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Concluding Remarks

The quality of childcare and its availability to individuals of lower social and economic status may be seen as a synoptic indicator of the health and social condition of a country (cf. Gortmaker & Wise, 1997). Young children are particularly vulnerable to poverty and substandard living conditions. Therefore, socioeconomic disparities in child mortality and morbidity can be seen to represent a kind of ‘social mirror’, reflecting broad inequalities in a society. Even in wealthy countries, such as the United States, pronounced differences exist among social, economic and ethnic groups and geographical areas. In this dissertation, we paid attention to childcare in Chile with particular attention to socioeconomic and ethnic disparities.

In Chapter 1 childcare in Chile was discussed from a historic perspective. It was shown that the history of Chilean childcare went through four stages. During a first stage, which lasted well into the nineteenth century, infant mortality and morbidity was still extremely high and poor parents regularly abandoned their children to foundling homes. Around 1900, under the influence of foreign examples, the first attempts were made to reduce infant mortality by introducing well-baby clinics, which provided advice, medical checks, and sterilized cow milk free of charge. Somewhat later, attempts were made to extend free medical care to older children, their mothers, and, more generally, to those who needed it. This attempt proved only partially successful and to this day private and state medical care co-exist. Nevertheless, infant mortality and morbidity kept diminishing and today Chile, in contradistinction to other Latin-American countries, has reached mortality and malnutrition rates comparable to those of European countries. Nevertheless, marked differences between various socioeconomic end ethnic groups and regional areas remain. For this reason, the first Bachelet administration introduced the **Chile Grows With You (Chile Crece Contigo)** program in 2007. Its aim was to improve both the socioeconomic and health conditions of the most vulnerable groups in society. New was the emphasis on young children’s socio-emotional wellbeing and cognitive development.

In Chapter 2 attention was paid to the quality of a sample of Chilean daycare centers. Part of the program **Chile Grows With You** was to guarantee free access to daycare for children from the lower income ranges. The aim was to provide the children with a stimulating and secure environment and to allow their parents to work or continue their education. Parents might thus improve their skills and gain a higher family income and children might benefit socio-emotionally and cognitively from the interaction with other children under the guidance of a professional caregiver. Given the enormous increase in public daycare centers in Chile over the last decade, their quality has become a matter of concern. However, our study showed that their average quality has not decreased and
is comparable to that of European daycare centers. Moreover, relatively simple measures (increased supervision, compliance with existing regulation) can improve the quality of Chilean daycare still further.

Chapter 3 was devoted to a validation study of the Massie-Campbell Attachment During Stress Scale (ADS). The ADS is widely used in Chile and was introduced to detect problematic mother-infant interactions. Trained observers score the behavior displayed by infant and mother immediately after the regular pediatric examination at 4 and 12 months old. The ADS, introduced as part of Chile Grows With You, results in the classification of infants as being securely attached, insecure avoidantly attached or insecure resistantly attached to the mother. This classification is followed by preventive interventions for mothers of insecurely attached infants, regardless of the type of insecure attachment. In our study, we managed to show that the ADS can distinguish reasonably well between securely attached and non-securely attached infants as measured with the Strange Situation Procedure (SSP) and is also associated with maternal sensitivity. Despite a number of shortcomings, for which we provide remedies, it seems possible to continue using the ADS as a first screening device in pediatric practice.

In chapter 4 we paid attention to ethnic differences in Chile. The Chile Grows With You program aims to reach all minority groups and takes care to formulate childcare advice in ways that are acceptable in the local ethnic communities. It is unclear, however, to what extent minority groups in Chile still provide a different childcare environment if we control for economic differences. In this chapter we focused on the Mapuche ethnic group and investigated whether they offer a strongly divergent childrearing environment compared to the majority group (non-Mapuche). It is concluded that in our sample this is not the case and that existing differences are explained by income. This result was cross-validated using the data of the massive Encuesta Longitudinal de la Primera Infancia (ELPI). These data confirm that the differences in quality of childcare environment between Mapuche and non-Mapuche families are very small and that Mapuche families are distinguished by lower income and lower maternal education. This finding once again confirms that ethnicity, family income, and education are intimately connected and suggests that to improve the childrearing environment eliminating socioeconomic inequality is imperative.

Chapter 5 discussed an investigation into the long-term effects of full-time daycare. The Chile Grows With You program offers free daycare to the lowest income groups as a means to break the cycle of poverty. Parents can bring their infant to a daycare center when it is six months old and leave it for 40 or more hours per week. The idea is that both parents and children will benefit from such an arrangement. However, from the viewpoint of attachment theory, the success of such an arrangement cannot be taken for granted. Previous research has shown that the combination of poor, overburdened parents and full-time daycare is an unhappy one and may negatively affect the mother-infant attachment relationship. In our study we compared the effects of one year of full-time daycare with those of one year of maternal care at home in a low-income sample. Contrary to expectations, daycare did not negatively affect the mother-child relationship as compared to maternal care nor did it have an effect on the quality of the home environment. Using data from the ELPI, we were able to confirm the result that type of care does not differentially affect quality of the home environment. That this quality seems to decrease over the first years of life is a phenomenon that remains to be explained.

It is hoped that the results of these studies will contribute to the debate about the goals and effects of Chile Grows With You, one of the most ambitious attempts to fight poverty and inequality in recent history. If Chile genuinely wishes to overcome its history of inequality, it will need the concerted efforts of laymen, practitioners and researchers alike.