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Cultural diversity in center-based child care: differences and similarities in caregivers' cultural beliefs

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Publication date
2009

[Link to publication](#)

Citation for published version (APA):

Huijbregts, S. K. (2009). *Cultural diversity in center-based child care: differences and similarities in caregivers' cultural beliefs*. SCO-Kohnstamm Instituut.

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3. Childrearing in a group setting: Beliefs of Dutch, Caribbean-Dutch, and Mediterranean-Dutch caregivers in center-based child care

Abstract

Child care centers in Western countries are becoming increasingly culturally diverse, regarding both professional caregivers, and children and their parents. Childrearing beliefs, which differ between cultures, are found to affect process quality and children's developmental outcomes. The first aim of this study was to investigate cultural differences in caregivers' cultural childrearing beliefs through a semi-structured interview. The second aim was to explore the relation between the centers' cultural context and caregivers' beliefs. Participants were 61 caregivers (20 Dutch, 20 Caribbean-Dutch and 21 Mediterranean-Dutch) working in Dutch child care centers with 2-4-year olds. Cultural differences between Dutch and immigrant caregivers were evident. Dutch caregivers mentioned independence as a socialization goal most, while Mediterranean-Dutch caregivers stressed collectivistic childrearing goals most. More years of experience and a positive orientation towards the Dutch society made caregivers value individualistic childrearing goals more. Working in an ethnically diverse context made both immigrant and Dutch caregivers express collectivistic beliefs more. The results further demonstrated that all cultural groups valued dimensions of both individualism and collectivism, providing further support for the multidimensionality of childrearing beliefs.

Huijbregts, S.K., Tavecchio, L.W.C., Leseman, P.P.M., & Hoffenaar, P. (in press).
Childrearing in a group setting: Beliefs of Dutch, Caribbean-Dutch, and
Mediterranean-Dutch caregivers in center-based care.
Journal of Cross-Cultural Psychology

3.1 Introduction

Child care centers in Western countries are becoming multicultural settings, with culturally diverse teams serving culturally diverse families (Burchinal & Cryer, 2003; Leseman, 2002; Rosenthal, 1999). It is widely known that childrearing beliefs differ between cultures (for overviews see Bugental & Johnston, 2000; Kağıtçibasi, 1997; Rubin & Chung, 2006). Cultural diversity within child care centers, therefore, implies a variety in childrearing beliefs and socialization goals, and varying strategies to socialize these values and norms (Harkness & Super, 1996; McGillicuddy-DeLisi & Subramanian, 1996). However, little is known about the possible consequences of this diversity on caregivers or children. It is important to study caregivers' cultural childrearing beliefs, because beliefs have an impact on process quality (Abbott-Shim, Lambert, & McCarty, 2000; Maxwell, McWilliam, Hemmeter, Jones Ault, & Schuster, 2001; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000; Scott-Little & Holloway, 1992), and on children's developmental outcomes (Burchinal & Cryer, 2003). The extent to which caregivers' endorsed traditional, authoritarian childrearing beliefs was found to be negatively related to children's cognitive outcomes. In contrast, sensitive and stimulating caregiving were positively related to children's cognitive and social-emotional development (Burchinal & Cryer, 2003). However, little is known about the educational and developmental beliefs of caregivers from non-mainstream cultural communities. Preparing culturally diverse caregivers to educate and nurture children with diverse cultural backgrounds requires a comprehensive and in-depth understanding of how cultural childrearing beliefs are both similar and different across cultural groups.

The individualism – collectivism distinction (cf. Triandis, 1995) has proven to be of heuristic value when ordering and qualifying clusters of childrearing beliefs of different cultures, in particular Western and non-Western communities (Bornstein & Cote, 2004; Cote & Bornstein, 2003; Harkness, Super, & van Tijen, 2000; Huijbregts, Leseman, & Tavecchio, 2008; Kimmelmeier, et al., 2003; Raeff, 2000), and interpreting differences in childrearing practices (Greenfield, Keller, Fuligni, & Maynard, 2003; Keller, Borke, Yovsi, Lohaus, & Jensen, 2005; Rudy & Crusec, 2001). There is consensus in cross-cultural literature that individualism and collectivism are not simply opposites on a single dimension, but represent different dimensions that can co-exist together in the individual mind as well as in

the community at large. Likewise, individualistic and collectivistic ideas are found to coexist in many cultures (Harwood, Schölmerich, & Schulze, 2000; Harkness et al., 2000; Kağıtçıbaşı, 2005; Killen & Wainryb, 2000; Raeff, 2000; Suizzo, 2007; Tamis-LeMonda, Way, Hughes, Yoshikawa, Kalman, & Niwa, 2008), yet different cultures may emphasize on different constellations of ideas (Greenfield et al., 2003; Valsiner & Litvinovic, 1996). Independence or autonomy and interdependence or relatedness - often used as examples of individualistic or collectivistic childrearing goals - are both important themes in children's development. The balance between the two is an important issue in the rearing of young children in every society (Greenfield et al., 2003; Kağıtçıbaşı, 1997). Cultural differences in the solutions caregivers reach may depend on their particular belief systems. Striking a balance between fostering individuality and independence on the one hand, and participation in the group and interdependence on the other, is a particularly critical issue for center-based child care in predominantly individualistic Western countries (Singer, 1993). Although the official childrearing beliefs and quality standards in child care match the individualistic child-centered model best (cf. Rosenthal 1999), the characteristics of the setting seem at least compatible with a more collectivistic orientation on the part of the caregivers.

