



Original Article

Ethnic differences in prevalence and determinants of mother–child bed-sharing in early childhood



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ABSTRACT

Background: To date few studies have examined how multiple layers of influences shape the emergence of bed-sharing practices in the first 2 years postpartum. In our report, we examined bed-sharing in a large multiethnic sample, exploring the influences of three broad classes of influence on bed-sharing at single time points and across time: (1) sociodemographic and (2) contextual factors such as breastfeeding, maternal mental health and stress, and (3) child temperament and sleep habits.

Methods: Frequencies of bed-sharing were assessed at two time points, 2 and 24 months, in a population-based multiethnic (Dutch, Turkish or Moroccan, and Caribbean) sample of 6309 children born in the Netherlands.

Results: In Dutch mothers, the majority of mothers did not share their beds with their child, and bed-sharing rates decreased from 2 to 24 months. Other ethnic groups showed higher bed-sharing rates, typified by both increases in bed-sharing (the Turkish and Moroccan group) and persistence of bed-sharing over time (the Caribbean group). There were few family and child characteristics associated with bed-sharing in the non-Dutch ethnic groups. In contrast, bed-sharing in Dutch mothers was associated with child temperament and sleeping problems, maternal depression, and sociodemographic variables like crowding and maternal education.

Conclusions: Our results suggest that mothers with a Turkish and Moroccan or Caribbean background were more influenced by cultural values, whereas bed-sharing practices were more reactive in the Dutch group.

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1. Introduction

Bed-sharing, the sharing of a sleeping surface by parents and children, is a sleeping strategy with wide inter- and intracultural variations in frequency. It has been the predominant sleeping strategy throughout human evolution [1]. In modern societies, the practice is less common due to a mixture of cultural factors (e.g., parents' and professionals' beliefs that bed-sharing compromises partner intimacy and early childhood autonomy [2–4]), and medical recommendations (e.g., based on epidemiologic

studies showing potential links between bed-sharing and sudden infant death syndrome [5]). The primary research focus continues to be on exploring potential risks for bed-sharing [5,6], with a narrower and parallel focus on normative descriptions of bed-sharing through observational and laboratory studies [7–10]. In our report, we examined bed-sharing in a large multiethnic sample, exploring three broad classes of influence on bed-sharing at single time points and across time: (1) sociodemographic and (2) contextual factors such as breastfeeding, maternal mental health and stress, and (3) child temperament and sleep habits.

Bed-sharing prevalence is higher in non-Western cultures [11,12]. In 2001 the International Child Care Practices Study reported bed-sharing prevalence across 21 countries with frequencies ranging between 2% and 88% [13], and similar cross-cultural variation has been reported in other studies [14–18]. In some

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Western and typically nonbed-sharing nations, there have been increases in bed-sharing over the recent decades; there was an increase from 6% to 13% between 1993 and 2000 in the United States [19], and similar increases were found in Northern European countries such as the Netherlands and Norway [20–23]. The authors suggested that this increase could have resulted from greater attention to the importance of infant sleep environment and breastfeeding. Because of this cultural variability, valid bed-sharing prevalence rates are difficult to establish and must be explored in multiple diverse samples.

Bed-sharing prevalence rates do not reveal the underlying influences on this sleeping practice. Among the most widely reported factors associated with a greater prevalence of bed-sharing are socioeconomic factors like lower family income, lower maternal age, lower maternal education, and nonwhite ethnicity [18]. For example, the US and UK literature suggests that bed-sharing rates are greater in nonwhite ethnicities [19,24,25]. Furthermore, there is evidence that ethnicity has a greater influence on bed-sharing than SES factors [26]. In general bed-sharing appears to be less prevalent in cultures that value autonomy and individualism as is the case for most Western or developed nations, potentially due to parents' desire to instill early independence in their children by encouraging sleeping alone.

