

Observational Study of Behavior of Care Givers of Institutionalized Infants



Home Science

KEYWORDS :

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ABSTRACT

The present observational study of care givers behaviour towards institutionalized infants revealed many important observations that the caregivers were attending to the physical needs of the infants but the other important need i.e social and emotional were neglected. Caregivers though exhibited positive behaviour like vocalizing, maintaining eye contact, holding the child, it was found in very few observations and only for short duration of time. Another important finding of the study was that positive behavior of caregivers of 7-30 months was less than the caregivers of infants less than 6 months. The care givers of institutionalized infants showed negative behavior like interacting with others, not maintaining eye contact. The negative behavior was found to be more in caregivers of infants below 6 months age.

INTRODUCTION

Attachment is a strong, long-lasting emotional connection, an emotional bond that is person-specific and is enduring across time. The first attachment relationships experienced by the child affects his/her capacity to trust people and the development of emotional regulation. The development of the child's social skills, empathy, ego-resiliency, and his/her psychosocial and emotional survival in general, are all strictly connected to his/her first attachment relationships. The most important emotional ties a child builds are those created before she/he reaches five years of age. Early attachment experiences shape the development of individual's personality and affect their adaptive capacities, as well as vulnerabilities to and resistances against particular forms of future pathologies. Further early attachment accounts for differences in people's cognition, behaviour, social skills, and emotional responses, and also leads to the development of internal working models. Secure attachment in childhood makes people grow up with a view of themselves as secure and competent and of the world as safe and buffers the impact of trauma and it basically keeps humans alive.

The child can develop attachment relationships with more than one person and the attachment relationships can change with time. Attachment is in fact a life-long process and does not stop with adulthood. Attachment is also not unilateral. Children get attached to their caregivers and vice-versa and both of them benefit from this emotional bond. It in fact provides comfort during distress, warmth, empathy and nurturance, regulates emotional availability and provides physical and psychological protection

When caregivers are generally sensitive, responsive and available, providing repeated experiences of reducing uncomfortable emotions, safe and secure attachment develops in a child. They make the child feel soothed and safe when he/she is upset and this becomes encoded in the implicit memory of the child. Through secure attachment, infants develop internal representations of themselves with positive self-worth. The Internal Working Model is how we view and what we believe about ourselves, others and the world. A child can also develop insecure attachment when caregivers are generally unavailable or they are rejecting him/her. In this way the infant develops internal representations of low self-worth. Insecure attachment is not a psychopathology but it is a risk factor for it. Possible consequences of insecure attachment are:

- Poor self-esteem and self-regulation;
- Aggressive/rejecting and/or withdrawn/ isolating relations with peers;

- Low frustration tolerance;
- Less positive affect;
- Lags in cognitive, developmental and academic competence;
- Increase in behavioural symptomatology (anxiety and depression).

Common structural characteristics of orphanages, for example, include wards that house relatively large numbers of infants and young children, sometimes as many as 30 in each. The number of children under the care of a single caregiver during their working hours is often high, ranging from 6 to 10 or more children per caregiver, including infants in the first year of life.

Many different caregivers often serve the children. When vacations, staff turnover and other factors are considered, children may be exposed to 60-100 different caregivers over their first two years of life. The care they receive tends to be highly regimented.

Studies also find common characteristics in the quality of caregiver-child interactions that occur in institutions. These interactions often tend to be limited to the routine chores of the day, such as feeding, bathing and changing. Such chores are often done in a perfunctory, business-like manner with little social interaction and caregivers tend not to respond to a crying child or to play with the children and afford little warmth and sensitivity. One-on-one interaction is rare and reciprocal verbal and nonverbal "conversation" is limited.

OBJECTIVE OF THE STUDY : To study the positive and negative behaviour exhibited by the caregiver of institutionalized infants

METHODOLOGY:

SAMPLE: Child care institution by name SishuVihar-run by Department of Women Development and Child Welfare, Government of A.P. Yusufooda, Hyderabad has been selected for the study as institutionalized children of SishuVihar would have yielded rich data for this study. The infant caregiver interactions were selected for the study in order to study different aspects of interactional patterns of caregivers with children in various settings such as feeding, playing and sleeping.

Method of data collection

Since the interactions between infant and caregivers had to be observed in natural settings where natural behaviours were to be coded from the cc-cameras, the investigator has to select the recorded videos from cameras and code the interactions between infant and caregiver. The behavior is coded for about 10 minutes of duration in 72 natural informal settings.

Analysis pattern

The data in the form of coding scheme were transformed from the recorded video to computer using observation behavior software as mentioned above and further empirically analyzed using statistical measures such as frequencies, percentages, will be applied for data analysis to find out the interactions between infant and caregiver in different informal settings.

