

A Cross Cultural Analysis Examining Bed Sharing Practices Between Western and Eastern Cultures.

This essay explores bedsharing in different cultures, grouping countries with similarities in co-sleeping practices. The focus countries will be Japan, China and Korea representing the East in comparison to the United Kingdom (UK), the United States of America (USA) and Australia representing the West. The full extent of co-sleeping globally is difficult to measure due to a variety of terms and definitions being used in the scholarship surrounding this topic (Huang et al, 2010; Gettler et al, 2010; Mitchell et al, 2012) and the redefining of terms to encompass current knowledge (Ball, 2017). To bring clarity to this work, the term ‘room sharing’ will be used as a descriptor when the child sleeps in the same room as their caregiver on a separate sleep surface. Additionally, the term ‘bedsharing’ will be used to refer to when adults, usually the mother, sleep close enough to their infant so that they can both respond to each other’s cues and sensory signals (Huang et al, 2010; Ball, 2017; Mileva-Seitz et al, 2017; Chung & An, 2014). This arrangement generally means sharing a sleep surface i.e. sleeping in the same bed. It does not include sofa or chair sleeping. The term ‘co-sleeping’ will be used as an encompassing term for both practices (ibid).

The subject of co-sleeping is a polarizing topic (Ball, 2017; Mileva-Seitz et al, 2017; Huang et al, 2010), with Western health professionals generally advising against bedsharing (McKenna & Volpe, 2007) whereas, it is a natural part of parenting in the East (Chung & An, 2014). Differences between the East and West are rooted in variances in childcare philosophies, sleeping behaviours and home architecture alongside social, psychological and legal dimensions (Chung & An, 2014; James & James, 2008), some of which will be explored throughout this essay. The partnership between educators and families is impacted by differences in the cultural background of both leading to differing views and expectations on the role of the provision and the parents which can lead to misunderstandings and differences in approach (De Gioia, 2013). Greater knowledge and understanding of cultural practices supports effective partnership with parents within an Early Years context. It is therefore necessary to develop a pedagogy that values cultural differences to enhance relationships with

all members of the family based on understanding and knowledge which in turn will enhance children's educational experiences (Ang, 2010).

Since the start of the twentieth century, the prevailing norm in Euro-American sleep ecology has been to emphasise solitary infant sleeping, on a separate surface, alongside the use of sleep aids and transitional objects to offer security (Shimizu et al, 2014; Ball & Russell, 2014). Early independence is a key developmental goal in the West and successful parenting is judged by choices made, particularly about sleep, that lead to infant autonomy (Hooker et al, 2001; Germon et al, 2007). To promote separation and view infant independence as an important developmental milestone is a relatively new phenomenon (Ball, 2009; Kim et al, 2017) which is in significant contrast to the anthropological view that bedsharing is a 'normal, species-typical behaviour' (Ball, 2009:23). In independence focused countries such as the UK, the USA and Australia, the role of the mother is attenuated, with families tending to have a more egalitarian approach to family roles and practices with an emphasis on autonomy for the children (Shimizu et al, 2014).

Bedsharing is caught between public health interventions in Western societies as it has a strong link to breastfeeding duration, alongside its relationship as a potential risk against the prevention of sudden unexplained infant deaths (SIDS) (Vennemann et al, 2012). The Western medical paradigm creates contradictory messages which leads to confusion for parents trying to make the 'correct' choices and meet health recommendations whilst also following instinctive and cultural norms of parenting practice (Hooker et al, 2001; Ball, 2009). Intensive research and public health activity surrounding SIDS began in the 1990s, with the research focusing on the causes of SIDS. The research found a significant protective factor to be placing babies on their backs to sleep on a suitable surface alone (Bartick et al, 2018; Vennemann et al, 2012).and strict guidance came into place within the UK, the USA and Australia (Mitchell et al, 2012). The public health campaign 'Back to Sleep' launched in the UK in 1991, with similar campaigns initiated globally (Ball, 2017; Vennemann et al, 2012). This campaign has seen a significant decrease in the number of sudden infant deaths but there are still mixed views on the impact of bedsharing once risk factors are removed (Ball, 2017; Vennemann et al, 2012). A society's culture and values influence medical literature which in turn influences the culture and values of the society, which has created in the West, a dominant view that bedsharing is unsafe and not the convention (Huang et al, 2010; Johnson et al, 2013), with an implication that bedsharing is an irresponsible choice in all instances (Gettler et al, 2010). Research shows that some forms are unsafe but that has created a discourse that all forms are unsafe (McKenna

& Volpe, 2007; Chung & An, 2014). An approach persuading families against the practice, stigmatises those families that choose to bedshare and this can lead to a reluctance to discuss the practice with health professionals resulting in an underreporting of the practice (Salm-Ward and Doering, 2014; Luijk et al, 2013; Hooker et al, 2001). A more open dialogue between families, health professionals and educators increase the opportunities for safer practice (Salm-Ward and Doering, 2014; Luijk et al, 2013). To provide consistency in care between home and settings, equitable and open relationships are needed to promote honest communication regarding home practices to be shared (Hughes & MacNaughton, 2002; De Gioia, 2013) which also provides opportunity to distribute safety knowledge.

