


Childcare practices among Colombian primary caregivers of under-five children: A comparison across socio-demographic characteristics

Prácticas de cuidado infantil entre los cuidadores primarios colombianos de niños menores de cinco años: Una comparación entre características sociodemográficas

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Abstract

Approximately 200 million children worldwide risk not fulfilling their full developmental potential, and most of them come from areas characterized by systematic inequality and scarcity of resources. Because under-five children of families that experience economic deprivation report poorer developmental outcomes, lately greater attention has been directed at studying and intervening in caregiver practices during early childhood. This study aimed to describe childcare practices utilized by caregivers of under-five children (N = 110) residing in a Colombian city; it also sought to test differences in caregiving practices across sociodemographic characteristics. Results from nonparametric statistical analyses showed that caregivers of high- and medium-income families engaged more frequently in tasks related to sleep hygiene ($\chi^2(2) = 9.34, p = .009$), and less negative socio-emotional interactions (e.g., punishment) than low-income peers ($\chi^2(2) = 9.33, p = .009$). Caregivers who were employed or students reported more involvement in sleep hygiene tasks and less negative emotional interactions than homemakers and retired caregivers ($w = 1878, p < .001$). An increase in the number of children in the household was positively associated with greater negative socioemotional care, $r = .21, S = 173556, p = .02$. Interventions and public policy would benefit from targeting full-time primary caregivers of low-income children aged 0-5. Particularly, by complementing their competencies to foster socio-emotional development.

Keywords: Childcare, Early Development, Sociodemographics characteristics, Primary caregivers, Global South.

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Resumen

Aproximadamente 200 millones de niños de todo el mundo corren el riesgo de no alcanzar todo su desarrollo potencial, y la mayoría de ellos proceden de zonas caracterizadas por la desigualdad y la escasez de recursos. Dado que los niños menores de cinco años de familias que sufren privaciones económicas presentan peores resultados en su desarrollo, recientemente se ha prestado mayor atención al estudio e intervención de las prácticas de los cuidadores durante la primera infancia. El objetivo de este estudio fue describir las prácticas de cuidado infantil utilizadas por los cuidadores de niños menores de cinco años ($N = 110$) que residen en una ciudad colombiana; también se buscó probar las diferencias en las prácticas de cuidado según las características sociodemográficas. Los resultados de los análisis estadísticos no paramétricos mostraron que los cuidadores de las familias de ingresos altos y medios realizan con más frecuencia tareas relacionadas con la higiene del sueño ($\chi^2(2) = 9,34$, $p = .009$, y menos interacciones socioemocionales negativas (por ejemplo, castigos) que los cuidadores de bajos ingresos ($\chi^2(2) = 9,33$, $p = .009$). Los cuidadores que eran empleados o estudiantes reportaron una mayor participación en las tareas de higiene del sueño y de menos interacciones emocionales negativas que las amas de casa y los cuidadores jubilados ($w = 1878$, $p < 0,001$). El aumento del número de niños en el hogar se asoció positivamente con una mayor atención socioemocional negativa, $r = .21$, $S = 173556$, $p = .02$. Las intervenciones y las políticas públicas se pueden beneficiar si estas apuntan a cuidadores primarios a tiempo completo de los niños de 0 a 5 años con bajos ingresos, en particular, complementando sus competencias para fomentar el desarrollo socioemocional.

Palabras clave: Cuidado infantil, Desarrollo temprano, Características sociodemográficas, Cuidadores primarios, Sur global.

Introduction

Allowing children under-five to achieve their full potential is a fundamental precondition to the sustainable development of a society and it is a human right on its own accord (WHO, 2020). However, out of the global population of children under the age of five (i.e., approximately 660 million as of 2022; United Nations, 2022), close to a third risk not accomplishing their full developmental potential, mostly in the context of preventable conditions. The most affected areas of the world commonly comprise low-income nations of the global south (Grantham-McGregor et al., 2007; Dados & Connell, 2012). Colombia echoes this global concern regarding early childhood development. Despite it being the fourth largest Latin American economy, a staggering 27% of its population lives under the line of poverty (under US\$1.90 PPP), a significant difference from the international average of 4.1% (World Bank, 2018).

