Child Developmental Assessments in Sweden from a cultural perspective

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Abstract

The aim of this study is to explore the experiences that migrant parents from the global South have regarding the child developmental assessments carried out by the Child Healthcare Centers in Sweden.

Over the past half-century, the study of child development has been dominated by developmental psychology. Child Studies has taken a critical approach to traditional developmental theories, highlighting the social construction of childhood as opposed to purely biological or universal frameworks. This raises important questions, such as whether all children develop at the same rate, what it means for a child to be in development, and whether various cultures perceive child development in the same way.

The data collection method for this study has been semi-structured interviews with five parents originally from the global South living in Sweden who have attended the developmental assessments with their children. The data analysis method has been reflective thematic analysis, resulting in four themes: Age-based developmental milestones according to parents’ cultural perspective, parent’s perceived lack of cultural appropriateness in the child developmental assessments, differences about parental roles in child development according to cultural backgrounds and the centrality of the environment in child development for parents from the global South.

The findings of the study are 1. Parents from the global South possess an understanding of child development partially similar and different compared to the one endorsed by the Child Healthcare Centers based on their cultural backgrounds. 2. The difference in the understanding of child development created cultural barriers that affect parents’ involvement and contribution in the assessment, and in the appropriateness of the services they received.

Key words: Child development, developmental assessments, global South, cultural backgrounds, Child healthcare Centers.
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1. Introduction

Today we live in a globalized world where the divisions between the local and the global are imprecise. Globalization has contributed to an acceleration and diversification of migrants in terms of ethnic backgrounds, contributing to the vagueness of these divisions (Czaika and Haas, 2014: 286). In this context, Sweden is one of the destination countries with a high number of migrants arriving in recent years (Westin, 2006), posing new challenges as the society has become a multicultural one.

Although Sweden has recently taken a more restrictive asylum policy by shifting their immigration paradigm to a stricter one, the country had adopted policies towards multiculturalism and supported migrants in their integration process (Westin, 2006). This study focuses on child developmental assessment in Sweden based on interviews with migrant parents.

In Sweden, parents who have young children from 0-5 years can make appointments at the Child Healthcare Center known as Barnavårdscentralen, where health professionals assess the child's health, physical and cognitive development (Berlin, 2010: 17). The Child Healthcare Centers (CHC) in Sweden provides publicly funded services to legal residents of Sweden. The CHC aims “to improve children's physical, psychological and social health by promoting health and development, preventing illness and detecting emerging problems in the child's environment” (Wennnergren et al., 2023: 1). In recent years the CHC has been focusing on providing parental support programs to enhance parenting skills and provide information about children's health. Nevertheless, health monitoring is still one of the central objectives of the service (Lång et al., 2021: 2416) and children's progress in achieving developmental milestones are assessed to ensure they are meeting age-appropriate benchmarks (Wennnergren et al., 2023: 2).

In this regard, the assessments carried out by the CHC are based upon the child’s expected developmental achievement according to their age, basing their approach in developmental theories. This theoretical body has constituted hegemonic frameworks in the understanding of childhood in Western societies where age, as a way of tracking time, has been crucial for the study and measurement of childhoods. The belief in the need and value of progression has characterized this discipline. More particularly, “the traditional view of development is conceptualised as a universal process involving a series of incremental steps, which progress
to increasingly sophisticated developmental skills and ability through time” (O’Dell and Brownlow, 2020: 630).

Nevertheless, by considering childhood as a social construction the distinction of biological immaturity “is neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies” (James and Prout, 1997: 8). From this perspective, age as measurement has never been universal and, on the contrary, has varied across different cultures (James and James, 2012: 20). A historical analysis on this topic indicates that a child's age was not the primary element that characterized childhood in many regions of the world (Woodhead, 2009a: 52).

While this study does not intend to dispute the relevance of developmental theories and its contribution to child research, interpreting universal milestones solely as a criteria of developmental progress for children from different cultural backgrounds has been questioned and been in the center of the debate between Child Studies and mainstream developmental psychology (Tatlow-Golden and Montgomery, 2020: 8).

Against this background, considering that developmental theories have originated in Europe and North America basing their paradigms on Western notions of childhood, family and development (Burman, 2017: 9), the aim of this study is to understand how these conceptions are experienced by parents from the global South living in the global North by exploring their lived experiences at the Child Healthcare Centers. On one hand, parent’s reflections about child development can contribute to critical thinking about universal assumptions about child development. On the other hand, it can provide detailed understandings of the needs of public healthcare assessments when receiving consultations from culturally diverse families.

Since the aim of the study is to explore the lived experiences of parents from the global South in relation to the child developmental assessments in Sweden, the research has been based on a qualitative methodology, consisting of semi-structured interviews carried out with five parents where the informants were asked open-ended questions. The data analysis method applied has been reflective thematic analysis, where the information provided through the interviews has been coded and themed.

Previous research highlights experiences of migrant families consulting Child Healthcare Centers, where parents valued the services received although describing anxiety and confusion induced by what the authors understood as cultural differences (Berlin, 2010: 57; Fält, 2019: 25, 84; Mangrio and Persson, 2017: 8, 9).

Despite existing previous research conducted with the goal of contributing to building culturally appropriate health care systems in Sweden, there is a lack of literature about how
parents from the global South interpret child development and how these tensions are brought into light in public health consultations in the global North.
2. **Research problem and question**

The aim of the study is to explore the experiences of parents from the global South about the child developmental assessments in Sweden carried out by the Child Healthcare Center (Barnavårdscentralen).

Childhood can be understood as a social construct, meaning that childhood is “neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies” (James and Prout, 1997: 8). This viewpoint has opened an ongoing debate in the field of Child Studies which problematizes the singular and the plural notions of childhood (James, 2010: 487). The discussion is centered on defining a global conception of childhood opposed to the problematization of multiplicity of childhoods in local contexts. From one perspective, the debate focuses on the correspondence among childhood as a universal category circumscribed to an intergenerational order in opposition to adulthood. From another perspective, scholars claim that attention should be put on the multiplicity of childhoods and the lived experience of children in different parts of the world (James, 2010: 488).

This discussion within Child Studies is deeply connected to the research questions in view since it draws attention to the universality of childhood and multiplicity of childhoods. Equally important, Child Studies has primarily opposed the natural and universalistic understanding of childhood in developmental psychology, criticizing its lack of correspondence to children’s cultural backgrounds.

**2.1. Research questions**

**Main question:** What lived experiences do parents from the global South have on the child developmental assessments at the Child Healthcare Center?

**Specific research questions:** 1. How do parents from the global South conceptualize child development? 2. How do parents describe their experiences with the child developmental assessments and professional guidance?
3. Background theory

3.1. Age and child development

Age has become a central determinant in children's lives. Children are regulated based on their age; they are included in education systems that are segregated by age, discriminated against enfranchisement because of their age and attributed stereotyped social roles on account of their age (Hurst, 2020: 34).

Scientific studies of children’s development originated in the late 19th century in industrialized Western European countries (James and James, 2012: 20; Woodhead, 2009a: 48). As a result, it influenced child policies and practices, including education, childcare and social work playing a significant role in addressing childhood issues confronting the industrializing society. During this period, children were increasingly marked off and organized based on their age. Hand in hand with mass education in industrialized countries, the notion of childhood as a category whose main role is to attend school was standardized. Children began being regulated, classified and stratified on the basis of the division between childhood and adulthood.

In this regard, age became an indicator of social identity in Western Europe between the 19th and 20th century. Prior to that period, life transitions and rites of passage were not determined by numerical age. James and James (2012: 20) stated that, in modern Western societies, “age is commonly regarded as a fundamental aspect of a person’s identity and is calculated numerically in terms of the passage of years since birth; this reckoning of time passing is not universal”. Woodhead (2009a: 52) also provides a historical account on this statement and notes that “in many regions of the world, a child’s age has not traditionally been the most salient factor shaping their childhood – birthdates have not been recorded nor annual birthdays celebrated”.

Age as a determinant is deeply related to a child's development. Based on the theoretical core of developmental theories, age provides a frame to expect certain behaviors and cognitive capacity from a child.