The UK's National Institute for Health and Care Excellence (NICE), reviewed the guidance on bedsharing and SIDS in 2014, which led to new recommendations being published as an addendum. This stated that there is no compelling evidence linking co-sleeping to SIDS, but separate recommendations were needed for bedsharing and sofa sleeping (NICE, 2014). The UK and Australian guidance currently is to room share alongside advising parents regarding the statistical association and specific risk factors for bedsharing and SIDS, but they no longer advise parents to never sleep with their babies (Ball, 2017). In comparison, the USA recommends room sharing only and specifies to not share a sleep surface (Moon et al, 2016). This shift in guidance in the UK and Australia now focuses on providing education to eliminate risks rather than promoting no bedsharing at all (Bartick et al, 2018). Salm-Ward and Doering's (2014) study agrees with the changes made to the NICE (2014) guidelines and consider that the harm minimization approach is vital to inform parents and increase knowledge rather than just discouraging the practice. Early Years settings can contribute through working in partnership with parents.

The prevailing medical opinion coupled with societal pressure to not raise clingy or needy children leads to a low incidence of bedsharing (Huang et al, 2010; Kim et al, 2017). Therefore, the norm in Western cultures is to follow 'expert' advice, alongside an accepted ideal for the promotion of independence which creates parental expectations for routines and discipline to ensure the creation of emotional independence, autonomy and infant separation (Chung & An, 2014). Yet, in the last twenty years a change in Western culture, has seen a rise in families choosing to bedshare for some, or all the night despite the educational messages. Blair and Ball's (2004) study concluded that bedsharing in the UK is actually considerably widespread, particularly when associated with breastfeeding. The re-emergence of breastfeeding appears to be a significant cause, as studies have shown that bedsharing is prevalent in breastfeeding

families, even when they did not have a plan to bedshare with the two practices going hand in hand (Luijk et al, 2013; McKenna & Volpe, 2007; Huang et al, 2010; Ball, 2009). Bedsharing appears to be chosen for benefits such as facilitation of breastfeeding, reduced crying, enhanced maternal bonding, emotional comfort, tradition, improved sleep and psychological outcomes (McKenna & Volpe, 2007; Hooker et al, 2001; Germon et al, 2007; Mitchell et al, 2012). Thus, highlighting that modern-day parenting values have an impact on assumptions about sleep practices (Bartick et al, 2018) and this is creating a move away from the historical medical paradigm.

The practice of bedsharing is much more common in Asian societies and non-industrialised countries (Li et al, 2009, Huang et al, 2010; Jiang et al, 2007) ranging from 10%-79% of children up to five years of age and 11-53% for school aged children in China with similar figures reported in studies by Fukumizu et al (2005), for Japan and Yang & Hahn (2002) for Korea (Huang et al, 2010) and Takahashi et al (2018) finding a high likelihood of Asian preschoolers continuing to bedshare. Traditional parental ethnotheories place value on interdependency and physical proximity with the societal and cultural expectation on mothers and their role in raising children (Li et al, 2009; Shimizu et al, 2014; Kim et al, 2017; Takahashi et al, 2018). For example, within Japanese families the set-up is usually with a strong mother and child link and the father separate. The mother-child bond is traditionally highly valued compared to Western families, where the marital bond has the higher value (Shimizu et al, 2014; Chung & An, 2014). Japan, China and Korea have similar views and customs around co-sleeping and the practice is not only socially acceptable but considered to be a natural part of parenting with the belief that there are numerous benefits. Parental preference is to share a room or bed with children and to have parent-infant sleep contact (Huang et al, 2010; Chung & An, 2014; McKenna et al, 2007; Nelson et al, 2001). Within the Korean language there is no word for co-sleeping. It is believed to be good for children's stability and is part of love and promoting love with mothers believing that the optimal duration is three to six years after birth (Chung & An, 2014). Similar views are held by mothers in China (ibid) with a common view that children are too young to sleep alone and that it is the role of the parent to look after the child while they are sleeping (Jiang et al, 2007).

