



The Consultative Group on Early Childhood Care and Development

# CHILDREARING PRACTICES IN LATIN AMERICA: SUMMARY OF THE WORKSHOP RESULTS

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In 1991 the Latin American Council of Bishops (CELAM), the United Nations Children's Fund (UNICEF), and the Consultative Group on Early Childhood Care and Development began a collaboration on a project whose overarching purpose was to improve programs of attention to young children living in conditions that put them at risk of delayed or debilitated physical, mental, social and/or emotional development. The specific approach taken in the project began with the study of childrearing practices and patterns, from conception to about the time children were ready to enter primary school. Knowledge about childrearing was not sought for its own sake but was, rather, to be translated into action. Accordingly, the explicit purposes of the project were:

1. To gather, synthesize and draw implications from information about childrearing practices and beliefs. To do this in such a way that the knowledge will be useful to people charged with planning and implementing programs aimed at improving child care and enhancing early childhood development.
2. To describe methods that can be used by practitioners to gather information locally and to incorporate it into their activities.

3. To develop materials that will help the Roman Catholic Church and UNICEF incorporate childrearing information into their program activities.
4. To identify gaps in knowledge that should be filled.

The study of childrearing practices and beliefs in Latin America was done in two Phases. Phase I consisted of a pilot review of the literature on childrearing practices and patterns in one country (Mexico), and the development of a general framework for collecting information. Phase I uncovered, as expected, tremendous variety in the topics and cultural groups studied, in the methods used to study practices and in the practices themselves. This tended to confirm the idea that there is no formula with respect to childrearing practices. Phase I also led to the identification of gaps in the information-gathering and information about practices, patterns and beliefs, particularly in urban marginal populations. For instance, a weakness was found in the treatment of practices related to psychosocial development, as contrasted with the more extensive treatment of health and nutritional practices.

This led naturally into Phase II with its focus on development of field-based methodologies for recovering and systematizing local information. Phase II involved additional reviews of the literature and field work in nine Latin American countries (Costa Rica, El Salvador, Honduras, Guatemala, Bolivia, Peru, Chile, Mexico, and Ecuador) where case studies were carried out using a variety of methodologies for collecting and analyzing information.

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***The review of the literature suggested the importance to programming of having current and situation-specific information about practices.***

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This article provides a summary of the results from the country reviews and case studies carried out during the first half of 1992. The synthesis is based both on the presentation and discussion of study results at a workshop in Bogotá in early September 1992 and on reading of the case studies from each country.

## ***Common Influences on Childrearing Practices***

The social and institutional contexts within which the studies were undertaken are important to describe. In reviewing the studies it became evident that several historical and contemporary influences seemed to cut across the extraordinarily diverse settings in which the study was carried out that helped to moderate diversity. Therefore, it seemed reasonable, in spite of the major differences among settings, to be able to make general statements about childrearing which, if not applicable in 100% of the settings, nevertheless characterize conditions and practices in a majority of the communities. Among the general influences identified in the studies and in the Phase II workshop were:

***500 years of Spanish cultural hegemony.*** Even the most resistant native cultures of Latin America have been influenced to some degree by the Conquest and its long aftermath. Perhaps

foremost among these influences has been that of the Roman Catholic church which, over the centuries, has influenced beliefs and values, including those affecting childrearing (CELAM 1992).

***Economic decline during the "lost decade" of the 1980s.*** Without exception, the countries included in the study suffered major economic declines during the 1980s, affecting employment levels, increasing the number of people living in poverty (IDB 1990).

***The impact of the neo-liberal economic policies.*** Applied in an attempt to overcome the economic problems of the 1980s. The so-called neo-liberal economic policy has been characterized by economic programs providing incentives to attract local and foreign investment, and favoring large scale industry and a shift to cash cropping. These policies increased economic inequalities, placing additional burdens on the poor and reducing social spending.

The combination of the economic recession and of the neo-liberal policies has led to a marked increase in the level of poverty in the region and has forced more and more families to pursue survival strategies. Economic pressures not only lower the level of resources available to meet daily needs, but also affect livelihood and work patterns, family structures and relationships, as well as childrearing practices and patterns.

***The growth of conflict in the region.*** Major strife in Central America, the Southern Cone, Colombia and Peru has created difficult conditions of life for a growing number of Latin Americans, affecting basic beliefs and patterns as well as daily routines. This conflict has also introduced new survival and socialization needs.