Cultural belief systems are the interconnected cognitions that parents and other educators personally hold about the nature of children, children's development, and their functioning in social groups. Furthermore, belief systems contain ideas on preferred strategies to achieve ideal socialization goals. These ideologies and values guide educators' interpretations of children's behaviour and motivate their daily actions. In this way belief systems affect the organization of children's learning environments (Harkness & Super, 1996; 1999). Following Harkness and Super (1999), we propose that personal childrearing beliefs basically stem from two sources: everyday experiences with childrearing in particular contexts, such as the child care center, and socially shared cultural beliefs of childrearing within particular communities, such as a team of caregivers or the cultural community. Personal experiences are, through processes of cognitive construction (induction) and the negotiation of childrearing values, combined into new general ideas that are shared with fellow members of the cultural community (Bugental & Johnston, 2000). In turn, through processes of cognitive reconstruction (deduction), cognitions are transformed from shared and general into personal and situation-specific

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(Valsiner & Litvinovic, 1996). In periods of change or disequilibrium - as may be the case in situations of increasing cultural diversity - social networks outside the family are especially important as a source for childrearing beliefs (Bugental & Johnston, 2000). Through these recurrent dynamics of caregivers' reasoning, cultural belief systems are both organizing experience as well as adapting to experience, providing caregivers with guidelines and reassurance while changing to meet new challenges.

Childrearing beliefs differ between cultural communities (for overviews, see Bugental & Johnston, 2000; Kagitçibasi, 1997; Rubin & Chung, 2006). Therefore, cultural diversity within child care centers implies a variety in childrearing beliefs and socialization goals, and varying strategies to socialize these values and norms (Harkness & Super, 1996; McGillicuddy-DeLisi & Subramanian, 1996). The frequency with which certain beliefs are expressed affirms cultural beliefs and keeps them prominent in the mind of cultural members (Hong, Morris, Chiu, & Martinez, 2000). The childrearing beliefs of caregivers from different cultural groups who share the ecology of the workplace are therefore influenced by both their cultures of origin and their exposure to the cultures of the workplace, that is, of both colleagues and children (Suizzo, 2007; Rosenthal, 1991). This makes the beliefs reconstruction of caregivers with a minority background especially interesting.

As cultural models can be adopted or acquired differently, depending upon the particular situations caregivers face (Killen & Wainryb, 2000) and according to their specific life circumstances (Greenfield et al., 2003), cultural models should not be seen as static or even internally consistent structures (cf. Bornstein & Cote, 2003; Raeff, 2000; Valsiner & Litvinovic, 1996). To reach a comprehensive understanding of caregivers' childrearing beliefs, a fine-grained research method is needed. Qualitative research methods, particularly in-depth interviews, have proven to be useful in order to understand the multi-dimensional character of the beliefs of caregivers with different cultural backgrounds (cf. Harkness et al., 2000; Raeff, 2000). Harkness and colleagues compared American and Dutch parents' descriptors of their child as related to being either individualistic or socio-centric. Raeff's study concerned European-American parents talking about their toddlers' independence and interdependence. Both these studies stress that in individualistic societies parents value individualistic as well as sociocentric socialization goals for their children.

In this study, cultural diversity is addressed by including caregivers with Western

and non-Western backgrounds, working within the Dutch child care system. The Surinamese, Antilleans, Moroccans and Turks are nowadays the largest migrant groups in the Netherlands (CBS, 2007), therefore our focus is on caregivers from these cultural groups. Surinam and the Netherlands Antilles are located in the Caribbean region in South-America, and have been Dutch colonies for several centuries. Both countries have a school system modeled on the Dutch system, and Dutch is the main language in schools and other official institutions. Surinam and the Netherlands Antilles can be characterized as predominantly collectivistic societies, with a mixture of religious orientations (Roman Catholic, Protestant, Islamic, and Hindu). Research on parental beliefs of Surinamese and Antillean parents in the Netherlands shows that collectivistic childrearing goals such as respect for authorities, conformity to rules of conduct, obedience to parents, and sociability are still very important, whereas personal autonomy is valued only by the more highly educated (Janssens et al., 1999; Mayo, 2004).

The Moroccan and Turkish caregivers are the descendants of guest workers who in the 1960s and 1970s were recruited from poor rural regions in Morocco and Turkey. Rural Turkey and Morocco can be characterized as predominantly collectivistic societies as well, but they differ from the Caribbean societies in several respects. The extended family type in these countries is strongly patrifocal and the religious orientation is rather homogeneously Islamic. Furthermore, there was no previous contact with the Dutch culture and education system. Moroccans and Turks living in the Netherlands value their traditional religion and culture highly, including its collectivistic childrearing goals such as respect for authorities, conformity to rules and relational values, whereas the development of an autonomous self is much less valued (Janssens et al., 1999; Phalet & Schönplflug, 2001).

The current study is part of a larger research program aimed at exploring and comparing professional caregivers' childrearing beliefs and childrearing behaviors across these ethnic-cultural groups in the Netherlands. In a previous study on caregivers' childrearing beliefs, measured with standard questionnaires, we found considerable cultural differences between caregivers. Caregivers with an immigrant background agreed more with general collectivistic childrearing ideas, and less with general individualistic ideas than Dutch caregivers, while much smaller cultural differences between caregivers were found regarding childcare-specific childrearing beliefs (Huijbregts et al., 2008). The central goal of this paper is to examine the cultural differences and similarities in caregivers' reasoning

about children's independence and autonomy, children's social development and group related issues, and caregivers' authority, often considered as typical individualistic and collectivistic childrearing beliefs (cf. Triandis, 1995). Another goal of the present study is to determine whether differences in caregivers' reasoning about child rearing issues can be accounted for solely by caregivers' cultural background, or whether other factors should be considered as well. The broad categories of individualism and collectivism are broken down into several sub-dimensions, to gain insight into the multidimensionality of these broad concepts, and to guarantee a comprehensive understanding of caregivers' reasoning. A third goal is to investigate the influence of the cultural context of the child care center on caregivers' childrearing beliefs. A child care center's cultural context is defined as the cultural background of colleagues and children, and overall child care quality. In doing so, we intend to provide further evidence of the interaction processes between personal beliefs and contextual factors.

