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Education and Development in Early Childhood in Two Portuguese Cultural Contexts: The Mainland and Azores*

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The various aspects of a child's development (physical, psychological, emotional, relational, cognitive, linguistic, perceptive, and motor), as well as the child's needs and attitudes, are key throughout his/her life and have been studied over the years by various researchers. We will examine the similarities and differences observed in the education and stimulation of children in two cultural contexts: on the Portuguese mainland (Lisbon, Almada, Santarém, Almeirim, and Portalegre regions) and Azorean islands (São Miguel, Pico, and Terceira). Our research focussed on children's upbringing and development in the following areas: food and hygiene; cognitive and linguistic development; perceptual and motor development; emotional and relational development; sleep; and play and childcare practices. We identify several aspects that contribute to children's positive physical and psychological development in the first two years of life, both on the mainland and in the Azores, examining aspects, such as sensory stimulation, sleep, types of play, and toys.

Keywords: development, child, education, stimulation, culture

Introduction

Since the 1950s and 1960s, studies focussing on child development have emphasised the influence of parental involvement and pre-school teachers on children's education, highlighting that early interactive experiences play a key role.

As such, the child is considered an active being with the capacity for complex social involvement. Their visual, auditory, and vocal behaviours, as well as their attention patterns, are constructed within a social context by the child themselves.

Since the 1980s, researches undertaken by Ramos on parental practices in different cultures and social contexts, which have been presented both in specialised texts and films, show a wide range of individual and cultural representations and practices, as well as development contexts (Ramos, 1990; 2011).

The origin of parents' ideas or conceptions regarding their children's education and development is based on two positions: One is the subject's experiences and the other is their socio-cultural contextualisation.

In this article, we will examine similarities and differences we observed in the education and stimulation of children in Portugal in two cultural contexts (the mainland and islands) regarding the multiple aspects of

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child development:

- Food and hygiene;
- Cognitive and linguistic development;
- Perceptual and motor development;
- Emotional and relational development;
- Sleep;
- Play and childcare practice.

We undertook this comparative study in 2007, selecting 100 participants on three Azorean islands (São Miguel, Pico, and Terceira) and 100 participants on the mainland (Lisbon, Almada, Santarém, Almeirim, and Portalegre regions) using an interview survey.

Child Development

From the 1950s and 1960s, studies on child development have emphasised the influence of parental involvement and pre-school teachers on children's education, demonstrating that early interactive experiences play a fundamental role in the child's development and later growth (Silva, 2011).

In the 1970s, various researchers highlighted the importance of the child, essentially in terms of individuality and his/her interactive ability (Schaffer, 1996).

Babies understand the world through what mothers do with their faces, voices, bodies, and hands. The mother's acts provide the baby with initial experiences of communication and human connections, which are the first social interactions between the child and the world around them. Such interactions differ, depending on the culture in which the child is immersed. According to Ramos (1990), the need for dependence in infancy is inherent to the species: "Children is dependent in infancy, which is inherent to the species. It is from this need for dependence that the attachments and sense of security so important and indispensable for the individual's future life are developed" (Ramos, 1990, p. 317).

All over the world, children grow according to the same sequence. Some seem to move very quickly towards certain developmental "milestones", while others take longer. Most characteristics that make everyone unique are the product of interaction between the biological model already present in the fertilized egg and the experiences of the child as they grow up (Sylva & Lunt, 1994).

Parallel to this growth, psychic organisers emerge, the first being the smile, as indicated by Garvey (1992). However, an infant's smiles are slight and fleeting and occur regardless of external stimulus. A more obvious smile, responding more directly to external stimuli, begins to appear while awake at approximately three weeks of age. A baby's smile emerges around the age of three months and is normally over-interpreted by the mother as meaning "he recognises me": "The smile grows from a faint grimace to a broad grin. Chortles, laughs and chuckles and guffaws come later, but do not, of course, replace smiling" (Garvey, 1992, p. 33).