***The continuing growth of urban areas.*** This long term trend has been accelerated by economic declines and civil disturbances over the last decade or more. With the move to urban areas, old ways of doing things do not always apply. The space and conditions in which children are reared change dramatically requiring shifts in practices.

***The continuing move of women into the paid labor force and into non-formal employment.*** Associated with economic pressures and changes, urban growth and shifting values is an increase in the participation by women in the paid labor force. Because society still assigns primary responsibility for child rearing to mothers, this shift, when combined with a decrease in extended families and with longer periods of children in school has brought with it a demand for alternative forms of childcare and rearing outside the home. Or, it has forced adjustments in practices and patterns of child care which allow women to combine work and care.

***The rapid advance of technology on many fronts***—in transportation, communication, education as well as in industry and commerce—has not only brought new ways of doing things, including raising children; it has also helped to provoke a general clash of values. That advance, with origins in "science" and an occidental culture, places competition, individualism and consumerism against cooperation, solidarity, and spiritualism. It has helped to dampen the force of tradition and experience. It has brought bottle feeding, plastic toys, television and other

accoutrements of childrearing that were not available in the past and which are often substituted for traditional childrearing methods.

***There has been an impressive reduction in the rate of infant mortality***—even in a time of economic difficulties. With this reduction has come an increasing shift from a cultural orientation focussed on accepting death and promoting the survival of children, (with its harsh tone based on a high probability of an early death), to a more optimistic and open cultural orientation toward growth and development.

In brief, all of the above widespread conditions have had their influence on practices by affecting:

- the immediate physical and social environments in which children are reared;
- the values toward which childrearing is directed and some of the beliefs that underpin traditional practices, and
- the methods and practices available to be applied in the process of childrearing.

In so doing, these increasingly common conditions provide pressures for common responses.

## *Methodology*

### ***The Phase II Case Studies: Where Were They Done and Who Participated?***

Case studies were carried out in 35 communities in 9 countries. Overall there was a relatively even split between urban and rural communities. Aymara, Quechua, Mapuche, Shipiba, and Negro cultures are represented as well as predominantly mestizo and hispanic cultures. Urban groups included communities on the periphery and in the central city. Rural communities included isolated communities and those relatively near to major cities but still involved in agriculture. Ecuador contributed the greatest variation within a single country, with information from 14 different communities located in five different areas of the country and covering Indian, mestizo, and Negro cultures, and various mixtures of these cultures.

More than 600 people provided information within the various studies. Almost all of the participants were mothers. In Honduras, Peru and Chile, a conscious effort was made to select both younger and older mothers for interviews. Only in Chile (with the temporary workers) and in Ecuador, were a handful of fathers included. In various locations, men were among the experts or community agents consulted.

The population with whom researchers worked in each country is not a statistically representative population. Communities were not selected randomly, nor were people; rather, a purposive approach was taken, linking selection to particular conditions. Criteria differed by location, influenced by a desire to provide variation (Chile, Peru, Bolivia, Ecuador, and Central America taken as a whole), to include a particular cultural group (for example, the Negro culture in Ecuador), to work with communities in which the Catholic Church was active (Mexico), or to study communities undergoing a particular change (as in the resettlement situation in El

Salvador). In Chile and Peru, an effort was made to select individuals for participation in the study who had **not** been involved in a program run by non-governmental organizations.

### *Going to the Field: Two Approaches*

Two purposes guided field work in the project: collecting information and promoting reflection and change. The main purpose adopted in eight of the studies was to collect information about childrearing practices and patterns. Directly promoting change as part of that process was, at best, a secondary goal in these studies. In the Mexican study, by way of contrast, the information collecting purpose was subordinated to promoting reflection and change, resulting in a different methodological approach from the others.

#### ■ COLLECTING INFORMATION

The two most common methods used to collect information in the project were questionnaires and interviews. Structured questionnaires served as the basis for work in the Central American countries and in Ecuador. In Central America an extensive instrument was carefully constructed to cover each of the contextual and developmental variables for which information was desired. This instrument was administered to individual mothers. In Ecuador, a briefer questionnaire served as the basis for interviews in family settings. In group settings, it became a kind of semi-structured interview schedule. Whether individually or in groups, an attempt was made to use questionnaires and conduct interviews in such a way that they began with the concerns of the families interviewed about the up-bringing of their children. Thus, an attempt was made to avoid "extracting" information from people and, rather, to place the emphasis on helping people to understand better and to satisfy their concerns.