Another major maternal component in bed-sharing is breastfeeding; bed-sharing and breastfeeding are positively related [9,27,28]. This component may be a bidirectional and mutually reinforcing relationship [29], with bed-sharing both facilitating breastfeeding and being facilitated by a mother's desire to continue breastfeeding while minimizing the sleep deprivation imposed by frequent night awakenings [30]. Parental variables such as parental stress and mental health also are likely to influence bed-sharing. Maternal mental health and particularly depression is an important determinant of maternal care including sleep-related parenting behavior [31]. Depressed mothers generally are less responsive and sensitive to their children, report more frequent sleep problems in their children, and exhibit greater rates of bed-sharing [31–33]. There is evidence that the relationship between depression and bed-sharing may be dependent on ethnicity. Maternal depression is associated with increased bed-sharing for black mothers, but not for white mothers in the United States [26] and mothers in Barbados [34]. Depression imposes considerable burdens not only on the parent but on entire family units and may be correlated with parental stress [31,32]. Cortesi et al. [35] reported that parents of 5- to 9-year-old children who share a bed have significantly greater levels of psychologic and marital stress. However, this cross-sectional clinical study did not determine if parental stress resulted from bed-sharing, or vice versa, or if the results could be generalized to younger children. Studying these factors in a prospective longitudinal cohort study would help to clarify the associations.

As children grow, they become more active contributors to shaping parental care practices [36]. Therefore, child variables may influence whether or not parents decide to bed-share and if this practice is maintained over time. Two potential child factors are temperament and sleep problems. Sleep problems and bed-sharing are associated in studies of older children, but the direction or causality is difficult to determine [35,37]; the studies also tend to be cross-sectional in nature, only examining single time points. Further, predictors normally do not include multiple child and mother variables, even when multiple time points were examined [38,39]. To a greater extent, prolonged bed-sharing occurs in families with preexisting and persisting child sleep problems [40], suggesting that child factors may evoke bed-sharing. In short bed-sharing practices result from multiple interacting factors that play a role in culturally specific ways. Accordingly, attempts to clarify the multiple predictors of bed-sharing ought to examine multiple sociodemographic, maternal, and child variables.

In our study, frequencies of bed-sharing were assessed at two time points, 2 and 24 months, in a population-based multiethnic (Dutch, Turkish and Moroccan, and Caribbean) sample of 6309 children. We tested the following hypotheses: (1) that prevalence rates would be lower in the Dutch group compared with the Turkish and Moroccan and Caribbean groups at both time points and (2) that the major determinants of bed-sharing at both time points will differ across ethnicities, so that the odds of bed-sharing in Turkish and Moroccan and Caribbean families may be more influenced by cultural factors and less influenced by specific maternal and child characteristics compared to the Dutch families. As a secondary analysis, we examined the maintenance of bed-sharing from 2 to 24 months postpartum.

2. Methods

2.1. Study design and participants

Our research is embedded in the Generation R Study, a prospective cohort in Rotterdam, the Netherlands, following children from the prenatal period onwards [41]. All pregnant women living in Rotterdam and with expected delivery dates of April 2002–January 2006 were invited by their midwife or obstetrician to participate during routine prenatal visits. The estimated rate of participation was 61%. The research was approved by the Medical Ethical Committee of the Erasmus Medical Center, Rotterdam. All participants signed written consent. Data on bed-sharing practices were available for 5095 mothers at 2 months and 5361 mothers at 24 months.

2.2. Measures

Data for our study were retrieved from medical records and were collected by prenatal and postnatal questionnaires. On request (i.e., in the case of illiteracy or low education), trained research assistants with varied ethnic backgrounds helped with the completion of the questionnaires.

2.2.1. Bed-sharing

We assessed sleeping practices at 2 and 24 months using a parental questionnaire relating to the place of sleep of the child [42]. Bed-sharing was defined as the child sharing a bed with the mother or both parents. At 2 months the question was, “how often does your child sleep in the bed of the parents for a part of the night or the whole night?” More than three times a week was considered bed-sharing. At 24 months the questions was, “where does your child stay for the majority of the night?” The options were in the child's own bed or in the parents' bed.

2.2.2. Maternal predictors

2.2.2.1. Ethnicity. Maternal ethnic background was determined by the country of birth of the mother and the mother's parents, a classification employed by Statistics Netherlands [43]. If the mother or one of her parents was born outside the Netherlands, this country of birth determined the ethnic background. If both parents were born outside the Netherlands, the country of birth of the mother's mother determined the ethnic background. The major ethnic groups in our study population were Dutch (Northern European, $N = 3680$; 58%), Turkish and Moroccan ($N = 697$; 11%), Caribbean (Antillean and Surinamese, $N = 539$; 9%), and other (all non-Dutch ethnicities which did not fall in the previous categories, including Cape Verdean, Indonesian, and multiple black ethnicities [$N = 1393$; 22%]). Because of the great ethnic heterogeneity of this sample, no additional results except prevalence are presented for this last group. The Turkish and Moroccan, Antillean, and Surinam-

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