According to Stommen (1986), all aspects of a child's development are interrelated. Many behaviours only appear when the necessary structures have been developed. Psychological development can influence physical development, as well as be influenced by it.

Some researchers believe that there is a process between infant and mother that is like imprinting in birds. N. Sprinthall and R. Sprinthall (1994) referred to this process as affectional bonding, which produces a strong emotional connection between mother and child. This process requires direct physical contact between child and mother, which should occur within the first three days of the baby's life.

Various studies, such as those by Spitz and Bowlby, demonstrate the importance of the affectional relationship in children's physical, emotional, intellectual, and social health. Anna Freud and Dorothy Burlingham highlighted that, to successfully complete the stages of early childhood, children need sensitive and affectionate care to create trust, empathy, and solidarity. (1986, as cited in Brazelton & Greenspan, 2003).

For Brazelton and Greenspan (2003), emotional relationships are the most important basis for intellectual and social development. These foster affection, intimacy, and pleasure; give confidence, physical security, and protection from disease and harm, providing basic needs, such as food and housing. When there are robust, empathetic, and affectionate relationships, children learn to be more caring and supportive, transmit their feelings, reflect on their own wishes, and integrate socially.

We are led to restate that the mother's role in children's emotional and relational development is crucial to the future development of both their physical and intellectual abilities (Silva, 2011).

According to N. Sprinthall and R. Sprinthall (1994), cognitive activity during this stage is essentially based on immediate experience via the senses, while the fundamental intellectual activity of this stage involves interaction with the environment, also through the senses.

N. Sprinthall and R. Sprinthall (1994) argued that language is heavily influenced by learning, although learning is based on biology. When they are around one year old, babies can associate sounds with objects and start saying their first words. After the first word, the child's vocabulary slowly grows in the months that follow.

Jerome Bruner (1983) found that communication can also occur in games with objects and not just in unilateral "conversations". The game of give-and-take helps children alternate conversations. At around 12 months old, children begin using words where, before, there was action (Silva, 2011).

> It is not always easy to identify a child's first word. Parents usually identify a first association of syllables as the first word, such as, "pa-pa". This identification occurs between 9 and 18 months, with the average age being 12 months. After 18 months have passed, the delay becomes significant. (Silva, 2011, p. 14)

N. Sprinthall and R. Sprinthall (1994) demonstrated that one of the most important aspects of childhood is the development of motor skills. In a study by Shirley (1931), the data suggest a definite pattern for motor development: Babies can hold their heads before they sit down unaided; they sit before they crawl and crawl before they walk. The more complex activity of fingers and thumbs only usually occurs when the baby is around one year old.

The new-born's sleep patterns vary considerably. The baby has to recover from the trauma of childbirth before re-establishing the sleep/wake cycle (Brazelton & Greenspan, 2003).

This author adds that it is possible to identify six sleep and awaking states in new-borns: deep sleep, active (light) sleep, drowsy, quiet alert, active alert, and crying. In deep sleep and crying, the baby ignores environmental stimuli.

Method

To verify the differences and similarities between the mainland and Azores regarding children's education and development in the following areas: food and hygiene; cognitive and language development; perceptual and motor development; emotional and relational development; sleep; and play and childcare practices from 0 to two years old, we conducted a comparative study which, according to Fortin (1999), is the type that establishes the differences between two or more different groups. Similarly, Lakatos (1988, as cited in Silva, 2011) maintained

that the comparative method is used for comparing groups in the present, in the past, or between existing ones and those of the past, as well as between societies during equal or different stages of development.

As established by Fortin (1999), the comparative method facilitates a better understanding of human behaviour to verify similarities and/or differences between different types of groups, societies, or populations.

We used interview surveys to collect data. According to Carmo and Ferreira (1998), interview surveys should be chosen and are recommended in the following situation: "[In] cases where the researcher has important questions, where the answer cannot be found in the available documentation or, having found it, it seems unreliable, and needs verification" (Carmo, 1998, p. 128).