The questionnaires produced quantitative results, allowing a description and comparisons among groups with respect to some standard categories and questions.

In Chile, Peru and Bolivia, a semi-structured interview schedule provided the starting point for conversations in focus groups. The schedule was followed more closely in Bolivia, in order to help systematic recording of information, than in Chile and Peru, where conversations were tape-recorded and then transcribed. The Chilean approach allowed group interviews to flow spontaneously. Tapes were analyzed after a first interview and gaps in information were identified that could then be filled at a second or third session with the group. The results of these interviews were submitted to a content analysis and are presented in qualitative terms.

In all of the above cases, instruments were field tested and adjusted before being used. Adjustments continued during the period of application.

The instruments all included information about the people interviewed and about the general conditions of life in the family. In addition to obtaining an idea about the economic situation and work patterns, family structure, and educational levels, instruments included questions about family relationships, about the distribution of roles and responsibilities, and about alcoholism and abuse. With respect to practices, patterns and beliefs, information was sought at different periods

of development (pregnancy, birth, infancy, early childhood and the preschool period), about practices related to health, nutrition, and psychosocial development.

#### ■ PROMOTING REFLECTION AND CHANGE

The Mexican study differed from the other eight studies in several respects. First, because its main purpose was the promotion of reflection and change, the methodology used was a participatory one. The subjects of the exercise were facilitated in a process of constructing their own set of questions and answers about childrearing practices, patterns and beliefs. The basic premise of this methodology is that, in the process of gathering and discussing information, those involved will identify areas in which action is desirable and will be motivated to carry out those actions. Accordingly, the *process* used to carry out the study took on even greater importance than the *content*. Applying the participatory methodology meant that the outside "researchers" began by discussing basic concepts with the community workers rather than by administering a questionnaire or semi-structured interview schedule or accepting the categories developed in Phase I, as given.

Second, the study in Mexico focussed on community agents rather than on parents. This focus was adopted because community action is the business of community agents. Working with agents to understand and apply a participatory methodology in examining both the well-being of young children and the childrearing practices and patterns in their community, constitutes a strategy for improving the condition of young children. But the focus was also taken in order to test out an assumption that is often made — that because community agents come from a community or have lived for a long time in a community they will have absorbed and can articulate the traditional wisdom of that community. In this case, the emphasis was on traditional wisdom about childrearing. To some extent, the Ecuadorian study also incorporated this dimension, by involving people from different communities and/or governmental agencies in the process of collecting information.

Third, the Mexican study was more directly related than others to the activities and thinking of the Roman Catholic church. The communities chosen were communities in which a system of *comunidades de base* were functioning and entrance to these communities was sought through the local parish priest or another representative of the church. The community agents with whom the project worked were primarily church workers and lay members active in the *comunidades de base*. The methodology employed was consistent with the church's method of analyzing community problems through use of "An Analysis of Reality," involving the three steps of "looking (gathering information), judging (analyzing the information), and acting (identifying solutions to problems identified and carrying them out)." To a limited degree it provided a test of that methodology, as applied to childrearing.

Another feature of the Mexican project that sets it apart is that the groups with whom community agents were working in one of the communities were groups of older children; the approach to childrearing in families was examined through these children rather than through parents.

The participatory methodology applied in Mexico called for several different techniques of gathering and processing information and for working in the community. For instance:

- Group exercises to motivate and aid reflection were used, such as games or role playing or creating posters that expressed a viewpoint about childrearing (or about the role of the community agent). One of the most successful and insightful of these involved asking participants to act out something from their childhood, or to reflect on what their childhood was like. This method helped to bring out intergenerational comparisons, a comparison that was sought in other studies by working with groups of older and younger women.
- A rough instrument was constructed to record "A Day in the Life of a Child." This was found to be useful when working with the older children to observe their younger siblings.

Finally, the Mexican study involved working closely and continuously with a limited number of people, in only two communities, over a period of several months, as contrasted with other studies that involved interaction during, at most, several hours, at one or two points in time.

