

PEDIATRICS PERSPECTIVES

Cross-cultural Parenting: Reflections on Autonomy and Interdependence

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As pediatricians to an ever-diversifying population, we encounter a range of parenting styles and beliefs, particularly among recent immigrants to the United States. Most pediatricians received some cultural competency training during medical school, focused mainly on how different cultures interpret and treat illness. However, at many well-child visits, the conversation inevitably turns to questions about child behavior, development, and parenting, which are similarly influenced by culture but inadequately addressed in training. This commentary discusses 2 culturally informed themes of parenting in the anthropology literature: autonomy and interdependence.¹⁻⁴ These themes can help pediatricians understand the origins and goals of many parenting behaviors, especially when different from their personal beliefs. When we examine our own attitudes toward autonomy and interdependence, we may strengthen our relationships with families, demonstrate cultural sensitivity, and more effectively offer anticipatory guidance around certain childrearing practices consistent with children's developmental stage.

Parenting goals and behavior are influenced by cultural norms and informed by expectations of adult behaviors that are valued by a particular society. In general, the United States, Europe, and other "Western" cultures emphasize autonomy: individual achievement, self-reliance, and self-assertiveness. The United States was founded on these characteristics, as reflected in the iconic imagery of explorers, frontiersmen, and entrepreneurs. In addition, the practice of bronzing a baby's first pair of shoes symbolizes pride in his or her independent steps, away from the parent. To raise self-confident, individualistic children, parents offer frequent praise, favor verbal feedback over physical contact, and promote independent behaviors. Children are encouraged to think critically, question the status quo, and distinguish themselves from others. Thus, a parenting style emphasizing autonomy is informed by the belief that independence leads to individual adult achievement.

In contrast, other cultures, particularly in Asian, African, and Latin American countries, tend to value interdependence: collective achievement, sharing, and collaboration. Parenting behaviors that reinforce these concepts are thought to originate in agrarian societies in which the community's survival required pooling limited resources (food, water, and shelter), then distributing them equitably.¹ These values often

are expressed in parental expectations that children obey authority, share their possessions, and place the family's and community's needs before their own. Challenging authority and building self-esteem are less important in cultures that historically depended on collective action to ensure survival. Cultures that promote interdependence typically have a longer duration of sleeping in close proximity, less emphasis on independent feeding, stricter approaches to obedience, and more respect for elders. While autonomy-oriented cultures symbolically bronze baby shoes, a traditional Japanese ritual, *Hesono O*, involves placing the dried umbilical cord in a keepsake box and burying it near the home. This ceremony celebrates interdependence and is believed to ensure a close future relationship between mother and child. Many parenting priorities, such as feeding practices, sleeping arrangements, and school success, fall along the spectrum from autonomy to interdependence and are likely informed by the parents' cultural beliefs related to their own upbringing. Because some parenting behaviors may conflict with the pediatrician's beliefs, as well as with expert policy statements, we aim to review some examples of parenting differences that pediatricians might encounter.

Parents' feeding method exemplifies cross-cultural parenting differences. Certain cultures may emphasize self-feeding to support a toddler's growing autonomy and need to practice fine motor skills, whereas parents from cultures oriented toward interdependence may spoon-feed children through toddlerhood and beyond. Depending on the child's temperament and the family's mealtime dynamic, both autonomous feeding and spoon-feeding can present challenges that conflict with the pediatrician's and parents' shared goal of adequate weight gain

and nutrition. Pediatricians who value the development of autonomy might be critical of a mother who is spoon-feeding her 4-year-old child, especially if the child is overweight (eg, Is the mother exerting too much control?) or underweight (eg, Is the child refusing his mother's feeding?). Other relevant examples of cultural influences on feeding practices include breastfeeding duration, acceptance of breastfeeding in public, and timing of introducing complementary food. Feeding practices can be an interesting theme to explore with immigrant parents who may be struggling with the tension between their cultural beliefs and their acculturation process.

Bed-sharing is a parenting practice that emphasizes interdependence. A more autonomy-oriented approach is to have the infant sleep in his or her own crib or room, which requires the infant to self-regulate and self-soothe. However, for many cultures, putting the infant in another room is considered unacceptable, and due to traditional practices or physical constraints the infant shares a bed with the mother or parents. How do pediatricians negotiate the tension between common cultural practices and the American Academy of Pediatrics' recommendation against bed-sharing during infancy⁵? One helpful alternative is room-sharing without bed-sharing, such that the infant's bassinet is placed next to the parents' bed. The child and parents can therefore see, hear, and often touch each other, which promotes closeness and parental responsiveness. Sleep position is another practice about which parents feel strongly, and although it is less relevant to the autonomy/interdependence continuum, parental concerns should be elicited, particularly with regard to infant comfort and choking.⁶ Parents may feel greater partnership with their child's pediatrician when their beliefs are

explored as part of a discussion about recommended sleep practices, rather than alienation or judgment for not following professional guidelines.

Parents' definitions of school readiness and educational success can shed light on their orientation toward autonomy or interdependence. Parents in more autonomous cultures consider children ready for school when they demonstrate skills such as counting, recognizing letters, or independently completing tasks such as coloring pictures. Participating in class and developing original ideas are seen as educational achievements. In more interdependent cultures, "readiness" implies the development of obedience, respect for authority, and appropriate social skills. In certain immigrant families in the United States, there is a sense of familial obligation. Although education may be highly valued, the young adult may be expected to stay close to home after finishing his education to care for aging parents or younger siblings and contribute to his or her community. As children get older, it is important to explore both the parents' and the child's expectations of "success", and explore any conflicts between the adolescent's loyalty toward his or her family and community and desire to be an autonomous adult.

Every family is both a unique microcosm and a product of a larger cultural context. Sleeping arrangements, feeding practices, and school success are 3 examples of parenting challenges that are influenced by cultural tendencies toward autonomy or interdependence. Importantly, these values are not dichotomous but rather exist along a spectrum. In addition, dimensions of autonomy and interdependence can coexist depending on the context, and they may change over time.⁷ In times of crisis or stress, cultural influences, family traditions, and the

role of grandparents may become more pronounced. By eliciting and understanding how cultural norms shape parenting behavior and how they may relate to a child's growing autonomy and/or interdependence,

pediatricians can help parents gain better insight into their goals for their child and how they address parenting challenges. This approach may encourage parents to more openly discuss their struggles with

their child's pediatrician and more readily consider his or her guidance and advice. Thus, we can increase the self-awareness of parents and ourselves as pediatricians to families from diverse cultural backgrounds.

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FURTHER READING

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