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Childhood, culture and emotion: a study on heartfelt competences

Antonio Salvador Jiménez Hernández^{a*}, Juan José Leiva Olivencia^b, Estefanía Almenta López^b

^aFacultad Ciencias de la Educación Universidad de Huelva, Avda. 3 de marzo s/n. 21071 Huelva. Spain.

^bFacultad de Ciencias de la Educación. Campus de Teatinos s/n. 29071 Málaga. Spain.

Abstract

In this paper we address 16 out of the 46 items that constitute an ad hoc instrument designed to investigate the intercultural competence level of educators working with migrant children without family references in Spain. Although the study has eight objectives, in this paper we focus exclusively on identifying gaps in the intercultural competence training of those educators. Based on the descriptive method, this research project has used a representative sample of 334 subjects distributed among the different Spanish regions. After the analysis of the collected data, the results show that the level of intercultural competence felt by the respondents is relatively low. There are also some significant differences when conducting comparative analysis between male and female professional groups. In the latter group the skill level attained is perceived to be slightly higher.

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1. Introduction

To discuss three concepts such as childhood, culture and emotion, they should be considered within a framework of skills, which are traditionally denominated intercultural, although they include other dimensions such as emotions. There has always existed an eternal debate about whether emotions are universal or cultural, but it could be stated that both types of emotions exist. This article is focused on the emotions of children from other

* Corresponding author. Tel.: +34 687938449
E-mail address: antonio.jimenez@dedu.uhu.es

cultures. We specifically address the identification of these emotions by Spanish professionals working with migrant children without family references. This aspect has proven to be very relevant because when a child feels that their cultural background is understood and respected, they are likely to be more receptive and cooperative with their teachers and this will facilitate the process of integration in the host society. In this sense, it is important to learn to manage emotions. An emotion is a complex state characterized by excitement or disturbance that predisposes to action (Bisquerra, 2000). Emotions are generated in response to an external or internal event. The same object can generate different emotions in different people (Bisquerra, 2012). Emotional health is considered essential in order to restore the child's sense of belonging, i.e., their true cultural identity. Emotional education also has a direct relation to the issue we address, since emotions can also be educated. When practitioners feel emotionally balanced, they are in a more advantageous position to deliver the best quality educational intervention.

From the reasons which have been exposed above, we can deduce the need to train culturally competent educators. Intercultural skills are the cognitive, affective, and practical abilities needed to function effectively in an intercultural environment (Aguado, 2003). We can also define intercultural competence as the repertoire of knowledge, skills and attitudes that through action generate respectful and inclusive relationships among people of different cultural groups. Intercultural skills are acquired through rigorous processes of training, practice and awareness actions about the richness of exchanges among different cultures. The three skill dimensions (ie, knowledge, procedure and attitudes) must keep a certain balance when they are manifested as intercultural competence. On the one hand, attitudes should not be confused with solidarity with the poor. Intercultural competence, in order to be developed healthily, should avoid having an asymmetrical vision of the cultural contributions. On the other hand, culture should not be confused with wellbeing. Therefore it is necessary to do a complete analysis of cultures, considering their social, economic, political, religious, gastronomic, and folkloric elements, among others (Jiménez, 2011).

It is worthwhile mentioning that speaking about intercultural education implies speaking about inclusive education. This idea is shared by many authors and experts in intercultural education in Europe, the United States, or Canada, as well as in other remarkably multicultural countries such as Australia, New Zealand, and Asian and Latin American countries. The goal of any intercultural educational initiative is to foster social and educational inclusion, and therefore it means accepting that cultural differences cannot be seen as a disruptive scourge of coexistence or learning; on the contrary, they are a reason for joy and for pedagogical debate (Banks, 2011; Hernandez and Kose, 2012). Hence the challenge of intercultural education is to prepare citizens who can preserve cultural diversity and at the same time transform it into a culture of diversity and fusion where children naturally learn to live with differences, assuming that personal and collective identities are transformed as social, technological, economic, sociological and cultural changes take place (Krajewski, 2011). Children and young people should learn from and within the personal and cultural difference at school, and there is already much scientific evidence that supports teaching and learning methods fostering interculturality in the social and educational fields (Perry and Southwell, 2011). As a consequence, increasing intercultural training is required for social educators in order to improve social cohesion and immigrant population well-being.

Out of the eight objectives pursued by this research project, this paper focuses exclusively on detecting training deficiencies in the intercultural competence level of educators working with migrant children without family references in Spain.

2. Method

Our study, based on the descriptive method, has four main phases: theoretical and methodological framework, instrument development and validation, data collection and analysis, and final report preparation. The following subsections will describe the participants, the instrument and the procedure.

2.1. Participants

A random probability proportional sampling was used to select participants. According to Casal and Mateu (2003, p. 6), this method is applied to avoid that any group of subjects is less represented than others by chance. The groups refer to the Spanish Autonomous Communities.

The criteria required for participation in the study is to have professional experience with the group of migrant children without family references.