To record observations and conversations over time, detailed notes were taken and a field diary was kept. Notes from periodic meetings with community agents were analyzed and a systematic reformulation was provided to the group as a basis for discussion at the next session.

Methods used in each country are indicated in Table 1.

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TABLE 1

METHODS USED IN CASE STUDIES OF CHILDBEARING PRACTICES PATTERNS AND BELIEFS: PHASE II

<b>Methods</b>	<i>Costa Rica</i>	<i>El Salvador</i>	<i>Honduras</i>	<i>Guatemala</i>	<i>Ecuador</i>	<i>Bolivia</i>	<i>Peru</i>	<i>Chile</i>	<i>Mexico</i>
Biblio-search	■	■	■	■	■	■	■	■	■
Field Work	■	■	■	■					
Individual or Family Interview				■	■	■	■	■	■
Informants: Mothers				■			■	■	
Informants: Comm. Agents	■	■	■	■	■	■			

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Informants:  
Professionals/  
Academics



Action  
Research



Feedback  
Workshops



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## *Practices, Patterns and Beliefs*

What follows is a discussion of some of the cross-study findings from the childrearing case studies conducted in Latin America.

### ■ WHO CARES FOR THE CHILD?

1. The mother continues to be the main person who cares for children. However, her role varies a great deal according to the age of the child (less time is spent with the passing of time) and according to social, economic, cultural and family circumstances. In many places, grandmothers and older siblings have an important role in providing care to the young child. In some cultures during the post-natal period the mother-in-law is important.

2. The father rarely participates directly in early childrearing. The degree of presence and support varies from place to place but, in general, the father's contribution seems to be minimal and is done for the sake of appearance rather than out of a desire to meet the child's or mother's needs. As with every generalization, there are exceptions. For example, fathers frequently participate directly in the birthing process in the Andean cultures of Bolivia and Peru. In El Salvador, rural Bolivia and the Mapuche culture in Chile, fathers take on an important role in socialization of boys during the later pre-school years. Among the temporary laborers studied in Chile, the work routine demands that fathers take an active role in the care of their children.

The opinions of mothers regarding the help they receive from their partner in caring for children is marked by a cultural pattern that, in the main, protects the positive image of the male even though his participation is minimal or missing. This opinion may or may not be based on the financial help that males provide. Also appearing in the studies is the general opinion that men do not know how to, and do not have the capacity to, participate in the childrearing process.

3. In many of the places studied, the role of the honorary mother or of the mid-wife continues to be important during pregnancy and birth.

## *How is the Child Cared for?*

### ■ PRE-NATAL

1. Birth control is rarely practiced in the groups studied. Many mothers wish to have fewer children and they are in favor of birth control but do not practice it. Men are particularly resistant to the use of contraceptives.
2. The practice of abortion is not accepted as a norm nor followed in the groups studied, with very few exceptions.
3. In general, pregnancy is seen by the mothers as a natural process rather than as an abnormal process or as a sickness. (In Chile, among the Mapuches, women avoid heavy physical labor but continue working at habitual chores until the last minute.) This vision of pregnancy as normal is not reflected in the ways it is addressed within the formal health system.
4. Although there is variation from place to place, in general there is little change in women's dietary practices when they are pregnant. There appears to be little variation in Peru and in Bolivia. However, in Central America, between 50% and 60% of the participants in the case studies stated that they changed their eating practices when pregnant.
5. It is common for women to have food cravings and to believe that these ought to be satisfied. In Peru, there exists a belief that cravings come from the fetus and therefore one has to respond. Apparently, cravings serve to insure that a pregnant woman will eat more and that the father, in helping to satisfy the cravings, participates in the process.
5. In general, a high percentage of women have their pregnancy monitored by either the formal or informal health systems at their disposal. The use of formal vs informal (mid-wives and honorary mothers) systems varied a great deal among places, including within countries. In some rural areas, a very low percentage of women seek attention (e.g., Bolivia, Perú and Cotopaxi in Ecuador). Moreover, the monitoring, many times, is partial. According to the Ecuadorean study, less than 40% of the women monitored their health, ate better and reduced physical labor during pregnancy.