Solitary sleeping for children is viewed by many within these cultures as neglectful (Chung & An, 2014; Johnson et al, 2013), with some studies reporting Asian mothers as seeing it to be merciless, cruel and abusive (Shimizu et al, 2014; Ball, 2009). This traditional viewpoint corresponds with contemporary research which has found sleep separation to raise cortisol

levels (the stress hormone) for mother and baby. When prolonged, research has found that mother's levels decrease, yet even though babies appear to have self-settled, their levels remain high which is an indicative factor of physiologic stress (Beijers et al, 2012) which if prolonged can 'create long term changes in brain architecture and behaviours that could even be passed onto the next generation in a phenomenon known as toxic stress' (Bartick et al, 2018:4). Less emphasis appears to be placed on a medical model informing policy. Sawaguchi et al's (2002) study highlighted that a campaign providing information regarding SIDS in Japan gave no message about bed sharing and the study found that rates of bedsharing actually increased. A similar study in Korea by Yoo et al (2013), made recommendations for nationwide education on safe sleeping implying that this is not already policy and Huang et al (2010) infer that Chinese parents have little access to information surrounding bedsharing and that more is needed to offer informed choice. Despite a seeming lack of clear policy, Asian cultures represent the lowest SIDS deaths globally (McKenna & Volpe, 2007; Beal & Byard, 2000) which may be representative of the different ways bedsharing is practiced between the East and the West (Chung & An, 2014).

New values are being developed trying to balance traditional societal expectation and the economic realities of women working and valuing their independence and not wanting to parent in the traditional expected way (Kohyama et al, 2011). It can be difficult to construct parenting values when trying to blend traditional infant practices with rapid social change (Shimizu et al, 2014) and yet a shift is beginning towards more Western egalitarian gender roles (Kohyama et al, 2011) which could create conflict for mothers who no longer wish to conform to these traditional expectations (Shimizu et al, 2014). However, the concept of family in Asian societies emphasises collective needs, interdependency and conformity (Chung & An, 2014). An important Japanese value is commitment to a role, especially the maternal role, and this manifests in parenting practices where mothers choose to be in close proximity to meet their baby's needs. Korean mothers have a similar sense of obligation, that proximity is a natural part of parenting (Kim et al, 2017). This has potential for change as Japan and other Asian countries continue to experience significant changes to education, family structure, wealth and women's roles within the workforce. Although Shimizu et al (2014) found that trends do not currently appear to be taking a move to more Western practices with contemporary Japanese mothers still co-sleeping.

A comparative social tool for understanding cultural differences is Hofstede's 'Dimensions of National Culture' model (2011). Hofstede identified differences in national value systems and

created a 6-dimension model that measures different aspects of culture against other cultures (Hofstede, 2011). This model is applicable when looking at child rearing practices, such as co-sleeping, to recognise patterns between countries that score similarly on influencing cultural dimensions; such as individualism versus collectivism and the masculinity versus femininity of a society and how child-rearing practices vary between contrasting countries and the reasons why this may be. There is a difference between cultures that place a high value on autonomy and individualism in comparison to those that place a high value on collectivism and interdependence which results in most cultures being able to be divided into two basic patterns of child rearing practices (Lujik et al, 2013; Shimizu et al, 2014; Johnson, 2013). This is particularly seen through the practice of co-sleeping with many intracultural variations despite it being ‘the predominant sleeping strategy throughout human evolution’ (Luijk et al, 2013:1092).

Hofstede’s (2011) research found Korea and China to have high levels of collectivism, interdependence and solidarity compared to the English speaking Western cultures such as the USA, the UK and Australia who emphasise autonomy, independence and individualism. Japan is individualistic by Asian standards but collectivist by Western standards (ibid). Collectivist societies place value on belonging and loyalty alongside caretaking whereas individualistic societies are more focused on themselves as individuals (Hofstede, 2011). This dichotomy lends itself to infant sleeping practices which reflect these traits, with the Asian countries having parents and infants sleeping together and the Western society’s babies predominantly sleeping alone (Shimizu et al, 2014).

A contributing factor to the traditional methods of co-sleeping and bedsharing being maintained could be derived from Hofstede’s (2011) long term orientation dimension, which suggests that a low score shows societies that prefer to maintain time honoured traditions and norms. Yet conversely, China, Japan and Korea score highly in this area which encourages exploration outside of Hofstede’s dimensions for an understanding of why bedsharing is a prevalent practice in these countries compared to their Western counterparts. This highlights how Hofstede’s (2011) model reflects culture at a national level but cannot account for value differences at the individual level (Hofstede, 2011) which are influenced by factors other than just culture.