We used a non-probabilistic sample, according to Carmo and Ferreira (1998): "Non-probabilistic samples can be selected on the basis of systematically-used, intentional choice criteria, in order to determine the population units that are part of the sample" (Carmo & Ferreira, 1998, p. 197).

The target population was made up of people who had children or cared for children over two years old.

When selecting the sample, we used the following criteria:

- People with knowledge and the ability to express themselves;
- The most varied ages, professions and schooling possible;
- Geographical areas with different cultural and socio-economic characteristics.

Data Collection

To obtain a greater diversity of participants, we chose three islands in the Azores. These were selected considering the number of inhabitants and to ensure that the islands were not too close to one another. We conducted 40 interview surveys on São Miguel between January and April 2006; 30 interview surveys on Pico between June and September 2006; and 30 interview surveys on Terceira between September and December 2006.

On the mainland, we also wanted the most diverse data possible. Essentially, we conducted the interview survey in the Lisbon, Almada, Quinta do Conde, Santarém, Almeirim, and Portalegre regions. Here, we began the survey in February 2006 and finished in March 2007. Interview surveys were conducted during a few months throughout the year.

Results

Interviewees were mainly female, both in the Azores and on the mainland. Childcare was essentially provided by the family and divided equally between the rural/urban environment in the Azores, while on the mainland, this occurred mainly within the urban environment. Interviewees are mostly mothers (Azores and mainland). Most families fitted into the nuclear category, both in the Azores and on the continent, and most of the interviewees were married.

The sex of the children was 55% male and 45% female in the Azores, and 49% male and 51% female on the mainland.

Most of the interviewees were aged between 35 and 45.

When the children were born, the average age of the parents was 31 years old (father) and 28 years old (mother) in the Azores. On the mainland, the average age was 29 years old (father) and 28 years old (mother). The average age of the children is currently nine years old in the Azores and 10 years old on the mainland.

In the Azores, 48% of parents had only completed basic education, compared to 26% on the mainland,

where 44% had completed higher education, compared to 26% with basic education. In the Azores, only 25% reported having higher education.

Tables 1 and 2 detail their professional occupations.

Table 1

Sample Distribution According to Child's Father's Profession

Variables	Azores (N = 100)		Mainland (N = 100)	
	Frequency	Percentages (%)	Frequency	Percentages (%)
Father's profession				
Senior staff in public administration, managers, and higher-level company employees	3	3.0	9	9.0
Specialists in intellectual and scientific professions	30	30.0	34	34.0
Mid-level professionals and staff	4	4.0	9	9.0
Administrative staff and similar	10	10.0	6	6.0
Services staff and sales people	17	17.0	18	18.0
Farmers and skilled agricultural and fisheries workers	4	4.0	4	4.0
Labourers, builders, and similar workers	20	20.0	11	11.0
Plant and machine operators and assembly workers	5	5.0	6	6.0
Unskilled workers	2	2.0	0	0.0
Unemployed	5	5.0	3	3.0
Total	100	100.0	100	100.0%

Table 2

Sample Distribution According to Child's Mother's Profession

Variables	Azores (N = 100)		Mainland (N = 100)	
	Frequency	Percentages (%)	Frequency	Percentages (%)
Mother's profession				
Senior staff in public administration, managers, and higher-level company employees	0	0.0	3	3.0
Specialists in intellectual and scientific professions	29	29.0	41	41.0
Mid-level professionals and staff	8	8.0	7	7.0
Administrative staff and similar	9	9.0	6	6.0
Services staff and sales people	14	14.0	15	15.0
Farmers and skilled agricultural and fisheries workers	0	0.0	0	0.0
Labourers, builders, and similar workers	10	10.0	14	14.0
Plant and machine operators and assembly workers	0	0.0	0	0.0
Unskilled workers	2	2.0	1	1.0
Unemployed	28	28.0	13	13.0
Total	100	100.0	100	100.0

Most parents had the help of their grandparents, both in the Azores and on the mainland. Even in terms of expenses, grandparents helped the parents with childcare and day-to-day costs.