3.2 Method

3.2.1 Sample and procedures

Initially 63 child care centers in two major cities in the Netherlands were contacted, of which 44 met our inclusion criteria (they provided fulltime child care for 2-4-years-olds and employed a culturally diverse staff); of these child care centers 22 agreed to participate (50%). The main reason for refusing participation was the expected workload. The center managers identified caregivers eligible for the study. Participants were 61 female caregivers, working with two- to four-year olds in 22 different child care centers, divided over 33 different groups. Caregivers represented three ethnic groups; 20 were Dutch, 20 Caribbean-Dutch, and 21 Mediterranean-Dutch. Respondents' cultural background was assessed by self-asciption and controlled for by asking their country of birth and the country of birth of their parents. The Caribbean-Dutch sample consisted of Surinamese and Antillean respondents, and the Mediterranean-Dutch group included Moroccan or Turkish caregivers. These two broad groups were composed on the basis of caregivers' migration history, their previous contact with the Dutch school system, and their cultural and religious roots. There were no demographic differences (age, education, experience, acculturation, religiousness) within the Mediterra-

nean-Dutch group between the Moroccan and Turkish caregivers. In the Caribbean-Dutch group only a small difference in level of education was found between the Surinamese and the Antillean caregivers, with the Surinamese being slightly higher educated ($M = 3.3$, $SD = .05$ versus $M = 3$, $SD = 0$), $t(18) = 2.6$, $p = .02$, $d = 1.2$. Furthermore, both the Surinamese and Antillean caregivers, as well as the Moroccan and Turkish respondents were found to be very similar in their childrearing beliefs, whereas the beliefs held by the Caribbean group differed from those of the Mediterranean group.

Half of the immigrant-Dutch caregiver sample (52%) was born outside the Netherlands, of almost all caregivers (97%) both parents were born outside the Netherlands. Caregivers' mean age was 32 (range 20-58). Experience in the child care field ranged from 0 to 18 years ($M = 5.9$). The vast majority (79 %) had completed studies at secondary vocational level, 21 % had completed an education at higher vocational level. Dutch caregivers were slightly higher educated than Mediterranean caregivers, with the Caribbean group taking an intermediate position. This represents educational levels among the broader population in the Netherlands.

3.2.2 Measures

3.2.2.1 Semi-structured Interview

To explore the multiple dimensions of caregivers' childrearing beliefs, an open interview methodology was used. All caregivers were interviewed by trained researchers. Because interviews were held at the caregivers' workplaces during working hours, interview time was restricted to one hour maximum. All interviews were audiotaped. The interview, developed for the present research, aimed at exploring caregivers' beliefs concerning four central themes; stimulating children's development, children's autonomy, group processes, rules and disciplining. To ensure accurate understanding, interviewers probed caregivers' responses using questions as "What makes this goal important to you?". Children's autonomy and independence, and stimulating children's personal development were chosen as interview subjects because these are typical individualistic childrearing goals (cf. Triandis 1995), moreover, they are official childrearing goals in Dutch child care centers (Riksen-Walraven, 2000). Children's social development and group processes, as well as rules and disciplining, were chosen as interview subjects because these are important aspects of every day childrearing in child care, and they

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are central themes in childrearing in collectivistic societies (cf. Triandis 1995). Although individualism and collectivism are independent concepts and should not be seen as each other's opposites (cf. Triandis 1995), these sets of individualistic and collectivistic childrearing goals can lead to contradictory cognitions and confusions about how to implement these goals (cf. Greenfield et al., 2000), especially to caregivers of diverse cultural backgrounds.

3.2.2.2 Interview Coding

All interviews were transcribed verbatim and were coded with MAXqda, a computer program for qualitative data analysis (VERBI software, 2005). Intercoder reliability for this coding system was calculated in terms of Kappa coefficients between two judges on 20% of the interview transcripts. Interrater reliability, using kappa, was determined for all specific codes (about 150 in all), revealing satisfactory to very high interrater agreement. For reasons of convenience, only the average kappa is presented here, being .91. Coders were unaware of the respondents' cultural background. In research on parenting beliefs it is assumed that the frequency of mentioning a particular idea or theme reflects its importance to the parent or, in this case, the caregiver (cf. Harkness et al., 2000; Raeff, 2000). The raw frequencies were divided by the total number of codes in each interview and multiplied by 100, resulting in percentages.

Caregivers' responses were coded for the occurrence of spontaneously expressed childrearing beliefs and ideas about best childrearing practices, which could be categorized as individualistic or collectivistic. Codes were given at the level of concepts, which could be represented by single words, or sometimes phrases or full statements, as is shown in the following examples. In the sentence '*I want them to become friends*', we coded the concept '*friendship*', whereas in the sentence '*Children want to try things by themselves, they want to do things by themselves, learn things by themselves*', the concept of an '*individualistic view on learning*' was embedded in the statement. With this coding procedure multiple codes could be given to one sentence. For example, in the interview excerpt '*At least they have to be polite, and listen to us, and be nice*', both '*politeness*' and '*listening to the caregiver*' were coded as '*obedience*', while '*niceness*' was coded as '*sociable*'. This way of coding enabled us to gain insight into caregivers' reasoning, as combinations of codes could be investigated. The coding sys-

tem and coding procedure used in this study, that is, starting with a large number of inductively obtained micro-analytic codes that together are used to compose several theory based belief constructs, are in accordance with the coding system and procedures of Harkness et al. (2000) and Raeff (2000). An important difference with the current study is that we interviewed professional caregivers, while the studies by Harkness and colleagues (2000) and Raeff (2000) involved parents. Therefore, we added codes that refer to the context of childrearing in child care, the construct 'togetherness' refers to those codes. A second difference, is that our study is a cross-cultural comparison of different cultural groups - with either individualistic or collectivistic backgrounds - living in one society and working in the same or a similar center for child day care.

In coding the interviews we drew a distinction between childrearing beliefs that can be considered individualistic or collectivistic. We further differentiated between beliefs about best childrearing practices to accomplish the mentioned childrearing goals. The individualistic codes all refer to the individual as distinct from the social environment. Within collectivistic beliefs we differentiate between social themes as sociability and social development, which are central to a collectivistic orientation toward the group, and an emphasis on obedience and authoritarian childrearing, frequently noted as typical of collectivistic societies. In Table 1 an overview of the coding categories is provided, together with excerpts from the interviews.

