

# The Decision Tree

## Child Indicator Seeds for Success



### Why Culture Matters: Cultural Considerations Related to Feeding and Outcome 3

Over the last year, we have focused on how a family's cultural beliefs and values may influence both parenting practices and a child's level of development. For example, in October's Update, we discussed how varied toileting practices can be depending on culture and developmental expectations (including the American Academy of Pediatrics recommendations) and reviewed Virginia's decision not to consider toileting when determining a child's rating in Outcome 3 Uses Appropriate Behaviors to Meet Needs. Like toileting, feeding expectations can be equally as varied as well as emotionally intense for parents. And while we can't go as far as saying we won't consider feeding skills in determining a child's rating in Outcome 3, we do need to consider what is a true developmental delay versus what is lack of exposure due to cultural expectations and practices when determining what is "typical to same age peers".

One of the things Early Intervention (EI) providers often struggle with is parents who introduce feeding practices and liquids and/or solids that may not be in line with our own mainstream cultural expectations, whether it's an item we've come to know as a potential allergen or a feeding practice we consider developmentally inappropriate for the child's age. Another challenge we often face is our desire to align EI's family centered and culturally sensitive practices with the recommendations set forth by the American Academy of Pediatrics (AAP).

Examples of differences in cultural practices versus AAP recommendations are reflected in the following table from a study outlined in **Pediatrics in Review** Vol.30 No.3 March 2009. Many cultures believe infants should not be breastfed in the early days of life due to cultural taboos against colostrum. Although there is scientific evidence and support from the [AAP](#) regarding the many benefits of colostrum, many cultures believe it is harmful and instead practice the following:

Table 1. Examples of Prelacteal Feedings Given to Infants

Culture/Geographic Area	Liquids or Foods
Migrant farm workers in northern Colorado	Sugar water, water, juice, milk
Jamaica	Sugar water, mint tea, castor oil drops
Mayan-Indians in the Yucatan Mexico, rural	Sugar water Sugar water and freshly picked, unwashed herbs, Manzanilla (chamomile) or oregano tea with sugar (4)
Egypt	Sugar or caraway water, herbal teas, dried seeds with sugar (5)
Somalia	Sugar water, goat milk, other livestock milk, reconstituted powdered milk
Eastern Uganda	Sugar water, salty water, water, milk, porridge, honey (52%)
Zaire	Premasticated rice, mashed or pounded rice, infant formula
Rural India	Honey, butter, diluted animal milk, sugar, water, jaggery (crude brown sugar)
Vietnam	Ginseng tea, herbal-root tea or boiled sugar water (6)

This table is not meant to be comprehensive but to cover a few ethnic groups and to demonstrate the diversity of beliefs regarding prelacteal foods.

Developmental readiness is also an area of consideration when comparing AAP recommendations with many cultural practices. For example, the practice of introducing "complementary foods" (solid foods and liquids other than breast milk or infant formula) during the first year of life has varied over time and across cultures. Around the world, solid food is introduced in different ways and at different levels of developmental readiness. In many cultures, parents first chew adult food before offering it to the baby. This is called "pre-mastication" or "pre-chewing." It may be that enzymes from the mother's saliva help make the food more digestible. In addition, it's a simple way to make adult food soft enough for a baby to swallow. First foods also vary around the world. The Yafars, an ethnic group in Spain, prechew fish, headless grubs, and liver before feeding to babies (Fontanel 1998). Low in fat and high in protein, insects are easy to find and are

commonly eaten in many parts of the world. In Polynesia, a staple food is poi, a pudding-like mixture of breadfruit and coconut cream, a favorite for adults and easy for babies to eat. The Inuit, who reside in the Arctic, experience long winters with 40-mile-per-hour winds and temperatures 40 degrees below zero. It's difficult to grow crops or to have fresh vegetables or fruit. First foods for Inuit babies include seaweed, "nuk-tuk" (seal blubber), and, later on, caribou. In Puerto Rico, first foods might be potatoes mixed with milk, mashed boiled plantains, rice, mangos, fresh juices including pineapple juice (sometimes juices are diluted), and many other tropical vegetables and fruits.

And finally, there is the issue of cultural values regarding independence versus interdependence. This manifests itself in parental expectations and exposure to developmental skills; and ultimately constitutes what we as providers must rate as either "typical or atypical" for the child's age and family's cultural expectations. The following is a great article that helps healthcare providers understand the different value systems that influence individualistic and collectivist societies in regards to three emotionally charged topics: co-sleeping, feeding and toilet training- [How Individualism and Collectivism Manifest in Child Rearing Practices.](#)

In summary, a child's feeding skills must be considered in determining ratings for Outcome 3 recognizing that feeding is an area where there can be significant cultural variations, both with regard to when certain foods are introduced and with regard to independence in feeding (use of spoon, finger foods, etc.). When determining a child's rating in outcome 3, scores should reflect those cultural differences. If a child is not feeding himself with a spoon yet because his family's cultural expectation is that parents feed their child until a later age, then that missing skill should not prevent the child from having a rating of 6 or 7.