



# Multicultural influences on child-rearing practices: implications for today's pediatric dentist

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**A**vividly compelling portrait of the oral health status for a growing and diverse population of American children has painted for us by Dr. Casamassimo. Many children in this country of minority and ethnic backgrounds live in environments with which many practitioners have limited experience. Many pediatric dentists have already indicated that they perceive parenting styles to change in their lifetime, and these changes have necessitated changes in behavior management techniques used.<sup>1</sup> If we, as pediatric dentists, are to provide care for the growing population of "minority" children, then we need to develop an appreciation of the diversity of circumstances and difficulties many families live with on a daily basis.

I will speak about the diversity of cultural factors that influence child-rearing practices and specifically relate the effects of differing child-rearing practices on dental disease etiology, prevention, and care seeking. The dental disease focus of my presentation will also be early childhood caries, not only because it is the cause of most pain and suffering for children, but also because it is only what pediatric dentists are trained to treat and are capable of managing.

Let me preface my remarks by stating that, while parenting practices have, in general, been undergoing changes that likely have affected the way we practice as clinicians, there has been very little published research on child-rearing practices. There has been even less research on the role of cultural influences on child rearing practices. What little has been published will be the subject of my presentation this morning, interspersed with some anecdotal information from the clinical experiences of colleagues and my own experiences.

## Child-rearing beliefs/ practices and dental caries

In many ways, racial and ethnic identity is related to health status, health care, and outcomes, including those that pertain to oral health. Race and ethnicity are also related to such important factors as child-rearing practices, diet, the nature of family roles and health beliefs.<sup>2</sup>

However, as always, socioeconomic factors such as family income and parental education are confounders in health studies of racial and ethnic disparities. I will highlight the diversity of cultural factors that influence child-rearing practices by describing some unique aspects of parenting practices of African American, Latino, Vietnamese, and Native American families.

Much of the currently accepted views of child-rearing practices in the United States today are based on European American traditions that deem infant mental health to depend on the development of a close relationship to a consistent mother figure.<sup>3</sup> While the 2-parent nuclear family is still perceived to be the ideal family unit, 1 out of 4 children in the United States today live in single-family homes.<sup>4</sup> Additionally, one half of African American children live in female-headed households, and 9 out of 10 babies born to African American teenagers live in 3-generational households. For many families of racial and ethnic minority background, childcare may be shared.

In African American families, child-care responsibilities are likely to be dispersed, especially for the teenage mother. In fact, African American infants are brought up not to have one-on-one interaction with their mothers, but rather as group-focused interaction as members of their community.<sup>5</sup> In contrast to the more child-focused style of parenting characterized as authoritative, African American parents have been described as using a parent-center authoritarian parenting style.<sup>6</sup> The authoritative parenting style, with high control balanced by high responsiveness, is the discipline style most valued by contemporary mainstream child experts today. The authoritarian style of parenting is characterized by more obedience- and parent-defined rules. For African American families, the reliance on an authoritarian style of discipline may have its origins from fundamentalist religious traditions, with emphasis on child obedience. A discipline style that fosters obedience in children may serve as a protective mechanism from the chaotic or dangerous environment outside the home.<sup>7</sup> Additionally, parents may believe that a strict discipline style is necessary because of the severe consequences minority children face in the larger society if they misbehave.<sup>8</sup>

Social class has been found to be a confounding factor with race and ethnicity in many studies. African American and white mothers who are poor tend to value obedience more and are more likely to hit and scold their children. They are also less likely to use reasoning or issue commands with explanations compared with their more advantaged counterparts. On the other hand, a number of studies have found that African American parents are more severe and power assertive in the discipline of their children than white parents, even when controlling for socioeconomic factors.<sup>9</sup> Cultural norms are also determinants of feedings practices in African American 3-generational households. For example, where the mother is an adolescent, grandmothers have the dominant role in infant feeding decisions.<sup>10</sup>

Native American culture has been a subject of much scrutiny to understand the existence of possible unique risk factors for the extremely high prevalence of early childhood caries among Native American children. Native American culture is characterized by different indigenous beliefs that directly impact child-rearing practices.<sup>10</sup> Because prolonged bottle feeding is commonplace in the community, there is little pressure from within the community for individual families to change feeding practices.<sup>11</sup> In fact, many Native American parents consider early childhood caries a normal childhood disease that affects all children.<sup>12</sup> A Native American woman's identity in the community is closely linked to her role as a mother. As such, other family members are often reluctant to encourage children to discontinue bottle feeding because it is a symbol of infancy. Native American families also tend to be large, with overwhelming responsibilities such that caregivers often find it easier to use a bottle with milk or juice to pacify their children.<sup>10</sup>

Latinos are expected to surpass African Americans as the largest minority group in the United States by 2005.<sup>13</sup> High caries rates and prolonged bottle-feeding habits have been observed to be common among Latino families.<sup>14</sup> Although largely anecdotal in nature, the child-rearing practices of Latinos have been observed to be permissive. Many new Latino immigrants live in large family units, with multiple caregivers per child. Pacifying young children with the nursing bottle is a commonly accepted practice among Latino immigrants working long hours and enjoying little sleep. Children are allowed to fall asleep with nursing bottles containing juice, formula, or sweetened cow's milk. Juice is frequently offered to children because of high acceptance, low cost, and the belief by parents that it is nutritious. Friends and family often advise new parents to add chocolate syrup or other sweeteners to cow's milk to increase the child's acceptance.