Table 1 Specification of the interview codes and constructs, together with interview excerpts

Childrearing Beliefs – Interview constructs

Individualistic beliefs

| | |
|----------------------------------|--|
| Independence | i.e. autonomy, verbal assertiveness, children's own opinion <i>'Every child is different; they all have their own way of being. One child can be very introvert, while the other is extravert'. (respondent 21, Moroccan-Dutch)</i> |
| Self-confidence | i.e. self-esteem, feeling proud of oneself, individual expression <i>'I love it when children learn or do something that makes them feel good. When you see them beam, that they accomplished something all by themselves.' (respondent 46, Dutch)</i> |
| Cognitive achievement | i.e. language development, school readiness, cognitive development <i>'When entering school, children should know their colors and they should be able to count.' (respondent 32, Mediterranean-Dutch)</i> |
| Individualistic view on learning | i.e. development is a cognitive constructive process, children have an active role in their own development <i>'Children want to try things by themselves, they want to do thing by themselves, learn things by themselves.' (respondent 46, Dutch)</i> |

Individualistic ideas about practices

| | |
|------------------------|---|
| Actively stimulating | i.e. offering choices, dyadic interaction, explaining and talking <i>'I try to offer them al kinds of activities, so they learn a whole range of things.' (respondent 37, Dutch)</i> |
| Creating opportunities | i.e. facilitating activities, observing children, facilitating exploration <i>'I always prepare the day by getting al kinds of things ready for them, so they can choose their own activities.' (respondent 22, Dutch)</i> |

Collectivistic beliefs

| | |
|---------------------------------|--|
| Sociable | i.e. sharing, friendship, social skills <i>'I want them to be nice to each other, to share and help each other. (respondent 30, Caribbean-Dutch)</i> |
| Obedience | i.e. being polite, having respect for adults <i>'I want them to address us politely; I don't want them to be bigmouths. Respect is very important to me.' (respondent 65, Caribbean-Dutch)</i> |
| Togetherness | i.e. playing together, having fun together, working together, learning from each other, especially in the context of child care <i>'It is important that they play together, do things together. I can make them do a jigsaw, but that is so individual. Yeah, together is important.' (respondent 48, Mediterranean-Dutch)</i> |
| Collectivistic view on learning | I.e. development as a process of maturation, learning through observation, imitation and direct instruction. <i>'You have to repeat it, repeat it and repeat it. You have to tell them exactly what they have to do, in doing so they'll learn.' (respondent 100, Mediterranean-Dutch)</i> |

Collectivistic ideas about practices

| | |
|--------------------------|--|
| Stimulating social dev. | i.e. stimulating social behaviour, stimulating playing together <i>'By offering certain toys, certain games, I stimulate them to do things together and play together.' (respondent 21, Mediterranean-Dutch)</i> |
| Authoritarian caregiving | i.e. punishing, stressing caregiver's authority, being harsh <i>'I tell them that when they break my rules I don't want them in this group anymore, they can stay at home. That works fine actually.' (respondent 47, Caribbean-Dutch)</i> |
| Group management | i.e. group activities, involving a child in an activity with other children, dividing children in sub-groups <i>'Well, what I want is them to make friends. So I offer group activities, make them work together.' (respondent 48, Mediterranean-Dutch)</i> |

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3.2.2.3 Background characteristics of caregivers and child care centers

Caregivers received a questionnaire on demographic variables. They were asked to indicate the level of professional training they had completed on a six point scale ranging from 1 (high school) to 6 (a masters degree), their age in years, the number of years working as a professional caregiver in child care, and the number of working hours per week. Furthermore, caregivers indicated the importance of religion in daily life, ranging from 1 (not religious / not at all important) to 5 (very important). As all caregivers shared responsibility for a group of children with at most two other caregivers, they were asked to indicate the ethnic-cultural background of these two colleagues. The index Cultural Diversity of Staff was computed as the number of immigrant-Dutch close colleagues, ranging from 0 (both close colleagues were Dutch) to 2 (both close colleagues were first- or second-generation immigrants). The variable Diversity of the Caregiver Team was based on the percentage of caregivers with an immigrant-Dutch background working in the center and ranged from 1 (0-33 % caregivers with a migrant background) to 3 (67-100% of the caregivers had an immigrant-Dutch background). Caregivers further indicated whether their group of children consisted of mainly native Dutch (score 1), whether there was a mix of cultural backgrounds (2), or whether the group mainly consisted of immigrant children (3).

Global classroom quality was measured by the revised Early Childhood Environment Rating Scale (Harms, Clifford, & Cryer, 1998). Each classroom was observed for approximately 4 hours in a single visit. The ECERS-R contains 37 items which are rated on a 1-7 scale from inadequate to excellent. The total score was computed as the mean of 35 items ($\alpha = .89$). Two items were left out (item 27 *use of TV, video and or computers* and item 37 *provisions for children with disabilities*), because both were non-applicable to the Dutch child care setting.

All immigrant caregivers (N = 39) filled out the Psychological Acculturation Scale (PAS) (Tropp, Erkut, García Coll, Alarcón, & Vázquez García, 1999). The PAS was developed to assess an individual's sense of emotional attachment to, belonging within, and understanding of the Anglo American and Latino-Hispanic cultures. For our study the PAS was translated into Dutch. Items, like for example *'With which group(s) of people do you feel you share most of your beliefs and values?'*, were rated on a five-point Likert scale ranging from 1 (only Moroccan / Turkish or Surinamese / Antillean) to 5 (only Dutch), with a bicultural orientation defining its midpoint. A Dutch translation was used for all respondents, as all res-

pondents were fluent in Dutch. Cronbach's alpha was .77 in the Caribbean-Dutch sample, and .90 in the Mediterranean-Dutch sample.