The following observations were made regarding food and hygiene:

In the Azores and on the mainland, most state that the child recognised the bottle between two and four months old, which was in line with what those surveyed expected.

Children who started recognising the bottle at this age were essentially stimulated with "activities related to emotional and cognitive development". On the mainland, 10% of the children who recognised the bottle at this age had not been stimulated, according to parents and pre-school teachers. These parents and pre-school teachers may not remember or simply did not stimulate the children.

For the majority in the Azores, the children began eating pureed and solid foods with a spoon, with help, at between six and eight months, while, on the mainland, most parents indicated that it was between three and five months.

Most interviewees said that the age that their child began "eating with a spoon" was what they expected—57% in the Azores and 60% on the mainland. Few expected this to happen earlier (4% in the Azores and 2% on the mainland), although a significant number "do not remember" (19% in the Azores and 14% on the mainland).

The abovementioned children who started eating pureed and solid foods with a spoon, with help, were mostly subject to "sensory stimulation" (22% in the Azores and 21% on the mainland) and "cognitive and affectional stimulation" (13% in the Azores and 12% on the mainland).

Most answers given by the interviewees coincide with the literature, which indicates that a child puts their hand on the bottle, in recognition, from the age of three months old.

The age given by the majority for children to "drink on their own and eat a few spoonfuls" was 10-12 months (44% in the Azores and 45% on the mainland), while seven to nine months was also indicated by 33% in the Azores and 21% on the mainland.

This was in line with expectations, since the indicated age was considered normal—86% for the Azores and 80% for the mainland.

To stimulate the child to perform this task, 42% chose to "encourage exploration" on the mainland, while in the Azores only 19% mentioned this. In the Azores, "sensory stimulation" is the most popular option (33%), compared to 21% on the mainland. "Cognitive and emotional stimulation" receives the same percentage in the Azores and on the mainland—11%; 12% in the Azores and 13% on the mainland state they "do not do stimulation activities".

The children who started "drinking on their own and eating a few spoonfuls" between 10-12 months and seven to nine months were stimulated. The latter group via "cognitive and affectional stimulation" and "sensory stimulation" and the former through "sensory stimulation" and "play"

In terms of cognitive and language development, we conclude:

In relation to children's first words, many parents and pre-school teachers in the Azores and on the mainland chose the option, "do not know" (40%); in relation to children between 11 and 13 months, the same option was chosen by 32% in the Azores and 34% on the mainland.

In the Azores, many interviewees stimulated children using music (30%), while, on the mainland, a large minority stimulated babies by talking to them (38%). There appears to be a very high percentage that did not stimulate babies on the mainland (24%), while this percentage is just 1% in the Azores.

In the Azores, the children who began saying their first words at 11-13 months were stimulated by "conversations" (20%) and 12% by "singing".

In terms of the mainland, the children were stimulated through "conversations".

In relation to language, all items agree with the literature, except for the number of words that children said at the age of two, as most interviewees mentioned between 50 and 100 words, while the norm is between 100 and

200. According to our interviewees, children on the mainland say more words at two years old than those in the Azores.

To develop and stimulate language "talked and taught"—57% in the Azores and 63% on the mainland. "Talking and playing" was mentioned by 13% in the Azores and 16% on the mainland. "Talking and singing" is indicated by 6% in the Azores, but not mentioned on the mainland.

Between 150 and 200 words are recognised by 27.5% in the Azores, compared to 36.4% on the mainland.

These children were stimulated in both the Azores and on the mainland via talking and teaching.

The first word spoken in the Azores is "father", while on the mainland it is "mother".

Both in the Azores and on the mainland (69% and 74%, respectively), participants believe that the children's first words are in line with what is normal.