While major public policy reforms have been implemented in the last decade to reduce developmental risk factors (e.g., nutrition, health care access; Sáenz, 2014), efforts and funding have not sufficed to comprehensively address the vulnerabilities experienced by Colombian children living in poverty (Shavelson et al., 2016). A cross-sectional study by De Los Reyes et al (2016), used the Battelle Developmental Inventory (BDI-2; Newborg 2005) in 629 Colombian children under 5-years old. Findings showed that 35% ($n = 220$) of the sample met the criteria for cognitive development delay and a further 21.5% ($n = 132$) were within the cut off values for delay in the communication dimension. Over 15% ($n = 106$) of assessed children sustained a general developmental delay status and participants reporting devel-

opmental delay significantly increased after 6 months of age, particularly in communication and cognitive domains.

It is well established in the literature that the first five years of life are critical for brain and behavioural development. Indeed, biological and psychosocial deficiencies associated with poverty during this period of life have been shown to correlate with poorer health and psychological outcomes later in life, including disability, educational attainment and continuation of the poverty cycle to the next generation (Campbell et al., 2014; Duncan et al., 2012; Hackman et al., 2009). Consequently, the study of risk factors associated with poor early childhood development has received considerable attention from the international research community (WHO, 2020).

Because the development of all living organisms begins at the pre-natal stage, the health status of the gestating mothers will heavily influence the cognitive and physical development of the child (Bussieres et al., 2015). In a systematic literature review of thirteen independent studies, ten showed significant associations between psychological distress (e.g., anxiety, depression, stress) experienced by the mother at pre and postnatal stages, and negative outcomes in the cognitive development of their toddlers. These relationships had associated effect sizes that were small or medium (Kingston et al., 2015). Similarly, a review of 73 studies showed that greater maternal prenatal wellbeing was correlated with socioemotional child development. Findings from a random-effects meta-analysis showed a moderate to strong association between maternal depression symptoms and poor socioemotional development of their offspring ($n = 33.211$ mother-child samples), but this relationship was moderated by socio-economic variations in participants (Madigan et al., 2018). Mothers from low-income households experience worse prenatal care, and prenatal and perinatal complications than their counterparts from high income countries (e.g., low weight at birth, intrauterine complications; Bussieres et al., 2015).

Findings from a review by Walker et al (2007) showed that although data from the global south is underrepresented, there was sufficient evidence to support the influence of specific (and modifiable) biological (e.g., chronic malnutrition, iodine, and iron deficiencies) and psychosocial risk factors (e.g., inadequate cognitive stimulation, exposure to violence) that hinder development of under-five children. Other psychosocial risk factors such as caregiver responsiveness, caregiver affect, and duration of breastfeeding also emerged in the review as potential predictors but still require further supporting research to confirm the strength of these relationships. An example of this can be found in the well-established relationship between coercive parental practices and the increment of psychological distress later in life. An analysis of 111 studies ($N = 160,927$ children) showed a moderate mean effect size ($d = .33$) linked to the relationship between physical abuse (including spanking) and the presence of negative psychological outcomes such as behavioural disorders in childhood, and antisocial and mental health disorders in adulthood (Gershoff & Grogan-Kaylor, 2016; Gershoff et al., 2018).

Because several of the known key factors that enable adequate development are directly linked to the parental caregiving exercise (e.g., cognitive stimulation, food intake, gestation), the study of caregiving practices has been central to understanding and intervening early childhood development. For instance, it is estimated that only between 10-41%

of parents in Low- and Middle-Income Countries (LMIC) provide sufficient cognitive stimulation to foster the full development of their children (Walker et al., 2007). Consistently, interventions that not only target health and nutrition of children, but also aim to change the caregiver's knowledge, attitudes and competences, have shown a moderate level of effectiveness. A report by Walker and colleagues (2011) showed that interventions targeting parental practices of cognitive stimulation and opportunities for learning in early childhood significantly improved social-emotional ($d = 0.24-0.71$) and cognitive outcomes ($d = 0.27-0.85$) of participant children.