Since filial piety and conformist respect are considered important to family life, Vietnamese families tend to apply strict discipline to their children such that, by Western standards, Vietnamese children are perceived to be shy and passive.<sup>15</sup> On the other hand, Vietnamese families have

been observed to be permissive with the nursing bottle. As with Latino immigrants, many Vietnamese immigrants live in large family units where parents, who are anxious to sleep at nighttime, also do not hesitate to pacify their children with a nursing bottle containing formula. Additionally, Vietnamese families encourage prolonged bottle-feeding with infant formula because formula is perceived to offer the best source of nutrition for young children. At the same time, by subscribing to a philosophy whereby the individual can do little to alter fate, parents fail to seriously consider the preventive dietary and oral hygiene recommendations of health care providers.

While studies have shown that there is no conclusive evidence that use of a nighttime bottle is a major risk factor for dental caries and, in fact, may be an oversimplification of the cause of ECC, it is still appropriate to discourage the bottle-to-bed habit.<sup>16</sup> Sleeping with the bottle, especially when it contains sugar, will contribute to high frequency contact of substrate to the bacteria. Certainly, just as we have moved away from simplistically indicting the nursing bottle as the cause of early childhood caries, parents have found a new and easy substitute for the nursing bottle: the no-spill sippy cup.

The importance of gaining awareness of the values and beliefs that pertain to specific cultural groups is to allow us, as clinicians, to better understand our patients such that we may present treatment and preventive recommendations that will be better accepted by patients and parents. Educating parents about disease prevention will require an understanding of the life circumstances that are unique to particular cultural groups. Studies have suggested that children with dental caries have parents who are overindulgent or demonstrate permissive child-rearing practices.<sup>17,18</sup> However, Serwint<sup>19</sup> failed to confirm a strong relationship between early childhood caries and parenting practices. Yet, child-rearing practices are associated with dental stress and may influence a child's acquisition of coping skills and stress tolerance.<sup>20</sup> For example, during immunization procedures, children whose mothers were authoritative were found to be significantly less distressed than children of either permissive or authoritarian parents.<sup>21</sup>

### **Cultural values and primary teeth**

Some cultures place little value on primary teeth. In fact, dental caries in the primary dentition is an accepted life occurrence for many children. Studies have reported high caries prevalence for the primary dentition in both developed and underdeveloped countries—as high as 92% in China and 75% in Scotland.<sup>17</sup> In the United States, Native Americans and children of low socioeconomic status also suffer from extremely high caries rates, as high as 70% to 80% in Native American children.<sup>23-25</sup> In fact, early childhood caries is so common among Native Americans that parents consider it to be a normal childhood disease that affects all children.<sup>11</sup>

## Cultural influences on care-seeking behaviors

Low-income immigrants and refugees from ethnic minority groups often delay entry into the health care system, underutilize services, and/or overutilize emergency room services because of language, cultural, and financial barriers.<sup>26</sup> Compared to white adults, ethnic minority groups have been reported to underuse dental services.<sup>27</sup> Reasons for differences in dental utilization include less education, less knowledge of oral disease prevention, and less access to care. African Americans, Hispanics, and Native Americans all experience greater tooth loss and higher rates of oral disease and morbidity and were less satisfied with dental care services. In a study of African American health attitudes, beliefs, and behaviors, 30% believed that their health was dependent upon fate or destiny, while only 50% believed that health was a priority in their life.<sup>28</sup>

Patient or family beliefs may negatively impact clinical care, by delaying or complicating care, denying preventive or health promotional strategies. Flores describes cultural factors that impede care seeking in Latinos, including language barriers and fatalism.<sup>13</sup> Latino parents report language problems as the single greatest barrier to health care access for their children.<sup>18</sup> Fatalism is the belief that the individual can do little to alter fate. Not surprisingly, fatalism can result in adverse health effects, including individuals avoiding preventive screening and available effective treatment. Individuals who have fatalistic beliefs about their health also have lower perceived need to care, leading to less self-care and lower utilization of preventive health services.<sup>30</sup> Parents who believe that dental caries is unavoidable for their children may choose to not seek care for their children, not accept treatment, and ignore preventive recommendations because they believe that their children will not be able to escape outcomes which they consider to be inevitable. *Confianza* and *personalismo* are cultural values that are expected of health care providers.<sup>19</sup> Developing a warm personal relationship and trust with Latino patients will instill greater confidence for treatment recommendations to be accepted.

Many individuals belonging to minority groups or of low economic status lack knowledge about how to prevent oral diseases. Additionally, cultural values and beliefs are important factors that impact care-seeking behaviors. Racial and cultural identity is also related to child-rearing practices that can, in turn, influence a child's risk for disease and a child's ability to cope with a new and potentially stressful environment, such as the dental office or dental procedure. More research examining the relationship between cultural/racial influences on oral health care is absolutely essential to allow us to best care for our country's "minority" children. As practitioners and educators, the more tuned in we are to the multicultural world we live in, the better we can contribute to reducing oral health disparities and improving the oral health needs of all children.

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