3.2. Developmental theories

Research on children's development emerged in the 19th century coinciding with a shift of paradigm in science influenced by Darwin's theory of evolution. Evolution contributed to the
foundation of the field of developmental psychology, since it fundamentally changed the way scholars and experts observed children (Woodhead, 2009a: 48). It raised questions about the immaturity of humans in comparison to other species and it led to inquiries about the distinct psychological and physical needs of children and whether there is a natural progression from the opposing binary between immaturity to maturity. Studying children on the basis of an evolutionary theory meant that children were considered within an evolutionary scale in the process of evolving as species-beings (Walkerdine, 2009:115).

Moreover, during that period, the notion of children as a distinct group in society was reinforced by mass education in societies undergoing industrialization and urbanization (Woodhead, 2009a: 47). In this context, inquiries about child development were influenced by the abrupt demand for children’s education and learning process (Walkerdine, 2009:115).

Developmental psychology can be succinctly described as “the scientific study of human development over the course of the human life span” (Ali, 2020: 608). This framework is interested in explaining and describing behavior and cognitive processes throughout a process of time, which is normally determined by age. Against this background, the major priorities for the new field of developmental psychology included “to describe the major developmental milestones; to explain the processes underlying development; and to identify the causes and significance of environmental factors in shaping deviations from the norm” (Woodhead, 2009a: 48). The objective of developmental psychology can also be explained twofold as both descriptive and prescriptive “meaning it seeks to describe and explain human development, while also developing theories and suggested practices for parents, caregivers, and educators when interacting with children” (Ali, 2020: 608).

Developmental psychology is not a uniform framework and, on the contrary, it includes distinct theories within the field. Several perspectives on child development emerged during the 20th century. For instance, one of the central debates was related to the influence biology and nature has in opposition to environment and social conditions. From one angle, child development was seen as primarily influenced by the individual’s genetic and hereditary predisposition which successively progresses as a sequence and as a consequence of maturation (Odom, 2016: 23). From another angle, children were seen as “active learners who experiment, interact, and seek out knowledge themselves” (Pierlejewski, 2020: 699). In light of this, experimentation and social interactions have been perceived as the central means to children’s learning and development.

Until the late 1970s, most scholars were influenced by the framework of developmental psychology. Undoubtedly, this dominant paradigm has contributed to the research on
childhood. Nevertheless, these theories have been criticized from various angles, yet primarily within the field of Child Studies. These counter arguments to the paradigm of developmental psychology can be condensed in the opposition to the notion of children exclusively as becoming and to the notion of universalism.

Firstly, one of the main criticisms raised against these theoretical frameworks was influenced by Prout and James (1997: 11) and Jenks (1996: 40). From this perspective, developmental psychology underpins the notion of a child that is incomplete, immature and incapable. The notion of childhood is in opposition to the idea(l) of adulthood, which is presumed to be independent, rational, developed and complete. Within the framework of developmental psychology, children are understood and valued in relation to the achievement of reaching adulthood (James, 2009: 35). In this sense, childhood is a previous and inferior stage where children are not yet beings but becoming adults. Therefore, a child should be thought of, controlled and measured in order to better understand and shape future adulthood. These perspectives have criticized the paradigm of developmental psychology and the theoretical emphasis on children in the process of becoming adults on the basis of perpetuating adultism. Adultism validates the assumption that adults are independent, rational, developed and complete, hence superior and more capable than children on the basis merely of their age (Alderson, 2020: 29; Liebel, 2014: 123).

Secondly, a further criticism of developmental psychology is that child development has often assumed to be a universal and natural process, which overlooked the multiplicity of childhoods and its cultural variations (Woodhead, 2009a: 50-51). While children generally follow a similar trajectory of physical development, not all children reach the same developmental milestones at the same age. In this sense, mapping an age-based categorization in children's development without considering their social, historical and cultural context has been largely criticized (Prout and James, 1997: 11; Woodhead, 2009a: 50-51; James and James, 2012: 115-116).

Developmental psychology has been understood as a dominant paradigm that views children's growth as a natural process with undeniable benefits serving as a hegemonic framework used to study childhood, linked to ideas of universalism and normativity (James and Prout, 1997: 9; Jenks, 1996: 29; Mayall, 2013: 10, 24). This paradigm, attached to the notions of progress and advancement, has contributed to a competitive ethic where skills and development are evaluated hierarchically favouring systems of merit (Jenks, 1996: 39; Vanobbergen, 2015: 65; Mills, 2020: 604).
To summarize, the aims and historical conditions for the emergence of developmental psychology have been described in this section. In addition, two main critiques have been presented from the field of Child Studies to developmental psychology. Although the field of Child Studies at large subscribes to the critiques above-mentioned, there are diverse perspectives and a current debate on the role of developmental psychology and the relationship the two disciplines have. This study is situated across this debate.

3.3. Developmental theories and Child Studies

Child Studies has emerged as a field conceptualizing childhood as a social construction, a proposition based on an entirely different direction to the premise of developmental psychology (James and James, 2012: 41). As Tatlow-Golden and Montgomery (2020: 3) explain “the idea that developmental psychology stands in implacable opposition to Childhood Studies has become something of an orthodoxy”. Nonetheless, there has been an ongoing discussion in the field of Child Studies about the possible contributions developmental psychology can offer (Woodhead, 1999: 5).

As described above, one of the main arguments against developmental psychology was related to the fact that this discipline would not take into account social and historical contexts and, on the contrary, suggest a universal notion of child development and childhood based on biological premises (Prout, 2005: 60).

With the aim of not throwing the baby with the bathwater (Woodhead, 2009b: 28), some scholars have moved away from the inflexible opposition to developmental psychology for two reasons. Firstly, psychology as a discipline has been increasingly in debate with social sciences, including and reflecting over the social and historical contexts. In other words, “developmental theory has, since at least the 1970s, moved from simplistic linear models of childhood growth and change to consider interactive, transactional and multilevel dynamic systems approaches” (Tatlow-Golden and Montgomery, 2020: 7). Secondly, scholars argue that from this perspective, the opposition to developmental psychology reinforces the dichotomy between the natural and the cultural, where instead the direction should be towards understanding childhood as a complex and heterogeneous phenomenon from an interdisciplinary approach. Prout (2005: 2) explains that “in order to move the field on it is necessary to reconnect the social study of childhood with those aspects of earlier or different approaches that have something valuable to offer”.

3.4. **Global and local notions of childhood**

All things considered, not only has the field of child development encompassed diverse theories and interpretations, but it has also faced its critiques from several standpoints (Burman, 2017: 290; Jenks, 1996: 29; Woodhead, 2009a: 56). As mentioned before, this debate is an ongoing discussion which has been accentuated by the tension between the global understanding of childhood and the acknowledgement of local childhoods.

Hand in hand with the ratification of the UNCRC, all the countries in the world except the USA have agreed to respect, ensure and promote the development of children (UNICEF, 2010: 3-4). Nonetheless, is children’s development understood uniformly in different countries and local cultures?

For years, there has been a proliferation of terms used to conceptualize the global order. First world and Third world, developed and undeveloped countries (more recently switched to developing countries), majority and minority world, Western and non-Western. These notions are not interchangeable nor static, since they embody a precise and diverse meaning that is dependable on the historical conditions in which they were determined. In spite of the fact that these concepts are used to describe a singularity within territories, they often allude to multiple and complex realities.

Due to the length of this research, the definitions of each term mentioned above and its political and ideological underlying implications will not be thorough. Nevertheless, the terms global North and global South will be employed to characterize two different contexts in the production of knowledge related to child development.

First and foremost, the divisions between global North and South are not clearly discernible (Pagel et al., 2014: 1). It can be defined broadly as the region that includes countries of Latin America, Middle East, Africa and South, East and Central Asia. Nevertheless, these two regions are not determined by their north-south geographical location since Australia and New Zealand are included in the global North, for example. But, in addition, determined regions such as East Asia converge countries considered from the global South (such as Mongolia, Thailand and Vietnam) and countries included in the global North (for instance Japan, South Korea, Taiwan).

The global South can be defined as impoverished countries with precarious economic systems and lack of political power in the global order (Levander and Mingolo, 2011: 7). Although it is necessary to clarify that the global South is not a homogeneous category and the
inclusion of some countries should be revised, there is a clear division in the hegemony the global North has had and has in terms not only of economic and political power, but also in enforcing and exporting global and universal concepts and practices into local contexts (Collyer, 2016: 3; de Castro, 2019: 54; López, 2007: 5). By using the binary between global South and global North as conceptual tools, the notion of childhood as subject to global expansion, “does not necessarily correspond to local representations and experiences of childhood and children in non-Western countries, since it often tends to normalize the childhood of the Global North” (Diana, 2020: 867).