In order to determine the sample size, the equation for calculating sample in finite populations (1), as collected by various authors (Latorre, Del Rincon and Arnal, 2003), was applied, with a margin of error of 5% (e = 3) and a confidence of 2 σ, i.e. 95.5%.

$$n = \frac{Z\alpha^2 \cdot p \cdot q \cdot N}{e^2(N-1) + Z\alpha^2 \cdot p \cdot q} \tag{1}$$

N = Total population (2000)

Zα² = Score corresponding to selected α risk. For a risk α = 0.05 (Zα = 1.96)

p = expected proportion (when previous studies are unknown it is generally accepted as 50%)

q = 100 - p (50)

e = allowable error (5%)

Considering this formula, 323 subjects from the different autonomous communities involved in the study are required to obtain a representative sample - with a margin of error of 5%. A total of 334 subjects agreed to participate.

2.2. Instrument

Sixteen out of the forty-six items that constitute an ad hoc instrument designed to investigate the intercultural competence level are addressed. A likert additive scale was used, which examines the manifestation degree of the content of each item in each respondent. The instrument has been validated in a pilot phase with a sample of 117 subjects, more than double the questionnaire items (46x2 = 91), which according to Morales, Urosa and Blanco (2003) is a requisite needed for the implementation of factorial analysis. The questionnaire consists of 4 response options: "never", "sometimes", "often" and "always." The items correspond to the three dimensions that constitute a competence: knowledge, skills and attitudes.

In order to determine the reliability, SPSS v15 for Windows has been used. Cronbach's alpha (α) was calculated, applying it globally and factor by factor. Globally the coefficient obtained is 0.769, above the minimum desirable, which is 0.7.

Table 1. General reliability

Cronbach's alfa	N elements
,769	46

For validity estimation, the statistical program SPSS v15 for Windows was also used. As mentioned in the previous section, for this calculation, the sample consisted of 117 subjects – over the required number obtained by multiplying the number of questionnaire items by two.

For the factorial analysis to be applicable, the variables should be highly correlated. To this effect, the "Bartlett sphericity test" and the "KMO Measure of Sampling Adequacy (Kaiser-Meyer-Olkin)" were conducted, with the following results:

Table 2. KMO and Bartlett tests

Measure of Sampling Adequacy (Kaiser-Meyer-Olkin)		,509
Bartlett sphericity test	Chi-square	1985,490
	aprox	
	gl	1035
	Sig.	,000

The Bartlett test of sphericity is employed to test the null hypothesis that the correlation matrix is an identity matrix (zero correlation between items). Table 2 shows that the associated probability value (Sig) is zero, so that the null hypothesis is rejected at a significance level of 5%, and therefore it is convenient to perform factor analysis.

The KMO measure of sampling adequacy indicates whether it is possible to implement factor analysis. In our case, the index value is 0,509, somewhat low, but adequate for factor analysis.

2.3. Procedure

We have addressed those questionnaire items which are directly related to the following conference areas: Health Education; Healthy habits. Differences and similarities across cultures; Mental health and migration; Sex Education; Emotional health; Practitioners' expertise; Drugs and alcohol; Cultural identity; Religious experience and health

Items were classified into 8 factors, as well as into positive and negative attitudes. The average score achieved by participants on the 7 items that refer to positive attitudes is 2.91 out of 4 (Answer scale: 1. Never, 2. Sometimes, 3. Frequently, 4. Always), while the average for the 9 items referring to negative attitudes is 1.98 out of 4.

Table 3 shows that the highest score (3.65) is obtained on item 5 "I try to understand the attitudes and reactions of the child who has decided a migratory project." The lowest score (2.24) is obtained on item 17 "I communicate with migrant children using certain words or phrases of their own language, which is different from mine."

Table 3. Items referring to positive attitudes

POSITIVE ATTITUDES	Average
2. I am aware that children in the host country experiences a process called "migratory grief" up to a greater or lesser extent	3,44
5. I try to understand the attitudes and reactions of the child who has decided a migratory project	3,65
7. I try to help migrant child to restore their sense of belonging	3,26
16. I know the appropriate methodological strategies to successfully perform an initial interview with a migrant child	2,53
17. I communicate with migrant children using certain words or phrases of their own language, which is different from mine	2,24
45. I am aware that some migrant children resort to homosexual prostitution as a means to earn money	2,48
46. I work on emotional and sexual education with migrant children	2,79
TOTAL AVERAGE FOR POSITIVE ATTITUDES	2,91

Table 4 shows that the highest score (2.79) is obtained on item 14 "I think children should get used to the host country culture to facilitate their integration." The lowest score (1.22) is obtained on item 38 "I believe that religious practices belonging to other than the mainstream religion of the host country, should not be practiced by migrant children within the reception center." Negative attitude scores must be interpreted in an inverse way, i.e., the higher the score the more negative the attitude, while the lower the score the more positive the attitude.