In relation to perceptual and motor development, we conclude:

Most participants state that their child began to see after between one day and one month in the Azores and on the mainland. To stimulate vision, they showed children coloured toys and objects with sounds.

In terms of walking, the majority (Azores—73%; mainland—48%) state that their children started walking between the ages of 10 and 12 months, which is in line with the literature on the subject and parents' expectations.

To encourage walking, participants in the Azores indicated "playing with movements", while on the mainland, interviewees talked about "motor stimulation" (29%).

In relation to the children who started walking at the age of 10-12 months, we saw that 68% were stimulated in the Azores and 48% on the mainland. In the Azores, they were stimulated via "playing with movements", "motor stimulation", "music and dance", "attention" and "others". On the mainland, at the same age, they were stimulated through "playing with movements" and "motor stimulation".

In the Azores, 5% of those surveyed reported that children were not stimulated. These 5% had siblings, which means that their older siblings may have stimulated them, and the parents or guardians were unaware of it.

Regarding emotional and relational development, we conclude:

Most answers regarding the age children begin smiling indicate between two and three months (50% in the Azores and on the mainland), which is in line with the literature and parents' and pre-school teachers' expectations.

A significant number of interviewees in the Azores and on the mainland mention that children begin offering their toys between the ages of four and six months (46% in the Azores and 41% on the mainland).

In the Azores, most respondents stated that their children began asking for toys between the ages of six and seven months, while on the mainland, it was between eight to 10 months. The data for the Azores is within normal parameters, while the mainland is a little later than the average.

In terms of children's sleep, the key points are:

A very significant majority indicate that children's sleep was "calm and tranquil" (79% in the Azores and 71% on the mainland), which was in line with their expectations (70% in the Azores and 73% on the mainland), while 9% in the Azores expected them to sleep more hours and 2% on the mainland to be "less tranquil".

The majority reported that children aged 4-6 months slept between three and five hours during the day and five to eight hours at night. The daytime data are in line with the literature, which is not the case for the nocturnal period, when children should sleep between 10 and 11 hours. As such, if the number of hours indicated is accurate, the children in our sample may not have restful and structural sleep due to the few hours they sleep at night, or there may be "lapses" regarding the number of hours mentioned by interviewees.

According to the data for the two regions, the number of hours 12-month-old children sleep during the daytime is between three and five hours, with one to two hours coming a close second. We did not find any indication in the literature of the number of hours a child of this age needs during the day.

Most interviewees indicate that one-year-old slept between six and eight hours during the day in the Azores and on the mainland, which is far below what the literature recommends, which is between 11 and 12 hours.

In relation to children's play:

In the Azores and on the mainland, most interviewees stated that children started to play between the ages of three and six months. There were a variety of items covering the first type of play, but there is some focus on "cot toys and stuffed animals".

Parents are usually play partners. In the Azores, the majority taught the children to "play with toys", while on the mainland, parents used "verbal stimulation games". Perhaps this accounts why children in the Azores say fewer words than the norm and children on the mainland.

In the Azores, two-year-olds' favourites were "musical toys", while children on the mainland favoured "didactic toys". The majority of interviewees indicate that they helped develop play by "playing and teaching them to understand the games".

In relation to play, 62% in the Azores and 55% on the mainland state "they had no expectations", while 32% in the Azores and 23% on the mainland state they are "according to expectations".

In relation to childcare practices:

Most surveyed state that there was "no set time" for children's baths and no rituals. A significant percentage of those who had rituals mentioned "preparing the bath" (water, soap, and shampoo).

The majority answered that they did not massage their child. Those who did, both in the Azores and on the mainland, said it was to "calm the child". Those who did not massage their child answered that "they had never been taught how".

In terms of sleeping rituals, the majority state that they "put the child in a bed or cot in the parents' room" (20% in the Azores and 29% on the mainland). The same percentage (29%) of interviewees on the mainland indicated that they "held the child, rocked it, sang and told stories", while only 12% in the Azores mention it.