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## A MIX OF THE TRADITIONAL AND MODERN

Traditional medicine in El Salvador is a mixture of local medical knowledge and religious and cultural beliefs, and European medical concepts. At the time of the European conquest, almost 500 years ago, the indigenous people of Central America had great knowledge of human physiology and anatomy, as well as detailed descriptions of illnesses and diseases and a remarkable range of therapeutic methods, remedies and magico-religious rituals.

In the traditional system, good health is seen as keeping a balance between the individual, the community and the environment. Prevention also plays a central role. For most poor people in El Salvador, traditional medicine offers a powerful and often effective framework to understand health and seek care. There are traditional healers and midwives in every village and city. Most are poor people who give their services to their communities for little or no money. They speak the same language as their clients and give them more personal and caring treatment. Traditional mid-wives, for example, look after the pregnant woman rather than just the pregnancy.

In El Salvador no genuinely popular or empowering system could ignore or bypass traditional medicine. Thus the 'popular' health system set up by the revolutionary movement of the Farabundo Marti National Liberation Front (FMLN) provides a blend of the traditional and Western medicine and is based on several fundamental assumptions:

- Health and health care are political and social issues and cannot be understood or tackled only on a medical or technical basis.
  - It is the way society works and the social relations between the community and the medical practitioners which are most important, not the type of medicine that is practiced. The FMLN argues that when health knowledge, skills and resources are treated only as goods for sale in the marketplace, then the community's health will suffer.
  - Health is central to the process of community organization and empowerment. It cannot be ignored or postponed until political or social changes take place.
  - The starting point is encouraging individuals and the community to consult and participate in their own health care.
  - The relationship between traditional medicine and other forms of treatment can be complex. For example, in Central America, diarrhoea is one of the major causes of ill health. Traditional medicine uses over 20 different words to describe various types of diarrhoea. For some types, patients are more likely to go to the traditional healers, rather than medical professionals.
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In the popular health system, traditional healers and other health workers meet together with community members to discuss experiences and consider appropriate treatment. This process combines traditional and non-traditional medicine in a positive way. For example, at first many people were reluctant to use rehydration salts to treat diarrhoea. But after discussion with the community, health workers found that people were happy to use salts if they were diluted in a traditional herbal infusion like camomile tea. In fact, the infusion gave better results, since the camomile was discovered to have anti-viral properties which aided recovery from diarrhoea. Another example comes from the time of the civil war. During that period doctors and other health workers learned from the peasants how useful honey was in the treatment of wounds and the best ways to apply it.

At the beginning of the popular health system many people saw traditional remedies as part of their own poverty and neglect. They wanted more expensive and therefore more desirable pharmaceutical drugs. It was only after much discussion and experimentation that herbal remedies came to be accepted. Today many communities have their own medicinal herb gardens.

From *Learning From Tradition*, by Victor Amaya and Maria Black, published in Health Action, issue 7, December 1993-February 1994, published by AHRTAG

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#### ■ BIRTH AND POST-PARTUM

1. As with pregnancy, birth is viewed by the women studied as a natural process, whereas the health system treats it as equivalent to sickness.
2. The place of birth and the person who attends the birth varies a great deal. In Costa Rica, 100% gave birth in hospitals and were attended by trained personnel. In Bolivia, almost all births occurred at home, attended by members of the family, neighbor women with experience or a mid-wife.
3. Only in the cases of Andean and rural Peru and Bolivia, was the physical presence of the father notable during birth. In other cases, the father "accompanied" the birth by remaining nearby or by taking care of other children. Frequently, the father was absent.
4. In the case of births attended by mid-wives, there exists a variety of traditional methods that facilitate the birthing process.
5. In the majority of the places studied, the mother is given the baby immediately after birth. Also, colostrum is given. At the same time, there exist areas in which a high percentage do not follow these practices. There are also areas, as in Peru, in which colostrum is seen as harmful.
6. A range of beliefs was found regarding causes of problems at birth, many related to magic or to religion.

#### ■ THE FIRST 40 DAYS AND THE LACTATION PERIOD

1. A special period of 40 days ("la cuarentena," related to the idea of "quarantine" in which people are isolated) is observed in some places, with the help of grandmothers, friends, or

mothers-in-law. These women help with household chores and with other parts of the mother's normal work load. But in other places, such as rural Bolivia, the return to routine work is almost immediate.