Table 4. Items referring to negative attitudes

NEGATIVE ATTITUDES	Average
4. I do not know the main concerns that a migrant child encounters during his first days in the new country	2,01
9. I do not know the significance of skin marks on a migrant child's arm	1,90
10. If I realize a migrant child does not use eating utensils, I force them to do so, as this is the proper way in our culture	2,29
11. If I see a migrant child does not use bed clothing to sleep, I force them to do so, as this is the proper way in our culture	2,48
14. I think children should get used to the host country culture to facilitate their integration	2,79
15. When I intervene with a migrant child in their first reception, I start with a formal interview to gather personal and family information.	2,12
33. I believe that a migrant person should eat any food offered to them	1,33
38. I believe that religious practices belonging to other than the mainstream religion of the host country, should not be practiced by migrant children within the reception center	1,22
44. I do not know the reasons generating addiction to inhaling toxic substances in some migrant children	1,75
TOTAL AVERAGE FOR NEGATIVE ATTITUDES	1,98

Table 5 shows a slightly higher score in women, after weighting percentages and participating subjects by gender. However there are significant differences on item 2 "I am aware that the child in the host country experiences a process called "migratory grief" up to a greater or lesser extent," where women are more competent than men. Also women are more competent than men on item 7 "I try to help migrant child to restore their sense of belonging." Notwithstanding men are more competent than women on item 16 "I know the appropriate methodological strategies to successfully perform an initial interview with a migrant child."

Table 5. Percentage differences among items by participant gender (positive attitudes in bold)

item	WOMAN					MAN				
	N	S	F	A	SS	N	S	F	A	SS
2.	1,5%	4,5%	22,3%	41,3%	231	0,3%	2,7%	13,6%	13,9%	101
4.	15,6%	38,9%	12,3%	3%	233	7,5%	18%	3,9%	0,9%	101
5.		0,9%	21,1%	47,6%	231		2,1%	8,1%	20,2%	101
7.	0,9%	6,3%	32,7%	29,7%	232	0,3%	3,6%	18,3%	8,1%	101
9.	23,2%	33,8%	7,6%	4,6%	227	10,7%	14,6%	3,7%	1,8%	101
10.	18,4%	24,9%	15,6%	11,2%	226	8,4%	10,3%	7,2%	3,7%	95
11.	18,3%	16,7%	17%	17,7%	221	6,6%	8,8%	9,1%	5,7%	96
14.	3%	22,3%	29%	15,2%	228	2,1%	11%	10,1%	7,3%	100
15.	28,9%	17,4%	12,4%	11,8%	227	10,6%	8,7%	5,3%	5%	95
16.	7,6%	27,1%	29,6%	5,8%	230	2,1%	12,2%	9,8%	5,8%	98
17.	17,9%	27,1%	16,1%	8,2%	228	6,1%	13,1%	7,3%	4,3%	101
33.	50,2%	15,6%	2,4%	1,2%	227	22,9%	6,4%	1,2%		100
38.	58%	9,9%	0,3%	1,9%	227	25,3%	4%	0,3%	0,3%	97
44.	26,3%	36%	6,3%	1,2%	231	10%	18,4%	1,2%	0,6%	100
45.	6,7%	33,1%	18,7%	11%	227	1,8%	16,6%	7,7%	4,3%	99
46.	7,7%	17,5%	27,3%	17,8%	229	0,9%	11,3%	10,7%	6,7%	97

N: Never; S: Sometimes; F: Frequently; A: Always; SS: Sample size

3. Conclusions

In general, respondent educators consider themselves culturally and emotionally competent, although it is judicious to analyze the meaning of items with very high scores. In this sense item 2 "*I am aware that children in the host country experiences a process called "migratory grief" up to a greater or lesser extent*", recognizes the existence of a process but never expressed explicit knowledge about how to intervene. The same happens with item 5 "*I try to understand the attitudes and reactions of the child who has decided a migratory project.*"

Regarding the 8 factors which compose the questionnaire and analyzing the items considered in this paper, the following specific conclusions can be drawn: there are gaps in professional skills regarding intervention with migrant children, in terms of knowledge about migration, knowledge related to migrant children, knowledge about the experiences of migrant children, knowledge on cultural aspects of migrant children, and knowledge about pedagogical intervention with migrant children. On the other hand professionals' views on migrant children are acceptable and they show some interest in migrant children. Gaps in knowledge of cultural aspects imply ignorance of certain of the so-called cultural emotions. Thus culture and emotions go hand in hand, being impossible to understand an emotion without their cultural frame of reference.

To assess the actual level of cultural and emotional competence of individuals, complementary techniques and tools should be used for data analysis. Direct observation can provide important information on how an educator performs when a child expresses an emotion. Perhaps this qualitative technique can be used to complement the information obtained through the questionnaire presented here.

Currently a study with a pretest-posttest design is being conducted, comparing the questionnaire results with after those obtained after the implementation of a specific content training program.

A limitation of this study is that it focuses on skills as they are "heartfelt" by professionals. This means that the assessment was made on the basis of respondent answers, not by direct observation of the work done with children. In this regard, the questionnaire does not measure professional skills, but the self-perception about the extent to what they possess these skills.

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