3.3 Results

Results are presented as follows; first, the background characteristics of the caregivers are described. Next, analyses of variance are carried out to explore cultural differences in caregivers' beliefs. Third, we predicted category membership based on the interview data. Caregivers who were incorrectly classified were subjected to closer examination by comparing them with the correctly classified caregivers as to years of experience, age, level of education, importance attached to religion, psychological acculturation, and center context variables. Finally, the results of correlation analyses, relating caregivers' childrearing beliefs to the micro-cultural context of the child care center and to caregivers' macro-cultural context are presented.

There were no statistically significant differences between caregivers in age, years of experience, working hours, center quality, or the children's cultural diversity (see Table 2). The groups differed in level of education, $F_{(2,59)} = 5.04$, $p = .01$, Dutch caregivers were slightly higher educated than Mediterranean caregivers. Further differences between the groups were found for the importance caregivers attached to religion $F_{(2,59)} = 17.67$, $p = .00$, with both immigrant groups reporting religion to be much more important to them than the Dutch caregivers did. Concerning the micro-cultural context of the child care center, we found group differences for diversity of close colleagues, $F_{(2,59)} = 4.51$, $p = .02$, and the diversity of the total caregiver team $F_{(2,59)} = 7.1$, $p = .00$. Caribbean-Dutch caregivers were most likely to have two close colleagues with an immigrant-Dutch background, they also worked in centers with the highest percentages of immigrant-Dutch caregivers, while Dutch caregivers tended to work in the centers with the smallest percentages of migrant caregivers on the work floor. Correspondingly, the cultural diversity of the total caregiver team was significantly related to children's cultural diversity, $r(53) = .55$, $p = .00$. This means that, in this sample, caregivers with an immigrant background tended to work in child care centers with high percentages of immigrant caregivers and with culturally diverse children's groups. To exclude the possibility that immigrant caregivers work in low-

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quality child care centers, correlations were computed between ECERS-R scores and caregivers' demographic and center variables. Having an immigrant background, years of experience, cultural diversity of either close colleagues or the total team were not related to child care quality.

Table 2 Caregivers' background characteristics broken down by group

| | Range | Means and SD's | | | $F_{(2,59)}$ | p |
|--|--------------|-----------------|---------------------|-------------------------|--------------|-----|
| | | Dutch (N=20) | Caribbean (N=20) | Mediterranean (N=21) | | |
| Level of training | 3-6 | 3.5 (.76) | 3.3 (.44) | 3 (0) | 5.04 | .01 |
| Years of experience | 0-18 | 7 (5.14) | 6 (4.20) | 4.6 (3.95) | 1.5 | .23 |
| Working hours per week | 3-40 | 28.4 (7.04) | 31.5 (7.11) | 29 (5.75) | 1.14 | .33 |
| Age in years | 19-59 | 32.16 (9.65) | 35.16 (7.9) | 30 (7.08) | 1.9 | .16 |
| Importance of religion | 1-5 | 1.95 (1.31) | 3.63 (1.21) | 4.14 (1.11) | 17.67 | .00 |
| ECERS | 1.7 – 4.4 | 3.6 (.48) | 3.3 (.54) | 3.5 (.60) | .92 | .41 |
| Cultural diversity close colleagues | 0-2 | .89 (.66) | 1.16 (.60) | .57 (.59) | 4.51 | .02 |
| Cultural diversity caregiver team | 1-3 | 1.79 (.54) | 2.44 (.51) | 2.11 (.47) | 7.1 | .00 |
| Cultural diversity children | 1-3 | 1.74 (.65) | 2.19 (.911) | 1.89 (.90) | 1.33 | .28 |

In Table 3 the percentages of expressed childrearing goals are presented per cultural group. Analyses of variance with Tukey post-hoc comparisons were carried out to further explore cultural differences in caregivers' reasoning about children's nature and childrearing issues. Dutch caregivers valued independence as a childrearing goal most, 18.2% of their expressed beliefs were related to independence. As such, Dutch caregivers valued independence more than the Mediterranean-Dutch caregivers, $F_{(2,59)} = 8.95, p = .00$. While Caribbean-Dutch caregivers stressed children's obedience, $F_{(2,59)} = 5.29, p = .00$, and correspondingly, an au-

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thoritarian childrearing style, $F_{(2,59)} = 4.86, p = .01$, Dutch caregivers mentioned these themes least often. Caribbean-Dutch caregivers were further found to talk, more often than Mediterranean-Dutch caregivers, about children's learning and development from a collectivistic perspective, $F_{(2,59)} = 4.47, p < .02$. No differences between the groups were found in the frequencies with which they spoke of individualistic childrearing goals as children's self-confidence, cognitive development or an individualistic view on learning and development. Further, caregivers mentioned actively stimulating children and creating opportunities for their development about equally often. Furthermore, no cultural differences between the caregivers were found for the frequencies with which they mentioned collectivistic themes as children's sociability, togetherness, social development, or strategies to manage the group.

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Table 3 Caregivers' cultural childrearing beliefs in percentages, broken down by cultural group