Cultural traditions, as well as socioeconomic and political factors frame the structural differences in children's lives because they determine the availability of resources and the involvement of children in everyday routines (Rogoff et al., 2007). In turn, parental caregiving practices are thought to be shaped by social norms, cultural values and available knowledge (Colangelo, 2020), but also contextual and historical variables (e.g., Zamir et al., 2020), such as recent history of the countries armed conflict and high rates conflict-related violence, as it is the case of Colombia (Human Rights Watch, 2022). Parental caregiving practices of Colombian caregivers seem to be further influenced by economic deprivation in the household. An analysis of data from various governmental data repositories (N = 53,453 participants) suggested that 3 out of 4 children are cared for primarily by their parents (i.e., mother or father), commonly after the end of the child's formal education activities. The study also revealed that compared to participants from low- and middle-income households, parents from low-income families engaged less frequently in interactions such as reading stories, playing, telling stories or going to the park with their children. Furthermore, care providers with increased subjective feeling of scarcity and greater violence exposure (measured in municipality's homicide rate) were less likely to engage in physical and cognitive stimulating interactions with their children (Cuartas et al., 2016).

Findings in Cuartas et al (2016) included a sample of parents who were primary caregivers of underage children, and not just under-five. While this and a handful of other studies (e.g., Amar et al., 2016) shed light to the factors that may be influencing childrearing practices in Colombian parents, it is explicit that further research efforts are required to understand the characteristics and needs of primary caregivers of children aged 0-5 in this context. The generation of knowledge may serve as methodological grounds to design intervention programs and public policies that can effectively improve caregiving practices and ultimately reduce the risk factors associated with poor early childhood development (Engle et al., 2007). A meta-analysis with 102 randomized controlled trials conducted across 33 countries showed that parental caregiving practices improved children's developmental outcomes. Small to medium effect sizes linked parental caregiver interventions and the improvement of cognitive, language and motor development, but also greater parenting knowledge, parenting practices and parent-child interactions. Family centred interventions also improved healthy attachment and reduced the likelihood of developing behavioural health conditions (Jeong et al., 2021).

The present study aimed to provide a descriptive account of childcare practices utilised by Colombian primary caregivers of children aged 0-5 residing in Northern Colombia. Non-parametric statistical tests were used to compare caregiving practices across

sociodemographic categories such as Socioeconomic Stratification Status (SES), education level and children's gender. Following the conceptual background regarding household income and caregiving practices worldwide, it was anticipated that compared to parents of high- and middle-income families, caregivers from low-income households would report less frequency in care practices across bodily, cognitive, socioemotional, ethical-moral, and transcendence dimensions of child development.

Methods

Participants

The caregivers were mainly women (92.10%), young adults ($M_{\text{Years}} = 32$, $SD_{\text{Years}} = 8.47$) from low (39.09%) and middle (42.72) socioeconomic status (SES), as per specifications of the Colombian National Statistics Office (DANE; Low = 1-2, Medium = 3-4 and High = 5-6). Over half (50.65%) of participants reported having completed non-college education. At the time of their participation in the study, 48.05% of the caregivers had a formal job, 16.88% worked informally, 29.87% were engaged in household work, 3.89% were university students, and 1.30% were retired.

Instruments

Sociodemographic

Participants provided general sociodemographic information about themselves and the children under their care. Namely, participants indicated their age, gender (i.e., man, woman or other), socioeconomic level (i.e., low, medium, and high), highest attained educational level (i.e., primary school, high school graduate, technical-technological courses, undergraduate, or postgraduate), number of children in the household and occupation (housework, student, informal worker, formal worker, or retired). Respondents also reported their children's age and gender.

Parental Caregiving Practices

The Childcare Practices Questionnaire (CPQ) is a 44-item instrument that measures the frequency of childcare practices reported by caregivers. This study is an adapted and shortened version of the instrument about Care Practices proposed by [Amar et al. \(2016\)](#). Validation with a panel of experts suggested that the CPQ addressed each of the corresponding dimensions. But 6 new items were added to cover childcare practices that were not considered in the original version (e.g., The importance of schooling children). Additionally, the original (yes/no) response options in [Amar et al \(2016\)](#) were replaced by a 4-point Likert-type scale (from 1 = Never to 4 = Always) to achieve greater variability in the responses.

