflict. They are:

1. Resolution through understanding and negotiation. Both parties see the other's perspective; both parties compromise.
2. Resolution through caregiver education. The caregiver sees the parents' perspective; the caregiver changes.
3. Resolution through parent education. The parent sees the caregiver's perspective; the parent changes.

The fourth outcome is no resolution. I see two scenarios here:

1. The worst scenario is that either side sees the other's perspective; neither changes. There is no respect, and conflict continues uncontained or escalates. Sneaking around may occur, or underhanded fighting. The caregiver and the parent may hide their actions from one another, or they may draw in other parents or caregivers, getting them to take their side.
2. The best scenario is that each has a view of the other's perspective; each is sensitive and respectful but unable, because of differing values and beliefs, to change his or her stance. Here conflict management skills come into play as both learn to cope with differences. The conflict stays above-board - although perhaps not always out in the open.

The fourth outcome is fairly common as people deal with diversity while hanging on to their own cultures. Conflict management skills (as opposed to conflict resolution skills) are important for all of us to learn as we go through life bumping into conflicts that can't be resolved. Handled

sensitively and with respect, learning to manage these conflicts in healthy ways provides challenges that make life interesting.

Following are examples of each of these outcomes.

Resolution through understanding and negotiation - both parties see the other's perspective; both parties compromise.

Here's the scene. We have on one hand a parent who hates to see her child messy. On the other hand we have a caregiver who provides messy sensory activities. At first these two expressed angry feelings toward each other, but they were developing a relationship at the same time they clashed over this issue. They talked about their feelings and their perspectives regularly. Gradually they began to understand each other.

The caregiver educated herself. She went to some trouble to find out why being clean was so important to this parent. It took lots of talking before she understood that clean meant "decent" to this family. She found out that this family had had an experience with Child Protective Services accusing a neighbor of neglect because her child often looked dirty. It wasn't just a defense stance this family took, however. They believed that clothes indicated the quality of the family. They believed they were sending their child to "school," and a child who goes to school clean and well dressed shows the parents' respect for education. So naturally it was upsetting to them when the child was picked up wearing clothes full of grass stains, food or fingerprint. They couldn't accept the suggestion of sending their child to school in old clothes; it didn't fit their images of decency and "school."

While the caregiver was getting educated, she was also educating the parents about the importance of sensory experiences that involve messes. Finally, they came to an agreement that the caregiver would change the clothes of the child during messy play, or at least make very sure she was covered up, so that when the parents returned they would find their child as

they left her. The parents were not completely convinced that messy experiences were important, but they said it would be okay as long as their daughter's clothes weren't involved. The teacher continued to think that they were overly concerned with appearances. Neither side completely gave up on reforming the other side, but both felt okay about the arrangement.

Resolution through caregiver education - the caregiver sees the parent's perspective; the caregiver changes.

Here's the situation. The caregiver believed that babies should sleep alone in a crib- tucked away in a relatively dark, quiet spot (the nap room) (Gerber, 1988; Gonzalez-Mena & Eyer, 1989; Leach, 1987). Licensing agreed. But along came a baby who couldn't sleep alone. He cried and got very upset when put into the crib by himself. At first the caregiver thought that the baby would get used to the center's approach, but he didn't. He became distraught and refused to sleep when he was put into a crib in the nap room. Upon talking to the parents, the caregiver discovered that the baby had never slept alone in his life, and the parents didn't even have a crib. He came from a large family and was used to sleeping in the midst of activity. Actually, the caregiver had already discovered that the baby went to sleep easily in the play area on a mattress with other children snuggling or playing around him. The caregiver had no objection to letting him nap in the play area, but that approach to napping was against regulations, so going along with what the parents wanted presented a problem.

Instead of trying to convince the parents (and baby) to change, the caregiver went to work to convince licensing. She was able to get a waiver once she convinced them that she was only able to fulfill the spirit of the regulation – that each child has a right to quiet, undisturbed sleep – if she didn't isolate the child in a crib in the nap room.