| | Ranges, Means and SD's | | | | | | $F_{(2,59)}$ | <i>p</i> | Contrasts |
|--|------------------------|---------------|-----------|---------------|---------------|---------------|--------------|----------|-----------|
| | Dutch | | Caribbean | | Mediterranean | | | | |
| | (N=20) | (N=20) | (N=20) | (N=20) | (N=21) | (N=21) | | | |
| Independence | 7 - 33 | 18.2 (.06) | 6 - 25 | 14.9 (.05) | 3 - 17 | 11.5 (.04) | 8.95* | .00 | D > M |
| Self-confidence | 0 - 8 | 4.6 (.02) | 0 - 9 | 3.3 (.03) | 0 - 9 | 3.2 (.03) | 1.68 | .20 | |
| Cognitive development | 0 - 4 | 1.6 (.01) | 0 - 6 | 2.7 (.02) | 0 - 8 | 2.7 (.02) | 2.58 | .08 | |
| Learning – individualistic perspective | 0 - 5 | 1.9 (.02) | 0 - 5 | 1.3 (.02) | 0 - 3 | 1.3 (1.2) | 1.06 | .35 | |
| Actively stimulating development | 5 - 29 | 16.5 (.06) | 5 - 25 | 12.5 (.05) | 4 - 26 | 14.3 (.06) | 2.4 | .10 | |
| Creating opportunities for development | 2 - 15 | 8.4 (.04) | 1 - 18 | 6.9 (.04) | 2 - 17 | 7.1 (.03) | .89 | .42 | |
| Obedience | 2 - 11 | 5.8 (.03) | 2 - 24 | 10.8 (.06) | 1 - 23 | 9 (.05) | 5.29* | .00 | C > D |
| Sociable | 3 - 24 | 14.3 (.06) | 6 - 21 | 14.6 (.04) | 9 - 26 | 16.8 (.05) | 1.58 | .21 | |
| Togetherness | 5 - 23 | 12.4 (.05) | 4 - 20 | 10.9 (.04) | 9 - 27 | 14.2 (.05) | 2.43 | .09 | |
| Learning – Collectivistic perspective | 0 - 7 | 2.9 (.02) | 0 - 12 | 4.7 (.03) | 0 - 7 | 2.6 (.02) | 4.47* | .02 | C > M |
| Authoritarian childrearing | 2 - 15 | 7.7 (.04) | 4 - 22 | 12.2 (.06) | 4 - 16 | 9.7 (.04) | 4.86* | .01 | C > D |
| Stimulating social development | 0 - 5 | 2.4 (.02) | 0 - 13 | 3.4 (.03) | 2 - 15 | 3.9 (.03) | 2.4 | .10 | |
| Group management | 1 - 9 | 4.3 (.02) | 1 - 12 | 3.9 (.02) | 1 - 7 | 4.1 (.01) | .28 | .76 | |

Next, we attempted to predict group membership based on caregivers' beliefs. Caregivers' cultural group membership was entered in the discriminant analysis as the dependent variable and the belief constructs as predictor variables (see Table 3). The first discriminant function accounted for 70.9% of the between-group variance ($p = .00$). A second discriminant function accounted for an additional 29.1%, but this function was not statistically significant ($p = .21$) and, therefore, is not considered here further. The first predictor maximally separated the three groups of caregivers. As shown in Table 4, the best indicators (loading .25 and above) for this discriminant function were 'independence', 'sociable' and 'togetherness'. Dutch caregivers mentioned the theme 'independence' most, followed by the Caribbean-Dutch caregivers, while Mediterranean-Dutch caregivers spoke least often about this topic. Mediterranean-Dutch caregivers emphasized the collectivistic themes, they mentioned 'togetherness' and being 'sociable' most. Surprisingly, Caribbean-Dutch caregivers mentioned 'togetherness' less often than Dutch caregivers. Children being 'sociable' was mentioned about equally often by Dutch and Caribbean-Dutch caregivers. As the second discriminant function was non-significant, it is not further discussed.

Overall, the discriminant function made accurate predictions for 65% of the Dutch caregivers, for 55% of the Caribbean-Dutch caregivers and for 95.2% of the Mediterranean-Dutch caregivers (compared to 33.3% by chance). Four Dutch caregivers (20%) were incorrectly classified as Caribbean-Dutch and three (15%) were classified as Mediterranean-Dutch. Of the Caribbean-Dutch sample, six caregivers (30%) were incorrectly classified as Dutch and three (15%) as Mediterranean-Dutch.

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Table 4 Discriminant function analyses of Dutch, Caribbean-Dutch and Mediterranean-Dutch caregivers' childrearing beliefs

| | Correlations of predictor variables with discriminant functions | | | |
|--|--|-------|--------------|----------|
| | 1 | 2 | Univariate F | <i>p</i> |
| Predictor variables | | | | |
| Individualistic beliefs | | | | |
| Independence | -.56** | -.33 | 9 | .00 |
| Self-confidence | -.17 | -.31 | 1.7 | |
| Cognitive development | .22 | .38 | 2.6 | .08 |
| Learning – individualistic perspective | -.12 | -.26 | 1.1 | |
| Individualistic practices | | | | |
| Actively stimulating development | -.06 | -.48 | 2.4 | .10 |
| Creating opportunities for development | -.10 | -.25 | 0.9 | |
| Collectivistic beliefs | | | | |
| Obedience | .14 | .69** | 5.3 | .01 |
| Sociable | .25 | -.02 | 1.6 | |
| Togetherness | .26 | -.27 | 2.4 | .10 |
| Learning – Collectivistic perspective | -.21 | .58* | 4.5 | .02 |
| Collectivistic practices | | | | |
| Authoritarian childrearing | .04 | .69** | 4.9 | .01 |
| Stimulating social development | .23 | .22 | 1.7 | |
| Group management | .00 | -.17 | 0.3 | |

Caregivers, whose predicted category membership did not correspond with their cultural background, were subjected to closer examination. We wanted to know whether these caregivers differed from the correctly classified caregivers based on their expressed beliefs, or whether these caregivers also differed demographically, that is, in years of experience, age, level of education, importance attached to religion, psychological acculturation, or the center's micro-cultural context factors. T-tests revealed statistically significant differences between the Dutch caregivers who were classified as having an immigrant background ($N = 7$) and the ones that were correctly classified as Dutch ($N = 13$). Dutch caregivers classified as Dutch mentioned actively stimulating children's development as an adequate childrearing practice more often than Dutch caregivers who were classified as having an immigrant background ($M = 18.6\%$, $SD = .05$ and $M = 12.6\%$, $SD = .07$ respectively), $t(18) = 2.2$, $p = .04$, $d = 1.00$. Concerning children's obedience, of Dutch caregivers classified as Dutch 4.8% of their expressed beliefs were related to obedience ($SD = .02$), compared to 7.5% ($SD = .03$) of the expressed beliefs of Dutch caregivers classified as immigrant-Dutch, $t(18) = -2.1$, $p = .05$, $d = 1.06$. Furthermore, Dutch caregivers classified as Dutch had been working in a child care setting for on average 8.8 years ($SD = 5.3$), versus 4 years ($SD = 3.2$) for the Dutch caregivers who were incorrectly classified, $t(18) = 2.2$, $p = .04$, $d = 1.09$. No significant differences between these two groups of Dutch caregivers were found for their age, level of education, working hours per week, the importance they attached to religion in daily life, or the micro-cultural context variables.