The CPQ uses a self-report format to evaluate the frequency of engagement in five types of parental caregiving practices: (1) the bodily care (14 items) dimension cover prac-

tices of; feeding ($\alpha = .66$; e.g., You feed your child at a fixed time in the morning, at noon, and in the evening), physical health ($\alpha = .62$; e.g., When your child gets sick, you take him/her to the doctor), and sleep hygiene ($\alpha = .79$; e.g., Your child sleeps between 8 and 12 hours at night); (2) social-emotional care (12 items) is evaluated through practices of reinforcement ($\alpha = .67$; e.g., You congratulate your child when he/she achieves something) and sanctions or punishments ($\alpha = .72$; e.g., You call your child stupid or dumb); the items covering (3) ethical-moral care (6 items) measure the engagement in terms of the child's education on morality and of pro-social values ($\alpha = .77$; e.g., You encourage your child to share his or her things with other children); the (4) cognitive care dimension (5 items) englobes practices of cognitive stimulation ($\alpha = .66$; e.g., You teach your child the names of foods, colours, or clothes); and the (5) transcendence dimension (6 items) is composed of items that relate to perceptions about the future of their children as adults ($\alpha = .77$; e.g., You feel that the way you are raising your child will make him/her successful when he/she grows up). See supplemental materials.

Procedure

This research used a cross-sectional design with a convenient sampling method. Participants over 18 years of age residing in Barranquilla and peripheric areas were invited to participate through word of mouth and snowball recruitment strategies. Prior to their participation, volunteers were asked to read an information sheet with the study's outline description and explicit mention of the principles of confidentiality and anonymity that framed this research. Volunteers who consented to participate did so by responding to an online survey that contained the information sheet and the items from the sociodemographic questionnaire and the CPQ (Amar et al., 2016). No compensation was offered in exchange for participating in the study. Before data collection started, the research proposal of this study was reviewed by an Institutional Review Body (IRB) of researchers and health practitioners, who ensured compliance with standards of anonymity, confidentiality, and data handling for research with human participants (Ref N° 198/2019).

Data Analysis

Data derived from the caregiving practices questionnaire underwent tests to confirm normality assumptions for parametric analyses. However, results from the Shapiro-Wilks test showed that all subscales breached this condition, $ps < .05$. Thus, nonparametric statistical tests, specifically, the Mann-Whitney U test and Kruskal-Wallis, were used to test group differences in care practices. Results from the CPQ were compared across groups of different age ranges, socioeconomic levels, educational levels, occupation of the caregiver, and the child's gender. In addition, a Spearman correlation was performed to test the associations between the CPQ subscales, the number of children in the family, and the child's age. All hypotheses' tests were two-tailed with 95% confidence. Statistical analyses were performed in R (R Core Team, 2022).

Results

When caregiving practices were contrasted according to demographics, significant differences were found to exist in sleep care ($\chi^2(2) = 9.34, p = .009$), and negative

socioemotional care, ($\chi^2(2) = 9.33, p = .009$), according to income level or SES. The post-hoc analysis showed that caregivers of high SES employed more sleep care practices than did participants of middle and low SES. Similarly, participants from low SES reported greater negative socioemotional interactions, than their peers from middle and upper SES, ($p < .05$). See table 1 for details.

Table 1.
Medians and interquartile ranges for each dimension of care.