RESULTS AND DISCUSSION

Young children are dependent on the care they receive from others. In this sense, there is no such thing as a baby can do on its own. There is always baby in the care of someone. All the child's physical and psychological needs must be met by one or more people who understand what infants, in general, need and what this baby, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support. The tables below gives observed behavior of caregivers to institutionalized infants.

Table 1: Frequency distribution of observed positive behavior of care givers institutionalized infants

Sno	Behavior Observed	Total number of observation	Total duration of observations (in mins)	Birth-6 months		7-30 months	
				Frequency (NO)	Duration (h:m:ss)	Frequency (NO)	Duration (h:m:ss)
1.	Care giving	72	720	129	2:42:06	24	0:19:03
2.	Holding	72	720	97	1:46:30	40	0:28:24
3.	Smiling	72	720	14	0:07:53	03	0:02:02
4.	Playing	72	720	09	0:06:30	22	0:17:05
5.	Vocalization	72	720	102	1:52:30	74	1:02:20
6.	Looking at child	72	720	80	0:59:52	23	0:22:50
7.	Encouragement	72	720	02	0:00:49	08	0:01:44
8.	Supporting	72	720	08	0:06:16	13	0:04:18

The results of the observation clearly indicate that caregivers showed positive behavior of caregiving more than others, followed by holding, vocalization and looking at the child. Another interesting observation was that these positive behaviors though also found in caregivers of young children in 7-30 months age, it was exhibited very less and for very short duration of time. Other positive behaviours like smiling, playing with child, encouraging and supporting the child was found to be very less and which existed only for few minutes.

Fig- 1 Positive behavior observed in care givers of institu-

tionalized infants and young children

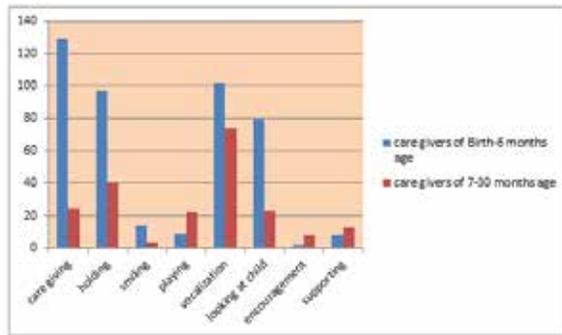


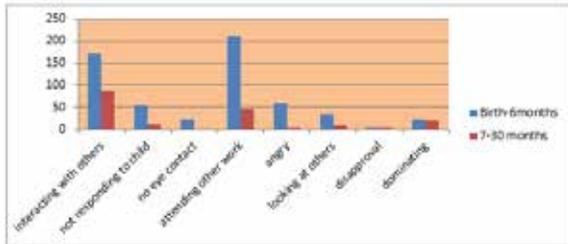
Table2: Frequency distribution of negative behavior observed in caregivers of institutionalized infants and young children

S.no	Behavior Observed	Total number of observations	Total duration of observations (in mins)	Birth-6 months		7-30 months	
				Frequency (NO)	Duration (h:m:ss)	Frequency (NO)	Duration (h:m:ss)
1.	Interacting with others	72	720	172	2:13:23	87	1:33:21
2.	Not responding to the child	72	720	55	0:34:58	12	0:06:35
3.	Maintaining no eye contact with the child	72	720	22	0:13:38	02	0:01:24
4.	Attending to other work	72	720	210	3:09:49	47	0:28:20
5.	Angry vocalization/ (no verbal interaction with the child)	72	720	60	0:38:43	05	0:03:05
6.	Looking at others	72	720	34	0:22:28	11	0:06:44
7.	Disapproval	72	720	04	0:14:17	04	0:03:44
8.	Dominating/ threatening	72	720	23	0:24:10	20	0:09:03

The study on observation of caregiver behavior highlighted an important finding that caregivers didn't show much interest in infants and attended other works and were interacting with others. The study also revealed that in 72 clippings the care giver did not maintaining an eye contact with the infant and either there was no interaction or angry vocalization of caregiver was observed. Another important finding of the study was that these negative behaviors were exhibited more by caregivers of less than 6 month infants than the caregivers of 7-30 month old infants. Similar findings were reported by Nelson *et al.*(2007) that

in institutions for young children under four years are overcrowded, clinical environments with highly regimented routines, unfavourable caregiver to child ratios, and unresponsive staff who see their roles more related to nursing and physical care than to psychological care.

Fig-2 Negative behavior observed in care givers of institutionalized infants and young children



CONCLUSION

The present observational study establishes that the overall positive behavior like care giving, holding, making eye contact, smiling and vocalization was found be less in care givers of 6-30 months age. The negative behaviors like not maintaining eye contact, not verbalizing with child, attending others were found more in care givers of birth-6 month's infants.

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