2. Almost all mothers breastfeed their babies. But marked differences exist in practices and beliefs about the timing of introduction of supplementary food and the time of weaning. In urban areas, weaning frequently occurs before 6 months. In Chile, the health system advises new mothers to stop breastfeeding after 6 months.

3. Although weaning occurs in a gradual form in most cases, the practice of abrupt weaning was also found with some frequency in the studies, accompanied by the use of disagreeable substances applied to the breasts, or in conjunction with sending the baby outside the home for a period.

4. In the majority of the cases, babies sleep with their mothers; in some cases until two years of age or later. This practice facilitates breastfeeding on demand.

5. The practice of constant carrying of the young child is common, especially in Bolivia, Perú, Ecuador, and Guatemala.

6. The practice of binding the baby appeared frequently in Bolivia and Peru, and among the Mapuches of Chile. Information about this practice was not sought in all of the studies. The origin of the practice is not given. In Peru, it is linked to a belief that children who are closely bound will grow up strong and straight.

7. Health check-ups during the first months vary greatly from place to place, related to the availability of health posts, but also to attitudes toward the formal health system (or attitudes of the health system toward the people) and toward the need for check-ups.

8. Comments related to practices of stimulation or of play with the small child included:

Peru: Mothers do not understand the need for stimulation.

Chile: In urban areas children are not played with because there is a belief that they do not have social or psychological needs before 8-10 months. Among the Mapuches, the young child is considered a "person," and this translates into loving and attentive treatment, including talking to the baby.

Ecuador: 53% of the respondents in rural areas and 41% in urban marginal areas undervalue the importance of a child's play.

Honduras: 76% of the mothers interviewed stated that they showed colorful objects to their children.

9. The great majority of the mothers said that they talked to their small children. In Costa Rica, 100% affirmed this practice; in Guatemala, 92%. In Ecuador 85% said they help their child learn to talk, but only 72% assigned importance to talking with their child during the first six months. In Chimborazo and Cotopaxi in Ecuador, only 33% and 28%, respectively, considered it important to talk to the child before six months of age.

## ■ INFANCY

1. The practice of health check-ups varied greatly according to availability and beliefs. Health attention was more frequent for emergency treatment than for prevention. A certain lack of confidence in the formal health system continues in various places. Also, the practice of using

the informal system of health continues with respect to traditional problems, such as "mal de ojo" or "susto", which appear in almost all the places studied but which are ignored by the formal health system.

The percentage of people who recognized the value of immunization is high, but in some places the percentage of vaccinations completed had not reached the 80% level.

2. Feeding. There was little information in the studies about feeding practices for this period in the child's life.

3. According to the Central American studies, children crawl and walk "on time." In the Guatemalan case, a delay in the development of language was identified.

4. In Bolivia and Peru, the studies found that the parents (particularly the fathers) did not express affection to their children because this was thought to result in a lack of respect and disobedience.

5. The practice of physical punishment is very generalized. In many cases, this practice represents a repetition of what parents experienced in their infancy. While the use of physical punishment is common, there exist important differences in the frequency, the severity, and the occasions on which punishment is applied, as well as in the forms of application. In some cases, use is related to the belief that punishment permits learning in the child. The tendency to use physical punishment appears to be stronger than the use of rewards to reinforce desired behaviors.

6. In some places the manner in which young children are helped to learn to talk appears to be restricted to repeating words (e.g., Ecuador), while in others (Costa Rica) it includes such activities as telling stories and singing.

7. For the majority of people, the ability of a child to use "reason" is thought to appear between 3 and 7 years of age. Among the Shipiba of Peru, reason begins with the ability to walk, and among the Mapuches, the child is thought to begin learning from birth.

#### ■ THE PRE-SCHOOL PERIOD

1. Little information exists in the studies about health practices or nutrition during this period.

2. Beginning at three years of age (or a little earlier in some of the areas studied) it is common to assign errands or tasks to children, particularly in rural areas.

3. In the games that children play during this period, gender differences begin to appear.

4. The general use of physical punishment continues.

5. Major differences exist in the physical space that is available and free from danger in which children can play.

6. Differences were also found in the importance of television as an influence on young children. In Chile, the influence has become very strong. In other places, there is a clear tendency for television to play an ever-increasing role in children's lives.