A number of scholars have criticized child development theories as a hegemonic Western paradigm originated in countries from the global North (Burman, 2017: 9; Jenks, 1996: 122). From this perspective, child development has been described as a discourse that “establishes systems of relations between different actors and determines who has the authority to make judgements about what will count as development (i.e., advancement) and what will not” (Mills, 2020: 604-605). The relationship between child development and Western knowledge can be understood in two interconnected conceptions.

Firstly, the notions of child development have reproduced opposing binaries where “children’s identity has been constructed as what the adult is not: irrational, immature, dependent, impulsive” (de Castro, 2021: 2490). Western knowledge has based its interpretation of the world on opposing binaries, such as self-other, man-woman, white-black, heterosexual-homosexual/ queer, developed-underdeveloped, adult-child which have imposed a privileged empowered subject and the deviated otherness who has to strive to assimilate, develop or be marginalized. Binaries have been used to determine normality and deviation from the expected norm, which is employed to characterize a moral affirmation between superiority and inferiority (Cannella and Viruru, 2004: 67; McEwan, 2018: 151; Mingolo, 2018: 155; Liebel, 2020: 48).

Secondly, the uncritical conception of development as a sought stage of progress leads to the supremacy of one population over the other, which can be conceived among countries - developed countries and developing countries (Liebel, 2020: 36), and among generations - adults as beings and children as becoming (James, 2009: 34 - 35; Kehily, 2013: 241). In this sense, the hierarchies produced can function as a justification for oppression and intervention from a powerful cluster to the less powerful (Liebel, 2020: 47). Not only does the Western belief in development authorize the construction of hierarchies between developed and underdeveloped people but also creates the illusion of achieving determined progressive stages in the path to development (Cannella and Viruru, 2004: 69).
4. Previous Studies

4.1. Child development and Child Healthcare systems in Sweden

Child Healthcare Centers in Sweden have their origins in the Milk Drop activities in the 19th century and the early 20th century (Berlin, 2010: 12). The Milk Drop initiative was established by churches to provide healthcare advice to mothers and distribute milk to those who need it. It quickly gained popularity, and by 1910, similar activities financed by wealthy individuals and the church spread throughout the country. During the 1930s and 1940s, the Milk Drop underwent a significant change from a philanthropic to a professional organization. The focus shifted towards medical science, and educating mothers and monitoring children's health became a priority.

In 1937, the Swedish government recognized child healthcare as a societal concern and began providing state-granted maternal and child health services. The national medical board was tasked with supervising these services, ensuring healthcare providers received proper education and equipping healthcare centers with standard equipment (Berlin, 2010: 12). Child healthcare services continued to improve, with initiatives such as vaccination programs and identifying risks and unfavorable development in children through health guidance.

Since the 1990s, the focus has been on supporting parental competence and self-esteem while considering the child's environment (Berlin, 2010: 12). Child Healthcare Centers were improved and increased the level of attendance throughout the 20th century and, currently, almost the entire population of Sweden makes use of the services (Lång et al., 2021: 2416).

The Child Healthcare Centers (CHC) in Sweden are governmental services offered to children from 0 to 5 years old free of charge (Hallberg et al., 2005: 197). All legal residents of Sweden can access the services offered at the CHC and combine health monitoring with parental support. In the case of migrant parents who do not speak Swedish or parents who feel more comfortable speaking in their mother tongue, translation for the health visits is offered at the CHC (Mangrio and Persson, 2017: 2) so that they can converse fluently with the nurses and doctors.

Lång et al. (2021: 2416) explain that during a child’s first eighteen months, children experience five developmental assessments. Within the child’s six years, they will undergo different assessments that are rigorously scheduled with different health professionals. In these regular check-ups, psychomotor and language development, growth, vision and hearing
competences are being monitored (Wennergren et al., 2023: 2). Children will be evaluated in regard to their accomplishment of developmental milestones.

From this approach, professionals assessing children at the Child Healthcare Centers can intervene early if a child shows any delay in their development or if they have concerns over parenting skills.

**4. 2. Child Healthcare Centers’ collaboration with parents and preschools**

Child Healthcare Centers work from a cross-service approach in collaboration with parents and preschool teachers (Fält, 2019: 13). Teachers are key informants in identifying symptomatology of behavioural and/or emotional concerns since they are trained and have extensive knowledge on child development. Nevertheless, teachers are only consulted if a nurse or a parent express concern about children in terms of mental health, cognitive and social development. In this sense, the assessment on a child’s development “the clinical assessment relies on the parent’s description of their children’s everyday functioning, or on the nurse’s clinical ability to identify problems during the visit” (Fält, 2019: 13).

A more comprehensive and integrated support system would suggest that different informants should contribute to the assessment from different points of view, considering the difficulties based on sociocultural circumstances that parents might encounter in assessing their children’s potential symptomatology (Fält, 2019: 25). In this line of reasoning, the agreement rating between parents and teachers about children’s health has shown to be low, especially in respect of mental health concerns (Sampaio et al., 2018: 51).

**4. 3. Culturally appropriate services at the Child Healthcare Centers**

Mangrio and Persson (2017: 1) researched about migrant parents' experience with the Swedish child health care system. According to their findings, parents expressed satisfaction with the CHC services, praising the fact that it is well organized, the professionals were welcoming and the information and support received was appreciated (Mangrio and Persson, 2017: 8-9). Parents seemed to have obtained a culturally competent service, in terms of addressing the challenges of linguistic barriers and accessing information (Mangrio and Persson, 2017: 5). In light of the fact that the results showed satisfaction and positive evaluation of the services received, the authors consider that it can be difficult for parents to share negative experiences during an interview. Hence, further research is needed to understand in what regard
the Swedish child healthcare system is culturally appropriate to people with culturally diverse backgrounds at country level (Mangrio and Persson, 2017: 9).

A similar study was carried out by Berlin (2010: 26) focusing on cultural competences at the Child Healthcare Centers in Sweden and the interaction between the nurses and families of foreign origin. Contrary to the study mentioned above, the results show a lack of cultural competence among nurses which created difficulties, in particular, when assessing health risk factors in children's psychosocial conditions at their home environments (Berlin, 2010: 53). It is suggested that nurses are in need of certain skills to interact with parents and children of foreign origin, such as the ability to assess culturally based information (Berlin, 2010: 5, 47, 53). Furthermore, findings showed that parents with foreign backgrounds often feel anxious about being misjudged as parents due to their origin by healthcare professionals. Therefore, they make an effort to build a positive relationship with nurses. The concern about being misjudged can stem from cultural and communication barriers between the healthcare professionals and culturally diverse families.
5. Method

The aim of this qualitative study was to explore the lived experiences of migrant parents from the global South. This study used semi-structured interviews with five participants. The informants were chosen with the purpose of gaining rich information about the problem under study. Thematic analysis was used to identify patterns across the interviews. The methodology section covers the data collection, data analysis, participants and sampling, ethical principles, dilemmas, and study contribution. Each part is discussed below.

5.1. Data collection

The data collection method for this study was semi-structured interviews with five parents from different cultural and ethnic backgrounds originally from the global South. The informants were asked open-ended questions that allowed them to express their ideas without being restricted (Clark et al., 2021: 743- 744). Following Kvale’s question types (as cited in Clark et al., 2021: 1310- 1312), the interviews started with introductory questions about the parents’ first experience at the Child Healthcare Center so that afterward follow-up questions and probing questions could be posed to delve into their experiences with the child developmental assessments at the CHC.

The interviews were held individually between the participant and the researcher, with the possibility of couples joining together if they wished. With the informant’s preference, a male interviewer carried out the interviews with fathers and a female interviewer with mothers. Three out of the five informers were mothers and two were fathers. The interviews were conducted in the participant's mother tongue or in a language they felt comfortable with.

5.2. Participants and sampling

The participants of this study are five parents who migrated to Sweden from different countries from the global South. While four parents are from different countries of sub-Saharan Africa, one parent is from Latin America. The aim behind choosing this sample has been for twofold purposes.