	Food	Health	Sleep	Cognition	Positive Socio-emotional	Negative Socio-emotional	Positive Ethical-moral	Negative Ethical-moral	Transcendence
Overall	3.75 (.50)	3.71 (.43)	3.33 (1.00)	3.60 (.75)	1.50 (.57)	3.83 (.33)	4.00 (.33)	1.83 (.67)	3.83 (.50)
Income level									
Low	3.75 (.37)	3.57 (.50)	3.33 (1.00)	3.60 (.70)	1.57 (.57)	3.83 (.33)	4.00 (.33)	2.00 (1.00)	4.00 (.33)
Middle	3.75 (.625)	3.71 (.43)	3.33 (1.00)	3.60 (.70)	1.43 (.50)	3.83 (.33)	4.00 (.33)	1.67 (.67)	3.83 (.50)
High	3.75 (.563)	3.71 (.32)	4.00 (.75)	3.80 (.45)	1.29 (.32)	4.00 (.17)	4.00 (.17)	1.67 (.33)	3.83 (.37)
Occupation									
Work or	3.75 (.375)	3.71 (.50)	3.33 (1.00)	3.60 (.80)	1.71 (.57)	3.83 (.33)	4.00 (.33)	2.00 (.83)	4.00 (.25)
Other	3.75 (.500)	3.57 (.43)	3.33 (1.00)	3.60 (.60)	1.43 (.43)	3.83 (.33)	4.00 (.33)	1.67 (.33)	3.83 (.50)
Age group									
(19,29]	3.50 (.50)	3.71 (.29)	3.33 (.67)	3.60 (.60)	1.43 (.50)	3.83 (.33)	4.00 (.17)	1.67 (.50)	3.83 (.50)
(29,39]	3.75 (.50)	3.71 (.57)	3.33 (1.00)	3.60 (.60)	1.43 (.43)	3.83 (.33)	4.00 (.33)	2.00 (.67)	3.83 (.33)
(39,49]	3.88 (.50)	3.57 (.50)	3.33 (1.00)	3.60 (.75)	1.57 (.43)	3.75 (.46)	3.92 (.50)	1.67 (.67)	4.00 (.46)
Child									
Female	3.75 (.50)	3.57 (.39)	3.33 (1.00)	3.60 (.40)	1.43 (.43)	3.83 (.33)	4.00 (.29)	2.00 (.58)	3.83 (.50)
Male	3.75 (.50)	3.71 (.57)	3.33 (.75)	3.60 (.80)	1.57 (.43)	3.83 (.33)	4.00 (.33)	1.67 (.67)	4.00 (.17)

Interquartile ranges are between parentheses. Absolute range for CPQ scales: 1-4.

Interestingly, caregivers who were dedicated to housework and retired caregivers reported engaging more frequently in negative socioemotional care than participants with students or employed status ($w = 1878, p < .001$). No additional differences were found in the comparison analyses according to the child's gender and caregiver's age group.

Caregivers of male children from low SES households reported employing sleep care practices with significantly less frequency ($Me = 3.16, IQR = 1$) than their counterparts with medium and high SES ($Me = 4, IQR = 1.08$), and this difference was significant, ($\chi^2(5) = 13.64, p = .018$). It was also found that caregivers of male children that were dedicated to the home or retired reported more frequency of negative socioemotional care ($Me = 1.85, IQR = .64$), compared to caregivers of boys and girls that were students or with employment ($Me = 1.42, IQR = .42$), ($\chi^2(3) = 15.81, p = .001$). Similar relationships were detected regarding family's SES and caregiver's occupation. Caregivers with low SES who likely spent more time in caring practices (i.e., home makers and retired parents) also showed more negative socioemotional caregiving practices, ($Me = 1.85, IQR = .53$), compared to caregivers with medium ($Me = 1.42, IQR = .43$), and high SES caregivers who were students or with employment, ($Me = 1.28, IQR = .43$), ($\chi^2(5) = 20.04, p = .001$).

Spearman's correlations analyses showed small positive correlations between the number of children in the family and negative socioemotional care, ($r = .21$, $S = 173556$, $p = .022$). Also, frequency in child transcendence care practices and the number children in the family were significantly associated, ($r = .29$, $S = 156441$, $p = .002$). There were no significant relationships between the number of children in the family and care practices such as feeding, ($r = .13$, $S = 193525$, $p = .18$), health care, ($r = -.04$, $S = 2312511$, $p = .66$), sleep hygiene, ($r = -.09$, $S = 243199$, $p = .32$), cognitive care, ($r = -.15$, $S = 255177$, $p = .12$), positive socioemotional care, ($r = -.002$, $S = 222246$, $p = .98$), or ethical-moral care, ($r = .07$, $S = 205618$, $p = .45$). A small positive relationship between caregivers' age and frequency of ethical-moral care, ($r = .21$, $S = 174677$, $p = .025$). However, age was not correlated with any of the other CPQ dimensions, ($ps > .05$).