Caribbean-Dutch caregivers classified as Dutch ($N = 6$) were compared with the Caribbean-Dutch caregivers who were classified as having a migrant background, that is, either as Caribbean-Dutch or as Mediterranean-Dutch ($N = 14$). Caribbean-Dutch caregivers classified as Dutch attached more importance to children's independence ($M = 19$, $SD = .05$ and $M = 13.2$, $SD = .04$ respectively), $t(18) = -2.6$, $p = .02$, $d = 1.19$, and to children's self-confidence ($M = 6.3$, $SD = .03$ and $M = 2$, $SD = .01$ respectively) than their Caribbean-Dutch colleagues classified as immigrant-Dutch, $t(18) = -4.8$, $p = .00$, $d = 1.97$. The differences were considerable. Furthermore, Caribbean-Dutch caregivers who were classified as Dutch differed from the Caribbean-Dutch caregivers that were classified as having an immigrant background, in that they attached less significance to children's obedience ($M = 5.3$, $SD = .04$ vs. $M = 13.1$, $SD = .06$), $t(18) = 2.9$, $p = .01$, $d = 1.55$, to authoritarian childrearing strategies ($M = 6.7$, $SD = .03$ vs. $M = 14.5$, $SD = .06$),

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$t(18) = 4.3, p = .00, d = 1.81$, and to children's cognitive development ($M = 1.2, SD = .01$ vs. $M = 3.3, SD = .02$), $t(18) = 2.8, p = .01, d = 1.46$. Concerning their years of experience, significant differences between these two groups of Caribbean-Dutch caregivers were found. Whereas Caribbean-Dutch caregivers classified as Dutch had on average 9,7 years of experience in the child care field ($SD = 2.3$), the correctly classified Caribbean-Dutch caregivers had on average only 4.4 years of experience ($SD = 3.8$), $t(18) = -3.1, p = .01, d = 1.68$. No significant differences between these two groups of Caribbean-Dutch caregivers were found for their age, level of education, the importance they attached to religion in daily life, or the micro-cultural context variables. However, a near significant difference between these two groups was found for caregivers' scores on the PAS. This indicates that the Caribbean-Dutch caregivers classified as Dutch felt more bicultural ($M = 2.9, SD = .52$) than the other Caribbean-Dutch caregivers ($M = 2.5, SD = .40$), $t(18) = -1.7, p = .10, d = .86$.

Table 5 presents partial correlations of caregivers' childrearing beliefs with child care center context variables, controlling for caregivers' cultural background with a dummy variable immigrant vs. Dutch background. Whenever caregivers had more close colleagues with a immigrant-Dutch background, they mentioned individualistic views on learning less, $r(59) = -.28, p = .03$, and spoke less often about actively stimulating children's individual development, $r(59) = -.39, p = .00$, while they brought up collectivistic views on children's learning and development more often, $r(59) = .29, p = .03$. Furthermore, caregiver's with more close colleagues with a immigrant-Dutch background more often mentioned children's obedience, $r(59) = .28, p = .03$, and, relatedly, they spoke approvingly of authoritarian childrearing methods more often, $r(59) = .27, p = .045$. The more diverse the total caregiver team, the more caregivers talked about obedience, $r(53) = .40, p = .00$, and children's learning and development in a collectivistic way, $r(53) = .33, p = .02$. Correspondingly, in child care centers with a very diverse child population, caregivers talked about obedience, $r(53) = .34, p = .02$, and collectivistic views on learning more often, $r(53) = .31, p = .02$. Finally, correlations between immigrant caregivers' beliefs and their psychological acculturation, show that caregivers with lower PAS scores - caregivers who identify more or solely with their own cultural group - spoke more about children's obedience, $r(39) = -.34, p = .03$. Whereas caregivers scoring higher on the PAS - caregivers with a bicultural identity - talked more about actively stimulating children's indi-

vidual development, $r(39) = .38, p = .02$.

Table 5 Pearson correlations between caregivers' childrearing ideas and the micro-cultural context of the child care center after controlling for caregivers' cultural background

| Childrearing Beliefs | Diversity close colleagues (N = 59) | Team's diversity (N = 53) | Children's diversity (N = 53) | PAS (N = 39) |
|----------------------------------|---|---------------------------------|-------------------------------------|-----------------|
| Individualistic beliefs | | | | |
| Independence | -.04 | -.08 | -.09 | .12 |
| Self-confidence | -.17 | -.16 | -.01 | -.14 |
| Cognitive development | .03 | .09 | .18 | .08 |
| Individualistic view on learning | -.28* | -.11 | -.14 | .10 |
| Individualistic practices | | | | |
| Actively stimulating | -.39* | -.14 | -.06 | .38* |
| Creating opportunities | -.21 | -.19 | -.24 | .28 |
| Collectivistic beliefs | | | | |
| Obedience | .28* | .40** | .34* | -.34* |
| Togetherness | .05 | -.19 | -.10 | -.04 |
| Sociable | .13 | -.05 | .05 | -.21 |
| Collectivistic view on learning | .29* | .33* | .31* | -.14 |
| Collectivistic practices | | | | |
| Stimulating social dev. | .16 | .09 | -.07 | .23 |
| Authoritarian caregiving | .27* | .27 | -.02 | -.23 |
| Group management | -.12 | -.22 | -.24 | .00 |