Firstly, the research question has been based on the existing discussion between developmental theories and their opposing viewpoints. This theoretical discussion has diverse layers, but within this study the focus lies on the tension that arises from child development as
a universal concept and its multiple counterparts. In other words, developmental theories have originated in specific contexts such as Europe and North America, hand in hand with the understanding of a standardized way of development (O’Dell and Brownlow, 2020: 631). Hence, the informants have been selected with the aim of understanding how parents from the global South conceptualize child development in general and experience the child developmental assessments in Sweden in particular.

Secondly, the criteria is connected to the characteristics of migrants in Sweden. According to Sweden’s history, immigration to the country can be divided into four distinct phases, with each phase representing different types of immigrants (Westin, 2006). The first phase occurred during the Second World War (1939 to 1945). Refugees from neighbouring countries, such as Danish and Norwegian refugees, Finish children and jews who fled from Nazi Germany. Additionally, refugees from countries such as Estonia and Latvia. The second phase (1949 to 1971) was characterized by significant labour immigration from Finland and Southern Europe; Italy, Greece and ex- Yugoslavia. The third phase (1972 to 1989) consists of non-European immigrants from Western Asia, Africa and Latin America, including Turkey, Lebanon, Syria, Iraq, Iran, Ethiopia, Somalia and Chile. And the fourth phase (1990 to the present) which includes asylum seekers from southeastern and Eastern Europe from 1990 to present, EU citizens, as well as the recent refugee ‘crisis’ from 2014 to 2016, with Sweden receiving a high number of asylum seekers, primarily from Syria, Iraq, and Afghanistan (Westin, 2006).

While the migrants from the neighbouring Scandinavian countries are understood as having similar culture to that of Sweden, the migrants that came in the 70s and after are described as having diverse non-Western cultures.

Furthermore, the participants have also been selected as parents who have children of age between 0–5 years who attended the child development assessments carried out by the child healthcare center in Sweden.

The sampling method utilized in this study was purposive sampling. Purposive sampling is a method of non-probability sampling that involves strategically selecting individuals who can provide valuable information based on their life experiences (Clark et al., 2021: 1161-1162). To achieve this, the authors of this study initially contacted individuals who had been in contact with one of the authors. However, not all participants were recruited with this method of direct contact by the researchers, since some of them were located and contacted through the participants themselves using a snowball sampling.

Initially, the snowball sampling method was chosen for this study. Unfortunately, it turned out to be ineffective in recruiting many participants, with only one individual completing the
study out of those contacted. Nonetheless, it's worth noting that all participants, including the one recruited through the snowball method, were selected based on the same criteria and with the same goal of finding individuals with valuable information to answer the research questions at hand.

5.3. Data analysis

The analysis method utilized for this study has been thematic analysis (TA), where the interviews were transcribed and coded for the identification of themes (Braun and Clarke, 2021: 53; Clark et al., 2021: 1784-1786). After reviewing the themes and defining them, the research concluded distinguishing principal themes and sub-themes.

Thematic analysis is a method for analyzing qualitative data which can be used in several manners. This study has used reflexive thematic analysis since it understands the researcher as a situated and critical subject (Braun and Clarke, 2021: 48). For the development of codes and themes in the research, reflexivity has been used to contemplate on the researchers’ epistemological choices and ideological assumptions (Braun and Clarke, 2021: 57). In this regard, the researchers assumed an active position and so it was expected from the informants. The approach of reflective thematic analysis does not rely on discovering emergent themes within the collected data or giving voice to participants. Instead, it acknowledges researchers and informants' active participation in the process of data production (Braun and Clarke, 2006: 80; Braun and Clarke, 2021: 594). The researchers have taken a reflexive position in the approach to the study, understanding that it will be impossible to erase their subjectivity but instead to use it as a source to interrogate and analyze the research problem (Braun and Clarke, 2021: 52).

The analysis of the collected data followed six phases (Braun and Clarke, 2021: 78). In a more detailed manner, the researchers firstly familiarized themselves with the data set through listening to the recorded interviews, transcribing and reading them. The second stage of this process has been the coding by using colored and descriptive labels to identify meaningful information from the interviews. Thirdly, themes were generated from the codes. Themes are appointed to patterns across the data set that can answer the research questions through its analysis (Baum and Clarke, 2006: 82, Baum and Clarke, 2021: 121). The codes will relate to the themes or, more precisely, the themes will comprehend the codes constructed. Fourthly, the themes have been reviewed and contrasted with the data set in general and the codes in particular to verify its overall coherence. After this phase, themes have been redefined and
defined by writing a description of each theme and interrelating their significance to the research (Clark et al., 2021: 1638). The last step has been writing the analysis of the data collected by describing each theme and correlating and discussing the themes constructed.

Since the aim of the study is to explore the experiences of parents from the global South and to specify semantic and latent meanings about the lived experience of the participants, the approach taken has been a realistic one (Baum and Clark, 2006: 81). Nevertheless, understanding that the analysis of lived experiences can not display reality in a pure state, critical realism has been used to contextualize the analysis of reality as intermediate by culture and language (Baum and Clark, 2021: 215). Particularly, critical realism acknowledges “the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings (Baum and Clark, 2006: 81). Furthermore, critical realism contextualizes the researcher's position and recognizes it as influenced essentially by language and culture, consistently with the adoption of a reflexive epistemological position.

Otherwise stated, critical realism in TA means that this study cannot exhibit reality but rather it reflects a mediated reality by the participant’s perceptions on their lived experiences. These perceptions of their reality are crafted in relation to their cultural context and language (Baum and Clark, 2021: 216).

5.4. Ethical considerations

This study followed ethical principles for conducting social research as discussed in Bryman’s Research Method book, which includes avoiding harm to participants, providing informed consent with all the necessary information (Clark et al., 2021: 363-368). For this reason, the authors of this study have provided an informed consent with clear information about the nature and purpose of the study to the participants, clarified that their anonymity will be respected, described their right to withdraw at any point of the research process, detailed the researcher’s contact details, as well as information about who can access the data and future publication.

In addition, the European Data Protection Regulation (Linköping University, 2019: 1) was followed, especially in terms of the sensitive information about the ethnic origins of the people interviewed. The researchers have taken all the measures needed to not harm the informants by formulating questions which do not invade privacy nor trigger struggling life experiences.

In terms of ethical dilemmas associated with the research design, two considerations arise.
Firstly, one ethical dilemma present in this study in particular is the existence of biases based on cultural assumptions. Specifically, there may be biases stemming from the similarities between the researchers and participants - both authors are originally from the global South, but currently living in the global North, with one residing in Sweden. Hence, the researchers recognize that the commonality with the participants can cause ideological and emotional biases that can influence the research (Clark et al., 2021: 17). Notwithstanding, the researchers will take a reflexive position in the approach to the study, understanding that it will be impossible to erase our subjectivity but instead to use it as a source to interrogate and analyze the research problem (Braun and Clarke, 2021: 52).

Secondly, the research question targets the experiences parents from the global South have with child developmental assessments in Sweden. Although the epistemological justification and the importance of the contribution to this subject have been explained above, it is of fundamental relevance to recognize the heterogeneity of the global South and the overarching implications that this has on the study. With this in mind, considering the sample as a uniform representation might be questionable, relating to the limitations that this study presents.

5.5. The importance and contribution of the study

The research question relates to the field of Child Studies since it problematizes the paradigm of child development assessment from the experiences of parents from the global South. The interest in exploring diverse conceptualizations of child development in general and with a focus on the global South in particular, lies in the fact that the majority of the world’s children live in this region. Punch (2003: 277) explains that the most common childhood is the one of the majority world from the global South, although these childhoods “tend to be considered deviant when examined within the globalized model of childhood which is based on western ideals”.

In this regard, the production of knowledge of childhood originated in the global North has served one dominant perspective. This is why this study can contribute to nourishing the knowledge parents have shared on child development from a cultural perspective by challenging hegemonic assumptions. Interpreting child development from different cultural backgrounds can allow reshaping the conditions of production of knowledge in the field, while contributing to the academic discussion within the field of Child Studies about the global and local perspectives of childhood.
As Woodhead (2009a: 52) has highlighted there is a knowledge gap in research on this topic described as global imbalance in child research. While cultural psychologists have provided more well-rounded perspectives on child development, there remains a wealth of knowledge yet to be discovered about this complex process. As Bagalopalan (2019: 37) explains, theorizing childhoods in the global South is still a challenge for the field of Child Studies.

