

FORMAL HANDLING ROUTINES. CHILD REARING PRACTICES IN JAMAICA AND THEIR RELEVANCE TO REHABILITATION WORK

Annette van der Putten

THE FORMAL HANDLING ROUTINE

In Jamaica exercising and massaging new-born babies immediately after and during bathing seems to be a traditional part of child rearing practices. Hopkins (1976) introduced the term *formal handling routines* for these practices. It was defined as:

... routines in which the caregiver acts in a pedagogical manner and implies a series of physical exercises and massage with infants from the first days of life onwards. (p. 17)

A study was carried out in Jamaica in order to:

- determine if the formal handling routines are still in use in Jamaica and to give a description of the use and content of the formal handling routine.
- establish differences in the use of the formal handling routine between caregivers of children with and without a disability.

The fieldwork of this study was carried out in a rural area in Jamaica. 52 caregivers were interviewed: 28 mothers and grandmothers of children with a disability and 24 mothers of children without a disability. The caregivers were interviewed about the reasons for carrying out the routine, the different sections, the age of starting the routine, the frequency, duration and continuation of the routine. Caregivers of the children with a disability were asked additional questions about the responses of the child during the exercises and massage and if and how the caregivers modified the routine to these responses. The mothers were also asked to demonstrate the complete routine. Some of them gave permission to tape it on video. All 52 caregivers carried out the formal handling routine fully or partly. Most of the caregivers were initially hesitant to talk about it but eventually responded enthusiastically. The main reasons for carrying out the formal handling routine are “to help

the child to grow”, “because it is tradition”, “to get or keep child flexible”, “to test if the child is disabled” and “to give the child a better shape”. The most frequent reason was that physical exercises will facilitate the child’s development and growth and that the child will get stronger and grow healthier. “When I got my first child I was living with my mother and she told me to do the exercises. She explained that exercises are good for babies because they grow faster and healthier.” Caregivers mentioned that they were not aware of carrying out a routine, they just did it because their mother did. “I shaped my child right after he was born. God has already shaped them how he wants but it is tradition so I did it.” Caregivers also mentioned that with the exercises you can “keep or get your child’s body flexible”. “For his joints to stretch freely, so he doesn’t get problems with walking and crawling.” The routine also has been used as “a test to see if the child is disabled”. With the exercises and stretching techniques, caregivers test the child’s body and the responses. “Some children have slip joints; you can find out with exercises. Nurses are doing the same tests.” The routine is also carried out to influence the physical appearance. The child will look stronger and develop better features; the exercises give the child “a better shape”. “If you do not ‘catch-up’ the bottom they have no good shape.” The routine is carried out during and immediately after bathing the child. Caregivers said that bathing the child in cold water that has stood overnight, possibly with soaked ashes, gives them more strength. The bathing water is sometimes thrown into the street to make the child walk quicker and faster. Caregivers of children with a disability, especially with spasm, mentioned that they sometimes bath the child in warm water to make it more relaxed.

The whole routine can be separated into different parts; sopping, stretching, active exercises, massage, shaping and catching-up. Each part of the formal handling routine has its own purpose and performance.

- *Sopping*: During bathing, the caregiver slaps the child’s back, waist and joints with the bath water. One caregiver explained about leaves called *bush–bush*, which are put into the water. These soaked leaves are used to slap the child’s joints to strengthen them. Another caregiver explained that giving the child some bath water to drink gives it more strength in the body. Caregivers gave several reasons for carrying out this part of the formal handling routine. The most frequent reason for sopping was to strengthen the back, joints and muscles. Other reasons for sopping were to get the child used to the water, to let the limbs grow faster and to get the child more active.
- *Stretching*: This part of the routine was done mostly after the child comes out of the water. Several joints, especially the elbows, knees

and hips, are stretched passively when the child is lying down on its back. Reasons for stretching are to help the child to move and walk quicker, make the joints move more freely and *straighten up* the child. Some specific stretching techniques were discussed frequently. The child's neck was stretched by lifting the child up by holding its head on both sides. The child's arms are stretched when the child is suspended by one or both arms. The legs are stretched by holding the child by one or both ankles and turning the child upside down. A *cartwheel* is often carried out. Some of the caregivers explained that when they had their first child they were living with their mother, and the grandmother carried out the formal handling routine. Later when the mother was more experienced in child care, she carried out the routine by herself with her other children.

- *Active exercises*: With the active exercises, the caregiver moves the limbs of the child while it is lying on its back, so in fact it is partly supported and provokes active movements. This part is carried out to strengthen the limbs and the body and to test if the child is all right. Caregivers of a child with a disability also used this part to get a stiff child more flexible. Extension of the legs was provoked by bouncing the child with the feet on the lap of the caregiver as preparation for walking.
- *Massage*: After bathing, when the child is dry, the caregiver rubs the child's skin, usually with olive oil. One caregiver of a child with eczema used some specific oil for his delicate skin. The main purpose of the massage was to protect the skin from sores *in* the joints, caregivers explained.
- *Shaping*: With shaping the mother attempts to mould several parts of the child's body in order to influence its physical appearance. In general, caregivers start shaping immediately after birth when the child is still *hot and soft*. This part of the routine is not only carried out during bathing but also during the day. Special attention is given to the nose. The flat nose is shaped to get it straight; this part is one of the most well known parts of the routine. The importance of a straight nose is explained by the following caregiver. "I shape his nose because my nose is straight, the child's father's nose is straight, so our child's nose has to become straight too. Because when it is not straight nobody believes that it is our child."
- *Catching-up*: This part does not really belong to the routine; it is not carried out during or immediately after bathing. It is included here because many of the caregivers mentioned it. When catching-up the caregiver makes the child sit and supports it with pillows. Caregivers

declared that catching up a girl starts at three months and a boy at four months. Caregivers believe that the back of a boy is longer and therefore weaker and needs more time to get stronger.