Sleep arrangements are a key part of family life and sleep practices are embedded in a larger, complex system that is impacted by cultural beliefs, parenting values and individual child

characteristics (Geramo et al, 2007); alongside differences in social values and socio-economic status and there is a marked difference between countries and even regions within a country (Huang et al, 2010; Johnson et al, 2013). Night time sleeping practices are reflective of the values a society expects of its individuals regarding independence or interdependence (McKenna et al, 2007; Hooker et al, 2001) and yet anthropological perspectives show that sleep including co-sleeping and bedsharing are practices that are learned and thus culturally produced. Therefore, it is necessary to look at these practices cross-culturally to learn and find evidence around the benefits and the risks alongside the factors that make it safe or unsafe (McKenna & Volpe, 2007; Mileva-Seitz et al, 2017; Johnson et al, 2013). Knowledge of the culturally informed parenting themes of autonomy and interdependence allows understanding to develop for professionals working with families, surrounding the history and reasons for parenting behaviours encountered, that may be different from their own experiences and beliefs. Children attending Early Years settings come from an ever-increasing variety of multicultural backgrounds with different traditions and values (Ang, 2010). The Early Years Foundation Stage recognises the necessity to respond to differences, including culture, to be able to meet children's holistic needs. The guidance calls for practitioners to be role models to the children within their care, but to do this effectively for all children, requires an understanding of differences in home care practices including co-sleeping to ensure all families feel valued (ibid). This allows for culturally sensitive, effective relationships to be built with parents (Johnson et al, 2013) and to raise awareness of safe practices to reduce risks in culturally delicate ways (Mitchell et al 2012; Nelson et al, 2001).

Care and education of children cannot be disconnected, and learning takes place from birth, consequently choices and practices made by parents are fundamental to a child's healthy development (Giardiello & McNully, 2009). Current research in neuroscience makes links between early experiences, learning and brain development. (ibid). Children acquire societal, gender and national cultures from early on (Hofstede, 2011) and childhood is constructed through the actions of adults and children whether intentionally or unintentionally alongside cultural factors. This creates different understandings of childhood which are also dependent on the moment of time and the different societies in which they take place (James & James, 2008). Cultural politics of childhood are concerned with the ways of 'being a child' and how individual experiences of childhood are different; especially when comparing ratifying countries of the United Nations Convention on the Rights of a Child (1989), and how different societies define children's needs and rights differently (ibid). Childhood, although a universal

experience does not conclude with a shared understanding and attitudes; as the attitudes, policies and expectations surrounding children differs around the world (Edwards, 2015). Therefore, it is important to ensure different practices are not viewed only from an ethnocentric view or cultural relativist viewpoint but somewhere in between (ibid). Ang (2010:50) believes practitioners need to ‘develop a critical consciousness’ to how they ‘perceive and interpret the world’ as tensions can arise when a parenting practice is incompatible with an educators professional or personal opinion. By gaining a deeper cultural understanding surrounding parenting practices allows an improved parent partnership with open dialogue to achieve positive outcomes for the child (Ang, 2010). Views, behaviour and caregiving routines are influenced by each practitioners’ cultural framework built by their own cultural and familial values. Recognition of this creates an opportunity to consider any points of conflict or need for additional knowledge to make adaptations to their own practice and to enable being open to others cultural perspectives (Ang, 2010).

The practice of bedsharing is unlikely to be eradicated through public health recommendations (McKenna & Volpe, 2007) as there are a host of influencing factors that play a role in culturally specific ways, including the parents’ views; professionals’ views; partner intimacy; early child autonomy; sociodemographic; contextual factors such as breastfeeding; child temperament and individual sleep habits (Luijk et al, 2013). It also provides such an effective parenting choice, particularly when combined with breastfeeding due to it enhancing sleep, attachment and affection (McKenna & Volpe, 2007). Mitchell (2009), believes parents have a right to know the risks and then make an individualised, informed choice which harmonises with Thoman (2006) and Salm-Ward (2015), who consider that all promotion of safe sleep needs to be individualised to groups of parents to make it as safe as possible. A popular approach to bridge the gap and create a new shift in practice is the use of bedside cribs that offer the closeness, but retain a separate sleep surface (Thoman, 2006). Condemning the practice is unlikely to change the practice of bedsharing from happening, therefore it is better to educate on safe practice and inform parents of the risks that exist with bedsharing and how to minimise them (Beal & Byard, 2000; Kim et al, 2017). The International Childcare Practices Study (Nelson et al, 2001), concluded that bedsharing has beneficial effects especially when linked to breastfeeding and that it would be ineffective and nonsensical to recommend against the practice particularly where the rates of SIDS are generally low such as Asian countries.

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