Woodhead (2009a: 52) pointed out that developmental studies tend to overlook important elements that can influence a child's childhood experiences beyond their age. In various parts of the world, a child's social class, ethnicity and/or gender often play a more prominent role in determining their daily experiences than their age. It is crucial to consider such factors to gain a comprehensive understanding of how children grow and develop. Failure to acknowledge these critical aspects could result in incomplete or biased conclusions about child development. Therefore, it is necessary to broaden the scope of research in this field to provide a more accurate and nuanced picture of childhood experiences.
6. Analysis

Four themes were identified across the interviews to explore the experiences of parents from the global South on the child developmental assessments carried out by the Swedish Child Healthcare Center in Sweden:

Four themes were identified from interview data. The themes are presented as follows:

1. Age-based developmental milestones according to parents based on cultural backgrounds.
2. Parents’ perceived lack of cultural appropriateness in the child developmental assessments.
3. Differences about parental roles in child development according to cultural backgrounds.
4. The centrality of the environment in child development for parents from the global South.

The results of this study show that, while the informants appreciate the child healthcare service in Sweden and the Child Healthcare Centers, they have also expressed experiences of cultural barriers related to the child developmental assessments and the guidance provided, causing anxiety and stress in the parents.

The informants are appreciative of the Swedish child healthcare system for the fact that it is a well-organized and state-funded service available to citizens free of charge. Parents valued the follow-ups on child health and developmental progress by the CHC and were grateful for the welcoming approach of the professionals, in addition to the advice and guidance they received including written information about childcare and parenting.

In spite of the appreciation of the Swedish child healthcare system and the CHC, the informants have experienced cultural differences regarding the understanding of the child development assessments carried out by the CHC. They highlighted differences in measuring children's developmental milestones, obstacles in receiving culturally appropriate services, discrepancies in parental roles according to cultural backgrounds and highlighted their emphasis on the role of the environment in child development in contrast to Swedish culture.

The four themes identified from the interview results are described and analysed separately below.
6. 1. Age-based developmental milestones according to parents based on cultural backgrounds

The first theme identified was how age-based developmental milestones are dependable to cultural background. One pattern throughout the interview data has been the discrepancy between the parents’ notion of age-based milestones and the ones endorsed by the Child Healthcare Center. The discrepancy has revealed a variation based on cultural backgrounds about the developmental stages that are expected to be achieved at a specific age.

A recurrent example in the interviews was linked to language acquisition as one of the criteria that is assessed for a child’s development. Parents expressed a contrast with the age of language acquisition in their countries compared to the one adopted by the Swedish child healthcare professionals. For instance, one parent expressed that in their country:

“People expect a child to be talking at the age of three to four. Some children do not talk well, and if it happens, they find out. In my country, a child not talking so well at the age of three and four, there is no parent who is going to be bothered because we believe as they relate to the world, it is going to be better” (Informant 2).

An informant from a different country of origin was asked a similar question about their views on delayed speech in children. The parent shared that from their cultural background, it is not considered alarming if a child delays starting talking. They shared a memory of their childhood about a neighbour who did not begin speaking clearly until the age of eight. The parent explained that it is especially common for children under the age of four to experience delayed speech, and it is not necessarily a cause for concern. The parent describes that:

“At five years he (the neighbour) was not talking so well, but later on after eight he started talking well. Sometimes it is not so alarming, especially when a child is below four years. It is not so alarming, it can be alarming after four years” (Informant 3).

Moreover, another parent commented on the same topic, explaining that “in my country, if your child is two years old and they don’t talk, they don’t see it like here” (Informant 5).

One parent has made reference to motor skills as recognized milestones, indicating similarities and differences in their assessment and the reason behind their development.

“There is a difference (between Sweden and his country) in how to measure a child or children. I measure it differently, mine would focus more on the environment and how the child interacts with the environment. Also in my country, physical strength is an important part of development for children to be independent, to go explore the environment alone without the parents. Here they also measure motor skills but in a different way, we focus on the outside
world. Some things can be the same, for example, here they see if the child can wave their hands, these things are also there in my country” (Informant 4).

Besides motor skills, social skills were mentioned as identifiable benchmarks in development. For example, one parent was asked about how child development can be monitored from their perspective, replying that:

“I can recognize two parts, one is medical and the other is intellectual and social development” (Informant 1).

After examining these examples, three interconnected observations can be identified. Firstly, there is a similarity in the major developmental milestones across different cultures and have a correlation to the ones assessed at the Child Healthcare Centers in Sweden. Secondly, there are variations in the age-based criteria and differences in developmental delays. And, thirdly, the interpretation of these delays varies among parents and child healthcare professionals in different cultures.

In the first place, parents referred to milestones as a way of tracking development. The informants detected language acquisition, socialization and motor skills as determined milestones. In this respect, developmental milestones can be described as stages of growth that children are expected to achieve at every age (Mills, 2020: 604).

Although, how development is conceptualized seems to vary depending on cultural backgrounds (Mills, 2020: 606), the development of children occurs in diverse cultures. It has been noted from the data gathered in the interviews that not only did parents refer to milestones as an instrument of monitoring development but they also mentioned the same developmental milestones as the ones assessed at the CHC, such as language acquisition, motor and social skills.

In the second place, even though parents have noted the same milestones, they have expressed a discrepancy in terms of the expected age in which children should develop and acquire certain skills. Parents have commonly agreed on the fact that, in their countries for example, the society gives more time to some children who delay to start speaking and if a child who is under four years does not speak, it is not seen as problematic.

This can be related to what Hendrick (2009: 103) posits as how the concept of childhood is intertwined with culture and that children, to varying degrees, partake in the relationships governed by cultural practices where culture is defined as a "system of shared meanings, attitudes, and values, and the symbolic forms in which they are expressed or embodied". Considering this perspective, parents’ experiences can be useful to understand how age-based criteria changes in different cultural contexts and how developmental theories can promote
standardized universal considerations about what is a healthy development. James and James (2012: 1) clarify that undoubtedly children share a typical trajectory in their development, such as crawling before walking. Nevertheless, parents’ notions in this study problematize age-based progressive developmental milestones and shed light on the differences in a category that appears to be universal.

This following example portrays further how diverse cultures can share the same milestones, but the corresponding age to each one might vary. A parent describes that children in their country are expected to achieve sphincter control earlier than in Sweden. The informant described that parents train their children to stop using diapers starting from as early as six months, with some children taking up to a year and a half to fully reach sphincter control. This is viewed as a way to encourage the child's independence and as a step that enables the child to join other children outside without parental support. According to this parent, people who meet a child of one-year-old may ask whether they have sphincter control as one of the primary developmental goals that leads to the goal of playing independently. The parent explain it as follows:

“Another thing they (health professionals at the CHC) ask is about stopping diapers. They also use this to understand the child’s development (...) In our country, they expect one year. People already start asking if the child has stopped diapers when he/she is one year old” (Informant 4).

Mills (2020: 606) explains that “developmental milestones are dependent on the cultural values from which the criteria were produced, meaning that others may not identify a child’s inability to meet certain criteria as symptoms of a delay”. In this study, the milestones described from different cultural backgrounds are similar. Nonetheless, there has been a clear differentiation depending on cultural criteria on the expected age for a child to achieve certain milestones. Due to the fact that notions about health vary among different cultures, expected age-appropriate milestones do not follow the criteria of being a universal norm.

In the third place, the informants have expressed a different approach in how they react to what is considered a delay in the achievement of developmental milestones and how professionals react to it. One of the parents express that:

“As I told you, on my first visit to the BVC, I was in too much shock. I thought the child needed too much help, according to them, but it was not really a thing. Because they are professionals I put it at the back of my mind, but it gave me worry for nothing. My child is good now [ …] I was in shock by the assessment they had made. The assessment was based on facts
that I didn’t consider as important. But according to me as an African who believes that children can thrive with the outside environment and relate with others” (Informant 2).

This example shows how a parent and a professional can both identify an identical milestone as a way of tracking children’s development but, since they do not share the same expectation regarding age, the reactions and understanding of a child’s development are different. Due to the fact that developmental achievements are intrinsically related to social and culturally situated context, often there is a discrepancy between families of children from diverse cultures and professionals who identify developmental delays (Valdivia, 1999: 4).