In general caregivers start bathing the child after the umbilical cord drops off (about ten days after birth), but start parts of the routine, like shaping, immediately after birth and other parts like catching-up later. Usually the child is bathed in the morning (6 am) and sometimes in the afternoon (4 pm) and so caregivers usually carry out the formal handling routine once or twice a day. Most of the caregivers did not know exactly how many minutes they spent carrying out the routine. They explained that carrying out the routine was something they are not aware of. The most frequent answer was “just a few minutes”. Several reasons were mentioned for stopping carrying out the formal handling routine. In general, caregivers stopped the stretching and active exercises when the child was able to move around by itself. Some caregivers explained that the child was moving around when it started crawling; others said when the child starts walking. This means that the child is physically fit and is able to exercise itself. Another reasons to stop stretching was because the child was too big to manage it. After stopping stretching, active exercises and catching up, often the massage and sometimes sopping are continued.

Caregivers of children with disabilities started all parts of the routine at a later age than the caregivers of the children without disabilities. This difference was significant ($p < .01$) between the groups for sopping, stretching and active exercises. This can be illustrated by the following remarks given by caregivers of children with a disability. “I started the exercises when she was six months old. Before that age she couldn’t do anything. When I started she improved. When she was nine months she was able to sit.”

RESPONSES OF THE CHILD WITH A DISABILITY

Of the caregivers of children with a disability 25 (89 %) did notice during the routine that the child’s responses were different from normal children. Two caregivers did not give an answer and one caregiver could not answer the question because she had no experience with another child but mentioned that she noticed while carrying out the routine that her child was very *floppy*. Caregivers of children with a disability did notice in general that their child was slow in his total development (motor, emotional and

social) and small in size compared to other children. Some of the children with a disability did not respond like children without a disability, as one of the caregivers explained as follows: “He was slow, he didn’t smile and didn’t move around like other children. He couldn’t stretch out his foot and was not able to balance himself.” Some caregivers also noticed that the child’s joints were stiff, or just that the child was completely floppy and did not like the routine. “My healthy baby co-operates more, Ramon is more stiff and doesn’t come when you call him compared with my healthy child,” “My child was floppy, had a very soft skin and the joints were very flexible. The child didn’t like the exercises at all, she was very afraid when I stretched her.” “He cried when you stretched him. He was not walking, he was on his belly for five years so I had a lot to do with this boy.” Of these 25 caregivers, 81 percent changed the routine because of the child’s reaction. They changed the duration, frequency, continuation and content.

It appears that caregivers of children with a disability spent more time carrying out the routine. Some of them spent 15 or 20 minutes while caregivers of children without a disability usually spent just a few minutes carrying out the whole routine. “I do it longer and shape and massage her back more and catch her up with something stiff instead of soft materials.” Most caregivers of children without a disability carry out the routine once a day. Caregivers of children with a disability seem to carry out the routine more frequently; *twice a day* or during the day. “In the beginning he was small and slow so I found out that there was a problem; I did more exercises with him during the day without bathing. When he finally started to walk he walked tiptoe and I continued to massage and stretch him until he was able to walk properly.” The main reason to stop carrying out the stretching and active exercises was that the child was able to move around by itself (when the child starts crawling or starts walking). Caregivers of children with a disability continued carrying out the routine longer because the development was slower or they were never able to move around independently. Some of the caregivers were still doing exercises when the child was four or five years old. “My child is five years old and I still carry out the exercises. Because her feet and knees are stiff I still massage and stretch her to keep her flexible. Sometimes I do it less because she is sick and you cannot move her so freely and I have to do it more carefully.” Depending on the type of disability, the child’s reaction and the way the disability occurs, the caregiver adjusted the way they carried out the routine. “When I found out that he was sick I didn’t turn him up and down anymore, I did every-

thing more tender and gentle.” “For a normal child it’s good; with a disabled child you have to be more careful.”

DISCUSSION

Results of this study showed that Jamaican caregivers carry out the formal handling routine completely or partly. The assumption that the continued use of the formal handling routine is dependent on whether the child is disabled or not is supported by the results of the current study. Caregivers noticed during the routine that *there was something wrong* with the child with a disability, adjusted the content of the routine to the child’s responses and started at a later age than mothers of children without a disability. Hopkins and Westra (1988) suggested that Jamaican mothers were functioning as *intuitive neurologists* and that the routine can be used as *a diagnostic and therapeutic tool*. This is supported by the results of the current study. Caregivers seem to be very experienced in exercising their new-borns and in identifying problems in the early development of their babies. O’Toole (1989) mentioned that in parental involvement in rehabilitation programs for children with disabilities, overburdening the mother is a risk. One of his suggestions was to integrate the rehabilitation of the child into the daily routine. The current study shows that the formal handling routine is a part of child care that is integrated into the daily routine. The routine, along with the knowledge and experience, is a good starting point for early intervention and rehabilitation and the practice needs to be reinforced.

This study illustrates that we have to be modest when introducing Western scientific rehabilitation concepts into different cultures. Jamaican mothers have skills available that are part of their cultural inheritance and fit in with Western rehabilitation techniques. The frames of thinking overlap partly and this should be a starting point for further training. I am sure that in most countries people do have certain routines in handling children with a disability or in guiding adults with a disability. Also in the field of rehabilitation developing countries are not a white spot on the map. The reality is that people have been coping with all aspects of disability for many years. The challenge is to show that we take these efforts seriously and offer approaches that might be complementary to or even help to promote the traditional approaches. This should reinforce the learning process in such a way that people with disabilities and their families/communities can benefit from it.

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