Most interviewees did not have mealtime rituals, neither in the Azores nor on the mainland; a significant percentage refers to feeding their children "according to a schedule", both in the Azores and on the mainland, and not at the child's request.

In relation to "when the child cried", in the Azores and on the mainland, most state that this is "according to needs". They believed the child's cry was normal. To stop the child crying, most of those surveyed responded by "picking the child up".

We can verify that the cultural styles of care, both in the Azores and on the mainland, are consistent with the "maternal, proximal-distal type" (Ramos, 1993).

Policy Recommendations

With this study, we can see that there is a need for health professional training in relation to child development, the importance of stimulation, and emotional relationships between mother/child and father/child, essentially in families with children up to the age of two. It is important not to forget that each child is unique, and flexibility is needed on the part of the professionals and should also be encouraged in parents and pre-school teachers, when it comes to theories of food, hygiene, sleep, and affection.

To this end, we propose that, in addition to changes in the initial education of children's pre-school teachers and health professionals working in the paediatric area, training be given to other people working in these areas. At the health centre/family unit level, there should be appointments that include, in addition to the child, parents/pre-school teachers. There should also be parents' meetings that address the most important issues for children's balanced development, where any doubts that parents/pre-school teachers have can be clarified. This kind of support should begin as soon as the mother knows she is pregnant.

In our view, the most important issues to address are:

- The early relationship (including the intrauterine relationship);
- What to do when the baby is awake—types of stimulation, emotional interactions
- The need for continuous affectional relationships;
- The need for physical protection, safety, and discipline;
- The need for experiences tailored to individual differences;
- The need for experiences suited to development;
- The need to establish limits, organisation, and expectations.
- Type of childcare and its importance.

Conclusions

Considering the above, we can see that there are differences in how children's development is stimulated in the Azores and on the mainland, particularly at the level of:

- Stimulation for feeding between seven and nine months, in the Azores there was a different category to "sensory stimulation";
- Between three and six months, how children are encouraged to play is different: In the Azores, they "play with toys", while on the mainland "verbal stimulation games" were more prevalent.

In terms of food, children between seven and nine months in the Azores are essentially stimulated via "sensory stimulation" and, on the mainland, "encouraged to explore".

To develop and stimulate language, most interviewees in the Azores "talked and taught", while on the mainland, they "talked and played".

Children's first word is different between the Azores ("father") and the mainland ("mother").

To encourage walking, interviewees in the Azores essentially indicated "playing with movements", while "motor stimulation" was more common on the mainland.

In relation to asking for toys, in the Azores this generally happens between six and seven months old, and on the mainland, between eight and 10 months. In the Azores, the data is in line with the norm, while it occurs a little later on the mainland.

Regarding children's sleep at night, most indicate that one-year-old children slept between six and eight hours, both in the Azores and on the mainland, which differs considerably from the literature, which states that children should sleep between 11 and 12 hours.

When it comes to play, parents are the favoured companions. In relation to children between three and six months, in the Azores, most respondents taught them to "play with toys", while, on the mainland, there were more "verbal stimulation games".

At the age of two, we also found differences regarding the type of toys used to stimulate children; in the Azores "musical toys" were popular, while "didactic toys" were more frequent on the mainland.

Childcare practices:

The majority state that there was “no set time” for children’s baths and no rituals.

In relation to massages, the majority said they did not massage their child.

In terms of sleeping rituals, most state that they “put the child in a bed or cot in the parents’ room”.

In the Azores and on the mainland, most did not have mealtime rituals.

In relation to “when the child cried”, interviewees considered the child’s cry to be normal. To stop the child crying, most of those surveyed responded by “picking the child up”.

An analysis of the collected data allows us to conclude that there are currently many means of improving child development. Although there have been positive changes in terms of hygiene and food, in terms of the quantity and quality of sleep, language stimulation, and pedagogical games, best practices are far from common.

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