Note. * $p < .05$; ** $p < .01$

3.4 Discussion

The increased cultural diversity in child care centers presents caregivers, parents and educators with the challenge of bringing together beliefs on child development and childrearing stemming from different cultural communities. This cross-cultural comparative study focused on differences and similarities in the childrearing beliefs of caregivers with different cultural backgrounds, working in Dutch child care centers. A central aim was to investigate whether differences in caregivers' reasoning could be accounted for solely by caregivers' cultural background, or whether other factors, such as experience, age, level of education, psychological acculturation, or the micro cultural context of the child care center, could explain these differences as well, as personal beliefs are influenced by socially shared beliefs within particular communities (Bugental & Johnston, 2000; Harkness & Super, 1999; Valsiner & Litvinovic, 1996). The present study contributes to these issues in several ways. First, cultural differences between Dutch and immigrant caregivers' childrearing beliefs were found evident, despite similar professional training. These findings are in agreement with the results of our previous study (Huijbregts et al., 2008). Dutch caregivers mentioned independence as a childrearing goal most, whereas Mediterranean-Dutch caregivers stressed the importance of collectivistic childrearing goals. These differences between the groups indicate strong influences from the cultural communities to which the caregivers belong (cf. Suizzo, 2007). However, Caribbean-Dutch caregivers were less pronounced in their focus on collectivistic themes than the Mediterranean-Dutch caregivers. These caregivers appear to be more familiar with individualistic childrearing beliefs, supposedly because there has been contact between the Dutch and the Caribbean societies for centuries. Furthermore, the results demonstrate that all three groups value dimensions of both individualism and collectivism, providing further support for the multidimensionality of childrearing beliefs (Harwood, Schölmerich, & Schulze, 2000; Harkness et al., 2000; Kağıtçıbaşı, 2005; Killen & Wainryb, 2000; Raeff, 2000; Suizzo, 2007).

Cultural differences in caregivers' beliefs about children and children's development were more profound than differences in preferred childrearing strategies (cf. Huijbregts et al., 2008). No cultural differences were found for ideas about creating opportunities for individual development, nor for ideas about stimulating social development, or for beliefs about group management. We believe that

preferred childrearing practices, being much more concrete, are more actively discussed, and therefore likely to be influenced by the ideas of colleagues (cf. Bugental & Johnston, 2000; Harkness & Super, 1999; Hong et al., 2000; Suizzo, 2007; Rosenthal, 1991). Furthermore, childrearing strategies are actively discussed and practiced in caregivers' education, making caregivers more alike in their beliefs about best childrearing methods.

The differences between caregivers' childrearing beliefs could not be explained exclusively by caregivers' cultural background. Marked differences were found for the effect of experience in the child care field on immigrant caregivers' beliefs. More experienced caregivers held more individualistic childrearing beliefs. It seems that working in a Western, individualistic child care context influences caregivers' beliefs. Also, individualistic childrearing goals seemed to be stressed by Caribbean-Dutch caregivers who were emotionally oriented towards the Dutch society.

Finally, an important contribution of this study concerns the influence of contextual factors on caregivers' beliefs. Having two immigrant-Dutch close colleagues, working in an ethnically diverse caregiver team and with an ethnically diverse children's group, made caregivers stress collectivistic childrearing goals – in particular obedience –, and collectivistic views on children's learning and development. That is, they expressed the belief that children's learning is mainly a process of maturation, and that development and learning occur through direct instruction and imitation, while the child's role is a passive one. Furthermore, caregivers whose direct colleagues were immigrant-Dutch attached less importance to the idea of children's learning and development as a cognitive constructive process in which the child plays an active role. Correspondingly, these caregivers did not attach much value to actively stimulating children's development. What is especially interesting is that this applied to all caregivers, also to the native Dutch. The data suggest that working in an ethnically diverse context not only reinforced collectivistic childrearing beliefs (Hong et al., 2000), but made Dutch caregivers, reared in an individualistic society, adopt collectivistic childrearing beliefs as well.

Implications

An important implication of this study is that it may enhance awareness of cultural biases in conceptualizing and evaluating quality of child care. According to

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critics, present child care quality standards are based on Western models of dyadic adult-child relationships within an individualistic socialization frame and, therefore, not particularly suited for regulating the quality of group-based care (cf. Rosenthal, 1999; Singer, 1993). Furthermore, the finding that caregivers influence each others' beliefs through continuous discourse, offers new perspectives on regulating child care quality processes. Making sure that child care centers employ at least one caregiver with a higher education in child psychology could bring the discussion about best child care practices at a higher level (cf. Early, Maxwell, Burchinal, Alva, Bender, Bryant et al., 2007). Ideas about optimally organizing and managing groups present an important addition to current child care quality standards. Whereas the finding that caregivers construct a shared understanding offers an entry to implement and discuss these child care quality standards. A second implication is the necessity of integrating the issue of cultural diversity in caregivers' education. Discussing childrearing beliefs – the nature of children and their development, children's functioning in social groups, values and norms regarding children's' development – should become customary in child care centers and in caregivers' professional preparation and training, in order to make caregivers more aware of their own and their colleagues' cultural beliefs.

Limitations of the study

The current study has several limitations that should be considered in future studies. In this study the focus was on professional care caregivers only. A limited set of possible determinants of caregivers' beliefs was included. Future research should also include the influence of parental childrearing beliefs, and examine the possible discrepancies in the beliefs of caregivers and parents. Despite these limitations, the present study offers valuable insights into the issue of cultural diversity in center-based child care. This is an important issue in western societies where immigration has resulted in culturally and ethnically diverse communities.

Conclusion

The present study investigated previously found cultural differences in caregivers' beliefs, by means of in depth interviews. Furthermore, the influence of the center's micro-cultural context on caregivers' beliefs was examined. The current study provided interesting insights into the processes of belief construction, as both colleagues and children were found to influence caregivers' childrearing be-

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liefs. The focus of the study was on belief systems, no attempt was made to relate caregivers' beliefs to actual childrearing behaviour. Even though we found differences in childrearing beliefs between caregivers, it is not yet clear whether this matters for actual care quality, or for children's developmental outcomes.

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