Moreover, milestones are attached to expectations in terms of a healthy and normal development. As Burman (2017: 79) has described, “development thus becomes figured as an obstacle race, a set of hoops to jump through, with cultural kudos accorded to the most advanced”. Inflexible milestones as a way of standardizing child development can lead to the marginalization and to the labelling of children who do not fit the expected mold.

One of the informants shared an experience in which the professionals at the CHC intervened after identifying a delay in the child’s speech. She explains that she was not against the suggestions of the professionals, but from her point of view they took her child as abnormal. “I am not against it (the nurse’s suggestions), but from my point of view, they (the CHC) took my child as abnormal but for me, it wasn’t the time for her (the child)” (Informant 3).

This short example can illustrate how a parent felt the negative consequences for a child to be labeled as delayed in achieving language acquisition. More importantly, as the informant has a different understanding of age correspondence to the milestone, for her, it was not the time for her child to speak yet.

Succinctly, age-based developmental milestones have shown to be dependable to cultural background. Although there is a similarity in the major developmental milestones across different cultures and have a correlation to the ones assessed at the Child Healthcare Centers in Sweden, the variations in the age-based criteria lead to differences in the understanding of developmental delays between professionals and parents with a different cultural background.

6. 2. Parents’ perceived lack of cultural appropriateness in the child developmental assessments

The second theme identified was related to the lack of cultural appropriateness in the child developmental assessments carried out by the CHC. The informants in this study shared opinions that reflected lack of culturally appropriate service. According to the informants, the
professionals did not take cultural differences into account. The parents described that the suggestions they received from the professionals did not consider their cultural background and their children encountered tests or examinations with unfamiliar materials. Parents described these experiences as especially challenging during the first visits.

The parents highlighted how certain images or toys used during assessments may be unfamiliar to children from a different cultural background. According to the parents, this was especially challenging for their children during the first visits.

“They (the professionals at the CHC) should consider that there are certain things in the environment that children are familiar with, it is not necessary to use those pictures they have” (Informant 2).

One of the parents explains how their child was assessed using materials they were not familiar with. The informant elaborates by giving an example, describing that, while there are many children in Africa who come from wealthier families and whose parents can provide them with toys and other materials that are similar to the ones used at the CHC, there are also many other children who do not have those things:

“There were things that my child had not seen because his parents maybe did not buy him such things, also as newcomers here. But the truth is that these are things the children have not seen before. The same with my child; the materials they use at BVC (the CHC) can be something the child has not seen before, so they shouldn’t just make an assessment based on certain things that are in the BVC (the CHC) system. I have just come with my child from Africa, there can be children who don’t relate to the things they use at BVC (the CHC)” (Informant 2).

Similarly, another parent explained that:

“Something that confused the child was the material they used when they asked him. The child had not seen that material before, we did not use them at home, and even I myself did not know about it before” (Informant 4).

However, some parents used these experiences as learning opportunities and provided their children with similar materials, such as toys, books, and pictures at home, to help them become familiar with and better prepared for future visits. For example, one of the informants explained that the initial visits at CHC have prompted their family to consider things they had not thought of previously. As a result, they have incorporated new resources and routines for their children that were not present before.
“I borrowed books from the library. First I read the books myself, I try to understand them, then I read them to my children and translate them for them. So, in short, they (the CHC) have influenced me”, informant 4 explains.

The informants expressed some extent of dissatisfaction with the guidance received after the assessments because it did not take into account sociocultural differences. As an illustration of these barriers, an informant has described obstacles in accessing guidance about what their child should eat since the information was based on meals that were not a culturally preferred food. The parent recalls that:

“The nurse gave us a book at the end. The book was about different sorts of food, but we didn’t use that book because we were not familiar with those types of food, as we have our own sorts of food. Instead, we asked people (from the same country) for advice on how to address our food issue” (Informant 4).

From the experiences of the parents interviewed, they predominantly expressed cultural barriers in terms of the materials used during the assessments and cultural barriers in the guidance provided by professionals after the assessments. Child healthcare in general and parental support, in particular, can be mediated by impediments based on cultural differences causing non-compliance or miscommunication about the indications given by the health professionals.

When it comes to healthcare assessments and interventions, cultural values and perspectives can be underlying in various aspects such as the tools used, questions asked, and professionals’ feedback and recommendations. A number of studies (Greeley Guillot-Wright and Kovic, 2017: 17, Handtke, Schilgen, and Mosko, 2019: 1, Place et al., 2020: 15) have shown how due to the fact that they encounter obstacles in terms of language, lack of interpreters, legal concerns or fear of deportation, lack of information about the services. For the purpose of this study, a focus will be given to the obstacles migrant parents face in terms of accessing healthcare services due to the difference in children’s health perspectives (Berlin, 2010: 43; Pangasa et. al, 2018: 39).

In societies with a significant number of people from different cultural backgrounds, culturally competent and appropriate health-care interventions can help to reduce the barriers faced by culturally and linguistically diverse communities.

Cultural appropriateness can be described as the possibility of migrants of people from different cultural backgrounds accessing health services, for example, receiving information in different languages, and the availability of health institutions and professionals to provide culturally competent practices by including and being sensitive to cultural perspectives (Place
et al., 2020: 12). The cultural competence of the professionals in healthcare can be explained as “the ability of professionals to provide high-quality care to patients with diverse values, beliefs, and behaviors” (Berlin, 2010: 45).

For a service to be culturally competent, it should possess cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Berlin, 2010: 45). Based on the interview results, it appears that the professionals at the CHC did not approach the parents in a culturally competent manner. The informants reported that the professionals lacked cultural awareness and did not take into account the parents' cultural perspectives and opinions. Nevertheless, in terms of cultural encounters (face-to-face cultural interactions) parents have expressed contrasting feelings. On one hand, they have described a welcoming environment, supported by receiving information about child development, appreciation of the parental groups, and the explanations given about the different procedures. On the other hand, they have felt that the professionals’ suggestions, assessments, and communication were confronted with cultural barriers and different understandings of child development and child-rearing.

Although the informants have appreciated the services provided, they have also expressed a lack of culturally appropriate services and a lack of attention to their cultural background. These obstacles lead to misconceptions about the guidance provided and the assessments carried out, where parents considered that they were not entirely adequate to their experiences and the children’s cultural background.

6.3. Differences in parental roles in children’s development according to cultural backgrounds

The third theme identified was related to the roles parents have in the development of their children in their home countries and in Sweden, and how parents explain their involvement and contribution in the child development assessments carried out at the CHC.

According to the informants, parental responsibilities in supporting a child’s development in their home countries are significantly different from Sweden's. In their countries, parents hold the utmost responsibility for caring for and monitoring their child's development. Compared to their home countries, the parents felt they lack involvement and contribution in the developmental assessments their children undergo at CHC. This conceptualization of parental roles can be illustrated in the following quote from Informant 5’s opinion:

“It is as I told you before, how the children grow depends on the parents, if they see something wrong with the child they go to hospital and meet the doctor, then the doctor check
if something is wrong and you go home, like I said before, you don’t go every month, because the parents will take care and know how the child grows up, like when they start to walk or talk” (Informant 5).

This informant and the other parents highlighted that from their cultural background, it is believed that a child's growth relies fundamentally on their parents and the ability of parents to track their child's development. Comparing their experiences at the CHC in Sweden, they expressed that they have less involvement in monitoring and assessing their child's development. For example, one of the parents describes that:

“In general there is an important cultural change because in my country if the child gets sick, you can go to the hospital immediately and receive care. Here it's more of calling and I always feel like "well, let three days go by". So there is no urgency, and for me it is difficult because of this culture shock, because it worries me, because I can't access this service. In my country I could” (Informant 1).

Furthermore, one of the informants explains parents’ position in their country as follows:

“If you make decisions about your child, none can get involved, it's your child. But here it's something different” (Informant 3).

While all the parents, in general, are appreciative of the child healthcare in Sweden and the Child Healthcare Center, they have concerns and feel that their opinions about their children are not taken into consideration. The majority of the parents interviewed expressed that they felt that their opinions, impressions, or experiences regarding their child, as well as knowledge from their cultural background, were not heard by CHC. Some parents shared how they think the nurses at the CHC give more importance to information provided by the preschool than to the one parent have. According to one of the informants, the nurses mainly rely on their professional expertise, and if they need additional information, they consult the preschool. In the informant's own words:

Informant 4: If the child is exposed to three languages, and you explain this to them, they don’t use this as very important information from the parents. Instead, they rely more on their professional knowledge, and they also ask the preschool.