### *Traditional and Scientific Viewpoints*

One of the tasks within the Workshop was to examine current practices in terms of the congruence between those practices and "scientific" understanding of what children need to grow and develop. What follows is a summary of the findings on this dimension.

In spite of marked differences in geographic and cultural differences, in many places it is possible to find "traditional" patterns and practices that have both a "scientific" and a "cultural" value. These should be supported. For example:

- Treating pregnancy as "normal" and not as a "disease" or as an abnormal condition.
- The psychological help provided to a pregnant woman by midwives.
- The creation of a friendly and familial atmosphere in the home at the time of birth.
- The use of certain herbs to facilitate birth.
- The practice of reserving "forty days" for recovery and of substituting for the mother in her daily work during the post-partum period.
- Breastfeeding on demand.
- The practice of carrying the child (which facilitates breastfeeding and the possibility of interaction with the general surroundings as well as with the mother).
- The practice of sleeping with the child (which facilitates touch and breastfeeding while helping the process of attachment).
- Gradual weaning (in many places).
- The presence and use of natural toys.
- Assigning tasks to the young child, consistent with ability and with a progression in difficulty.

At the same time, there exist patterns and practices that represent tensions between a "scientific" point of view and a cultural, traditional, popular point of view. For example:

- During pregnancy, many times the lack of check-ups and the failure to change eating habits is associated with problems.
- At birth, in a significant number of cases, the baby is not brought to the mother right away.
- In Peru, colostrum is seen as harmful.
- The idea that the small child is not capable of learning appears often in popular wisdom.
- Abrupt weaning occurs with some frequency.
- Delay in the introduction of supplementary foods is common.
- There is a lack of stimulation and verbal interaction between parents and their babies.
- There is little recognition that babies are sensitive to their surrounding emotional environment.
- Physical punishment is seen as necessary.
- Play is often seen as a waste of time.

There also exist patterns, practices and beliefs that have a high cultural value but, according to science, do not have a major effect on the physical or psychosocial development of a child.

- The practice of saving and/or burying the placenta.
- The use of a bracelet as a protection against "mal de ojo."
- The ritual cutting of hair (in Bolivia and Perú).
- The application of egg white if the child does not walk (Honduras).

## *Why Are Practices as They Are?*

In this section, we will present four categories of response to the question, "Why Do They Do What They Do?" The answers focus respectively on the influence of: "scientific" knowledge, social norms (patterns), beliefs, and the conditions in which children live. We make these distinctions even though the relationships among categories makes it difficult, from time to time, to distinguish norms from beliefs or from levels of knowledge.

### ■ LACK OF KNOWLEDGE

One premise of many programs is that there exists a lack of scientific knowledge and that it is possible to change practices by introducing people to new scientific information. It is not difficult, using the results from these studies, to locate practices and patterns that, from a scientific viewpoint, seem to be "wrong." For example: science shows us that the development of the brain is influenced by the exercise of the senses. But the studies show that, in many cases, there is a lack of interaction between mother and child and little stimulation of the child during the first months. This seems related to a perception of babies as incapable of using their senses or as incapable of learning or understanding during their first months.

Other gaps in caregiver knowledge that exist, from a scientific viewpoint, include knowledge about:

- feeding habits during pregnancy and lactation
- the most appropriate time to introduce supplementary foods
- the importance of talking to the child
- effects of play on intellectual development
- emotional effects of physical punishment

Although there are gaps in the presentation and understanding of scientific information, it is evident that the process of filling these gaps would be a partial solution to the problem. It is clear that some of the ideas and/or scientific technologies are not accepted because other ideas continue to be dominant about the established ways of bringing up children. Also, concrete conditions of life for each family play a role.

## ■ EXISTING CULTURAL PATTERNS SERVE AS NORMS OF CONDUCT

In the studies it is possible to identify some general patterns that evidently influence practice, such as:

- Care of the child is the responsibility of women. Men do not know how to provide care and remain on the margin.
- Breastfeeding is common.
- Physical punishment is used (at least every once in a while) to "help" a child to develop well.

A main conclusion of these studies is that norms vary a great deal from place to place and that, frequently, there is a difference between the norms (what "should be") and the practices (what "is"). The congruence between norms and practices actually seems to be greater in rural areas with groups that are more isolated and homogeneous. In urban areas, it is common to find discrepancies between norms and practices.