Discussion

This study sought to provide a detailed account of early childhood care practices in a sample of caregivers residing in a Caribbean Colombian city. Findings showed that certain caregiving practices directed at children under five years of age significantly differ across participants of low, middle and high SES. Participants of low SES with home-based occupation status (i.e., home maker and retired from formal employment), engaged in more frequent negative socio emotional interactions (e.g., 'calling your child dumb') than did respondents that reported being students or employed. Moreover, increments of children living in the household was associated with more reports of negative socioemotional interactions. These results mirror global reports about the association between economic deprivation and the quality parental practices (Cuartas et al., 2016; Walker et al., 2007; Walker et al., 2011).

These findings complement previous reports about the scarcity of stimulation that is likely endured by children under five years of age in low-income households (De Los Reyes et al., 2016; Grantham-McGregor et al., 2007; Dados & Connell, 2012; Walker et al., 2011). Given the central role of the primary caregiver in early childhood development (Bussieres et al., 2015; Kingston et al., 2015; Walker et al., 2007) and future adult functioning (Campbell et al., 2014; Duncan et al., 2012; Hackman et al., 2009), it makes sense that effective and sustainable intervention strategies target parents and other caregivers as well as increasing nutrition quality and access to health (Engle et al., 2007; Walker et al., 2011).

Interventions and public policies aiming to alleviate discrepancies in early childhood development across SES (e.g., Madigan et al., 2018) would likely benefit from training primary caregivers in socio emotional development and adequate sleep hygiene of children under five years of age. Improving the wellbeing and caregiving quality may be particularly useful for low SES people who care for children under five full time. This study's findings support the use of initiatives that focus on caregiving practices in low-income families to improve the prospects full cognitive, socioemotional, motor and language development in children from 0 to 5 (Engel et al., 2007; Jeoung et al., 2021). It is of particular importance to envisage interventions that decrease the use of negative socio emotional practices

as it is the case of physical punishment (Gershoff & Grogan-Kaylor, 2016; Gershoff et al., 2018).

This study had some limitations that ought to be noted. First, possibly the greatest limitation of this research, was that a sample size does not offer sufficient statistical power to detect relationships, most likely incurring in a type II error (Guadagnoli & Velicer, 1988). Indeed, various relationships showed significance values between $p = .05$ - $.10$, which may suggest that further relationships could be revealed when analysing these variables in a larger sample size. A second restriction to these findings was the lack of control over confounding variables (e.g., exposition to violence) and the use of a sampling methods that do not ensure representativeness. Future studies with more rigorous sampling strategies could be useful to achieve group ratios that enable comparisons between demographic categories that are difficult to gather through convenience sampling alone. For instance, more robust sampling methods could facilitate the comparison of caregiver's practices across different stages of early childhood. A third limitation to this study has to do with the use of self-report questionnaires to measure caregiving practices, which in some cases could mean responses are hindered by a degree social desirability bias. Though scale reliability scores were acceptable to good across subscales, the sample size did not permit further formal psychometric testing reliability, nor validity of the instrument. Future research efforts should be directed at the development of measures that do not rely exclusively on self-reported information, but also a third person's account (e.g., schoolteacher ratings), or the direct observation of caregiving practices.

Regardless of the above-mentioned limitations, this study is of great value to further comprehend the child rearing practices of caregivers of children under five in Colombia, one of the most unequal societies of Latin America and the Caribbean. It is hoped that these findings contribute to build conceptual basis for the design of culturally appropriate intervention programmes dedicated at improving childcare practices in early childhood within the most vulnerable sectors of society. Findings also flagged the need for the reinforcement of socio emotional aspects of parental practices, as well as maintaining basic developmental needs such as sleep hygiene or nutrition of young children below the age of five.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. The authors declare that they have no conflicts of interest related to this study.

Contributions

Jose Amar: Conceptualization; funding acquisition; writing, review, and editing. **Jorge Palacio:** Conceptualization; investigation; methodology; writing, review, and editing. **Duban R. Romero:** Methodology; visualization; formal analysis; original draft; writing, review, and editing. **Carolina A. Molina:** Original draft; investigation. **Daniela Romero:** Original draft; investigation. **Ana Chamorro Coneo:** Investigation; writing, review, and editing.

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