Researcher: “Do you mean they (CHC nurses) rely on the information from preschool more than from parents?”

Informant 4: “Yes, even I felt they didn’t include my opinion.”

Another parent shared a similar opinion about the acknowledgment of parental perspectives at the CHC. This parent felt that the nurses do not trust what the parents convey, especially if
they come from a different cultural background which, according to the informant, this distrust may stem from assumptions about other cultures.

“They (the professionals at the CHC) don’t consider something you tell them or explain to them, but sometimes they don’t believe in our background, for them, our background is not good. But, for us, it is our culture, and we respect their culture” (Informant 5).

As mentioned above, child health assessments can reflect cultural values and perspectives. These examples highlight how varying perspectives on childhood and child development may affect parents’ involvement and contribution to the assessments conducted by the CHC. The difference in perspectives can lead to confusion for parents, who are typically considered to have primary responsibility for their child’s care and monitoring of their development according to their cultures but may be viewed by the CHC as less involved than the preschool staff and nurses.

Freeman (2009: 384) discusses how parenting and parental roles can differ across societies and how cultures can have their own distinct ways of viewing and treating children depending on various factors such as cultural beliefs, religion and societal norms. For example, some aspects of the traditional African conception of childhood differ from the way it is conceptualized in Western societies from the global North. A child in African culture is often understood in relation to his or her parents who will protect and provide for the child, while the child in turn has the responsibility to support them in times of need and in old age (ibid). Moreover, as it can be illustrated in the differences between the UNCRC and the African Charter on the Rights and Welfare of the Child, African children are thought to bear a responsibility towards their families, societies and communities (African Union, 1990: 23).

Similarly, Mayall (2009: 175) explains the differences in parental roles and responsibilities between non-Western and Western societies. According to Mayall (2009: 175), in various cultures, raising and nurturing children is a collective responsibility shared among extended families and local support systems, whereas in contemporary Western societies, it is the responsibility of the parents and nuclear families, and there is state financial support and intervention to enhance parenting and childhood practices.

From a similar perspective, Levine and New (2008: 3) have provided insights over the issue that the role and actions parents encompass are attached to culture-specific norms and practices. In this regard, “norms of parenting reflect and help to sustain the moral standards of a community” (Levine and New, 2008: 3).
Parents’ experiences with the Child Healthcare Centers have described differences in parental roles that the informants attribute to discrepancies with or denial of their cultural background.

6.4. The centrality of the environment in child development for parents from the global South

This fifth and last theme describes parents’ emphasis on the central role that the environment has in children’s development.

The focus on the environment as a central element of child development was a main characteristic described across the interviews. The parents interviewed commonly agree that the surroundings in which a child grows up have a significant impact on their overall development. It is widely believed among parents that the environment that a child is exposed to has a powerful impact on their growth. One of the informants describes the role environment as follows:

“A child of three years of age is expected to go outside, play with others, and come back home on his own without his parents accompanying him. That is a development for me. This thing is not a criteria for measuring development in this country (Sweden). (...) This is one development because the child is able to go and interact with others without his parents’ support but with the support of the environment” (Informant 4).

From this perspective, it can be identified that, according to the parent’s cultural background, the environment occupies a central role in children’s development.

Firstly, the environment is described by parents as an outside place, where a child can play with other children and socialize. From this perspective, children are stimulated to develop social skills. One parent expresses that:

When they (children) play with other children, they can learn more and develop their minds. In Europe right now there is more social media, so even small children play with their iPad and watch YouTube, so they don’t go out too much, it’s somehow different (Informant 5).

For the informants, children develop social skills by interacting with other children outside their homes and not only in institutionalized environments outside the family, such as schools or after school recreation activities.

Secondly, parents described the environment as having a clear impact on how children learn and are encouraged to develop motor skills. One parent explains that:
“There is a difference in how to measure a child or children, I measure it differently. Mine would focus more on the environment and how the child interacts with the environment. Also in my country, physical strength is an important part of development for children to be independent, to go explore the environment alone, without the parents. Here (at the CHC) they also measure motor skills but in a different way, we focus on the outside world” (Informant 4).

Thirdly, the environment is understood as the outside world that will help children to develop autonomy. A parent asserts that:

“It is different (in Sweden). Here, it is not like in our country, where children go play outside the whole day, they are free, but here they go out with their parents, you watch them, and you help them” (Informant 5).

Across the data gathered from the interviews, parents agree that letting children develop in the environment will support a child’s autonomy and, simultaneously, contribute to their development in different levels, such as gaining social and motor skills.

Fourthly, parents believe that children faced with obstacles in their development, can overcome it with the support of the environment. For example, Informant 2 explains how this is understood according to her culture:

“It is not a big problem because as the child goes outside to the environment, it is not only home; it will progress. A child may delay, but it is not something you tell the parent as ‘Oh my God…’, we do not emphasize because we understand that it will improve as the child go to the outside world, in the environment and relates with other children in the playground and school, they will catch up” (Informant 2).

The role of the environment in children’s physical and cognitive development has been largely acknowledged by developmental psychologists. However, the cultural conceptualizations people have with the environment may vary across cultures (James and James, 2012: 257). Moreover, McKendrick (2009: 247) explains the neighborhood as “the primary realm within which most children undertake activity independent of adults”. Neighbourhoods can provide to children the opportunity to broaden their horizons, develop a sense of self, acknowledge their relation to and importance of other people, and to develop competencies (McKendrick, 2009: 247).

The environment was described in four different ways: (1.) Where children can develop socialization (2.) Where children develop motor skills (3.) Where children can develop autonomy. (4.) Where children can overcome obstacles in their development. The role parents have attributed to the environment show, similarly, diverse perceived conceptions of what they
understand by child development and what the professionals at the Child Healthcare Centers understand.

When the parents explained their perspectives on the role of the environment in child development, they used examples of developmental aspects that may arise as a result of the child’s interaction with the environment. These developmental milestones the parents described have similarities as well as some differences with the developmental milestones the Child Healthcare Center assesses. For example, the milestones identified as social and motor skills are similar to the major milestones the CHC examines. As mentioned before, parents have used the same categories the CHC uses to refer to the monitoring in children’s development. However, these milestones are intrinsically related to the environment in terms of enabling and determining children’s development. The importance of some of the developmental milestones’, such as developing motor skills and sphincter control, are in accordance with the possibility of a child to go out of the house and increase their autonomy. Moreover, parents understand that the environment will assist a child in their development and will support them in case they are facing an obstacle in their development.
7. Concluding discussion

The aim of the study has been to explore the experiences of migrant parents from the global South have regarding the child developmental assessments carried out by the Child Healthcare Centers (CHC) in Sweden. The specific research questions were designed for the purpose of unravelling the understanding parents have about child development and characterizing the connection it has with their cultural backgrounds.

The findings of the study are 1. Parents from the global South possess an understanding of child development partially similar and different compared to the one endorsed by the Child Healthcare Centers based on their cultural backgrounds. 2. The difference in the understanding of child development created cultural barriers that affect parents’ involvement and contribution in the assessment, and in the appropriateness of the services they received.

In the first place, the parents interviewed made use of developmental milestones in order to describe how children develop. For the purpose of the study, it is of paramount importance to portray that the informants from the global South described the same benchmarks that the child healthcare centers in Sweden assess. For instance, parents mentioned sphincter control, language acquisition, socialization, and motor skills as determined milestones. Nevertheless, two considerations arise from this reflection.

On one hand, although the parents outlined the same milestones, this does not exclude the possibility of other existing milestones according to their cultural background. In other words, while the informants measured child development using the same milestones as the ones used in Sweden CHC, a more thorough and representative research can indicate the likelihood of considering others. On the other hand, even though parents considered the same milestones as the CHC, it was explicit that the age readiness for these achievements differed from the one promoted by the CHC. A summarized reflection from this result is that age, in spite of having a dominant influence in children’s lives, is not static throughout time and place (Hurst, 2020: 34; Woodhead, 2009a: 52).