It is apparent that some cultural patterns have become diffuse and confusing in some places. The confusion is evident in *intergenerational differences*. For example, the older and younger mothers in urban marginal areas of Peru follow different patterns with respect to use of the formal health system and in adhering to the custom of binding children. The confusion of practices and mixing of norms are also evident among people of the same age who live in the same "community" but in fact come from very different cultural backgrounds and geographic areas. Indeed, in the study of urban areas in Chile, it seemed difficult to find common patterns.

In other places, patterns continue to be more or less clear, but the practices do not correspond to these supposed norms or patterns. For example, there exists a consensus that breastfeeding is good and necessary and it is considered a tradition, but many women stop breastfeeding very early.

## ■ THEY DO WHAT THEY DO BECAUSE OF THEIR BELIEFS

Even in the more modernized places in Latin America, "rational-empirical" ways of thinking exist side by side with dogmas based in the magical or supernatural. In order to understand the "why" of practices it is necessary to understand beliefs, whether magical, rational-empirical, or religious in origin.

In the studies many examples appear of beliefs that influence childrearing practice:

- Abortion is a sin.
- What is done with the umbilical cord has an influence over the life of the child.
- "Mal de ojo" is a cause of sickness. It is possible to protect oneself from "mal de ojo" by putting on a bracelet (or using another magical remedy).

- A child who is abnormal at birth represents a divine punishment rather than, for instance, a problem caused by such vices as smoking or drinking.
- A small child is "weak."
- A child is (or is not) a "person" at birth. Or, only with baptism does a child acquire the character of a person.
- To bind up babies produces strong and straight children.

In many cases, the magical beliefs do not have any effect that contradicts science; to the contrary, in some cases it is possible that they can be called upon to support a scientific belief. For example, the belief in the use of a bracelet to avoid "mal de ojo" is a form of prevention and can be related to the broader scientific concept of prevention.

On the basis of these studies, it seems that the lack of a sense of what *should be* (whether defined by science or by traditional wisdom or by religion), may be present in some cases but *is not the main cause of deviation of practices from norms*. These deviations between norms and practices seem linked to changes in beliefs and in the conditions in which children are brought up.

#### ■ PRACTICES DEPEND ON THE CONDITIONS OF LIFE

There are many conditions that influence practices, patterns and beliefs. These include geographic (climate, topography, etc.), economic (level of poverty), social (the use of alcohol and drugs) and political conditions (the level of violence) within a society. At the level of each family there are special conditions influencing practices such as: the work situation and the conditions of work, the structure and size of the family, the particular moment of a family in its cycle, alcoholism in the home, etc.

Of equal (or greater) importance in the interpretation of the results of the studies are *changing conditions* — a generalized phenomenon in Latin America as in other parts of the world. Among the more important of these changes, with an effect on practices, patterns and beliefs are:

- **migration to cities** (where practices that served well in rural areas do not serve so well);
- **changes in information and in available services in rural areas** related to the advance of the communications media, to re-migration or periodic visits from the cities, and to the arrival of services such as the school, and health centers (bringing with them modifications in practices and norms that do not necessarily conform to the rural context);
- **violence and war** that dislocate people and which define new priorities and means of seeing the world, affecting practices and patterns; and
- **social and economic changes** such as the neo-liberal economic strategies in Latin America that have been accompanied by increased poverty. The conditions of poverty demand, frequently, strategies of accommodation in practices of childrearing to precarious conditions of life. These accommodations are functional in terms of the survival of family members, but negative from the point of view of the health of the child. That is to say, the up-bringing of children does not always occupy first place in the list of priorities of a family pressured by the need to survive.

All these changes in conditions were found in the case studies.

Constant change creates a tension between practices that represent, on one hand, membership in and the preservation of a particular culture and, on the other hand, a cultural adjustment to actual and future changes.

Therefore:

- When judging practices, the prevalence of change makes it necessary to distinguish the desire to maintain "traditional" patterns and practices simply in order to maintain them, from a desire to maintain them because they continue to respond to basic and real needs of the people.
- In some situations, it is difficult to identify norms.
- In many cases practices diverge from norms, creating contradictions and guilt in daily life.
- It is necessary to put in context the findings of the case studies and the recommendations to improve childrearing practices.

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