In this case the caregiver made the changes – accommodating the wishes of the parent and the needs of the child. You might not agree that the caregiver should have done what she did, but she felt quite comfortable about what she considered to be a culturally sensitive decision.

Resolution through parent education – the parent sees the caregivers’ perspectives; the parent changes.

Here is the story. The caregiver kept putting babies on the floor to play with objects and toys (Gerber, 1988; Gonzalez-Mena & Ever, 1989; Leach, 1987). She found out that most of the parents in the program believed that human relationships were much more important than playing with objects and being on the floor. They wanted their babies to be held all the time. Although they complained to the caregiver, instead of stopping the practice, she started a series of discussions – both individual and group. She educated the parents about the value of freedom of movement. She knew that in their own homes the floor wasn’t a safe place for babies. The caregiver discussed this subject with the parents more than once. She didn’t resolve the conflicts with all the parents, but she continued to work at it.

Once the caregiver helped them clarify their goals for their children, the parents realized that freedom to move was vital to their children’s development! Because this caregiver had a philosophy that babies should not be confined either by being held all the time or by being in infant swings, high chairs or infant seats, she didn’t compromise. She showed parents how their children would be safe on the floor by having the immobile ones fenced off from the mobile ones. She practiced in the open what she believed important, and after she convinced a few parents, they began to convince others. This caregiver was of the same culture as the parents, so she wasn’t an outsider coming in telling them what to do without understanding their

culture. She was an insider who had a different perspective and was able to help them see that their goals and their practices were in conflict with each other. You may not agree with what she did, but she felt very strongly that she was right in changing the parents – in educating them to another view.

Conflict management when there is no resolution.

The caregiver in this example was uncomfortable when a new parent told her that her one year old was toilet trained. She didn't believe it; she believed that the parent was trained, not the baby. She and the parent started a series of conversations about this subject. Even though the caregiver didn't change her approach to toilet training, which was based on accepted practice (Brazelton, 1962), through the discussions the caregiver was able to stop feeling critical of this parent because she was eventually able to understand her point of view.

The caregiver came to understand that toilet training means different things to different people. To the caregiver it meant teaching a child to go to the toilet by herself, wipe, wash hands and so forth. The child must be old enough to walk, or at least talk, hold on to urine or feces, let go after getting clothes off and wash hands. In other cultures, where interdependence (sometimes called mutual dependence) is important, adult and child are partners, and the adult reads the child's signals and trains the child to let go at a certain time or to a certain cue. This process occurs very young - when the child is only a year old, perhaps even younger (Clark, 1981; Hale, Benson, 1986). This approach works best without diapers or complicated clothing such as overalls.

Although this caregiver didn't change her own approach to toilet training, she was respectful of someone who did something different from what she did. She was accepting of the difference and stopped feeling angry or superior to the parent. The parent came to understand the caregiver's

perspective, too, although she still wanted the caregiver to give it a try. The very few times the caregiver did try, this method didn't work because she didn't have the time or the relationship, or the techniques, or an understanding of the interdependence point of view. This conflict was unresolved but was managed by both parties. The mother continued to "catch" her child at home, and put diapers on when she was in day care. Neither parent nor caregiver felt entirely satisfied, but both parties managed to cope and weather it through until the child was old enough to become independent with her toileting.

Some thoughts about working in a culturally sensitive manner with parents.

It's much easier to do parent education (when appropriate) if we are of the same culture as the parents (Fantini & Cardenas, 1980). We can see their perspective better. We can work from the inside. Working from the inside of the culture is very important. The story about the babies on the floor is the story of a caregiver who worked with migrant workers from Mexico and who was, herself, the granddaughter of a migrant worker. She felt confident about working to change what seemed to be a cultural approach because she was a cultural insider.

Is it ever all right to go along with something you don't feel good about? It depends on your bottom line and how flexible you are above that. It's not all right, from my point of view, to go along with sexism, oppression or abuse, even if you are told that it is cultural. What do you do about limited options for little girls who come from a culture where women are in a subservient role? The questions get tricky!

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