Developmental theories have strived to recognize patterns and determine age benchmarks in which children develop, thus contributing to the creation of a single version of development by establishing age-appropriate milestones, basic needs and expected behavior irrespective of culture and social conditions. Understanding children as a singular and homogeneous group with identical developmental milestones and needs invisibilizes the multiplicity of childhoods and contributes to de-contextualising childhoods and their development (Vanobbergen, 2015: 65).
The findings of this study also show that parents linked children’s development to the environment as a determinant of the predominance of some skills a child should acquire and as a support for children to develop and learn. From these explanations of what parents consider by child development, it can be noted that the understanding of childhood is based on underlying cultural beliefs and traditions (Valdivia, 1999: 4). Otherwise stated, for these parents from the global South, a child’s development is guided by the notion that a child, at least in their countries of origin, is in constant relation with their environment (neighbourhood, the street, other neighbour children) which is not an institutionalized setting. From this conception, the milestones and their corresponding age of acquisition, are linked to enabling children to go out and relate to the environment. In this regard, they have described childhood as more independent and the society more communal from the one that they have experienced in Sweden. This can be related to the link between practice and knowledge in non-Western cultures, where the proximity of children to nature and to the environment promotes learning and development in everyday engagements among the community (Katz, 2004: 125).

In the second place, these similarities and differences in the conceptualizations of childhood and child development have their influence in child healthcare consultations and assessments. In spite of parents having appreciated the services received, the health follow-ups and control and the support provided by the professionals, they have nevertheless described cultural barriers and lack of cultural appropriateness in the tools and measures used by the CHC as well as the guidance received. They have detailed to feel confused and conflicted by the professionals’ assessments on their children’s development. These reflections echo previous research where migrant parents were asked about their experiences at the CHC (Berlin, 2010:57; Fält, 2019: 25,84).

The contribution of the participants in this study has been used to problematize the production of knowledge in child development as a uniform narrative (Burman, 2017: 9; Jenks, 1996: 122; Sparrman, 2020: 12). How is it possible that children are expected to acquire certain skills at a determined age in one culture and at a different age in another culture? How do these expectations shape a normative development and a deviation in multicultural societies? Which cultural notions on childhood are underpinning the concept of child development?

The analysis presented in this study should not simply suggest that children’s development, age-based milestones and progressive stages are merely a social construction which varies among cultures. A concluding interpretation should not reproduce the binaries that the Western epistemology is based on (Cannella and Viruru, 2004: 69; Liebel, 2020: 47). Otherwise stated, children’s development cannot be simply understood as opposing global North and global
South conceptualizations or, put differently, global and local childhoods. Considering the fact that the research is focused on migrant parents from the global South living in the global North, how can diverse cultural conceptions of child development coexist and interrelate?

Multicultural societies from the global North entail a multiplicity of childhoods in constant dialogue and tension between universal representations based on Western narratives and cultural meanings of children’s development (de Castro, 2021: 2488; James and Prout, 1997: 9; Jenks, 1996: 29; Mayall, 2013: 4, 8; Woodhead, 2009: 50-51). A current endeavor for these societies is to contemplate the diversity in the perceptions about children’s development and build on the multiplicity.

In the interest of enhancing multicultural appropriate public services, the inclusion of the perspective of culturally diverse communities can be a powerful approach. Parents who participated in this study expressed that they faced cultural barriers and that they felt their perceptions and knowledge were not taken into account. Involving further migrant parents, particularly from the global South, in the child developmental assessments can strengthen culturally appropriate healthcare by including multicultural and multiple perspectives on child development.

7. 1. Limitations and future research

The limitations of this study are several. Firstly, the small sample size causes a problem in terms of representativity of the general population. Although parents have described similar experiences at the Child Healthcare Centers and resembling perspectives on child development, it is necessary to remark that the sample is insufficient for comprehensive conclusions. Secondly, as mentioned before, the category of global South is not a homogeneous one. In this sense, by having a larger sample size, distinct findings could be interpreted and discern similarities and differences among different countries or regions within the global South.

Future research can delve further in the perspectives of parents from the global South of the child developmental assessments at the Swedish Child Healthcare Centers to understand how to build culturally appropriate services that include multicultural and multiple notions about child development. Moreover, while this study has focused on cultural conceptions of children’s development, a more extensive research can delve into an intersectional perspective of child development including different categories for analysis.
8. Bibliography

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9. Appendix

9.1. Interview guide

1. How would you describe the first visit to the CHC?
2. How did you get to know about the developmental assessments at the Child Healthcare Center?
3. Before attending with your child to the Child Healthcare Center, what did you expect from the developmental assessments?
4. From your experience, how would you describe the developmental assessments carried out by the CHC?
5. Were there anything that you could describe as cultural differences between the nurses and doctors and you and your family?
6. How would you describe the communication with them?
7. Tell us about your experience of receiving advice and support from the child healthcare nurse or doctors regarding your child’s development.
8. What kind of information did you receive regarding what is expected at the CHC at every visit?
9. Have you done any preparation with your child to meet the expectations of the assessment?
10. What do you think was the biggest effect, either positive or negative, of the assessments in your family?
11. From your background, how can one track child development?
9.2. Informed consent

We are students from Linköping University studying a master's program in Child Studies. Currently we are preparing to do research and we are interested in studying child developmental assessment in Sweden from a cultural perspective. We want to explore the experiences of parents from different cultural backgrounds living in Sweden on the child developmental assessments carried out by the Child Healthcare Center (Barnavårdscentralen). Hence, we are looking for parents whose child has attended a developmental assessment in the Child Healthcare Center in the last five years, who are willing to participate in this study. If you participate in an interview, you will be asked open questions focused on your experiences as a parent coming from other cultural backgrounds. We would like you to know that your participation in this study is highly valued and you will contribute important knowledge on the topic this study aims to explore.

Your participation in the research will be limited to an interview of approximately 45 minutes. This interview will be held individually between the participant and the researcher, unless couples want to join together. Moreover, if preferred, a male interviewer will carry out the interviews with fathers and a female interviewer will carry out the interviews with mothers. The interview will be conducted in the participant's mother tongue or in a language they feel comfortable with. Depending on the convenience for everyone we intend to carry out the interview face to face with one of the researchers while the other researcher will participate via telephone through video call. Another alternative is to conduct the interview with you via telephone. We estimate the interview to take 45 minutes, however it is good to consider that it can be a few minutes less or longer depending on the situation.

Finally, we would like to inform you that the interview will be recorded using an audio recorder for data processing and that the data will be handled carefully according to research principles. Please note that the research does not intend to collect personal or or sensitive information about any individual. Furthermore, it is important to stress that the participation in this study is entirely voluntary, and you can skip any part you find uncomfortable or stop at any time.

I hereby consent that Linköping University processes my personal data in the form of personal information such as name, phone number and email. Additionally, audio recordings from the interviews will be kept for the purpose of developing the research about parents’
experiences on the child developmental assessments in the Child Health Centers (Barnavårdscentralen).

**Information**

The interview data will be stored only on storage services approved by Linköping university, and no other persons than Camila Conte and Mengisteab Habte Weldekiros (the supervisor and the examiner if needed) will access the data. The information will be kept until the thesis has received a grade, but never longer than until December 31 four years after the data was collected.

The interview data controller is Linköping University, 581 83 Linköping, corporate identification number 202100-3096.

**Contact details**

- Camila Conte (camco082@student.liu.se / +306938510692)
- Mengisteab Habte Weldekiros (menwe634@student.liu.se / +46722507115)

Legal basis for the data processing: Consent.

If you want to withdraw your consent, please contact either researchers by phone or by email saying that you would like to withdraw the consent. No explanation will be required.

You may withdraw your consent at any time without giving a reason. We will in that case stop using your personal data that we have collected based on your consent. You may request to have your personal data erased, and if you do so, we will erase information about you wherever possible. You have the right to obtain information about your personal data that is processed by Linköping University. You may request this in writing by contacting the registrar’s office at Linköping University, either by email or letter. You also have the right to request that the use of certain of your personal data be limited.

If you want to know how the information you provided is used, or you believe that we have used the data in a way that violates the agreement or current legislation, please contact Linköping University’s data protection officer at dataskyddsombud@liu.se. If you have complaints regarding the way in which Linköping University processes your personal data,
you are always entitled to contact the relevant inspection authority, which in this case is the Swedish Data Protection Authority.

I hereby consent that Linköping University processes my personal data according to the information above.

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