EXPLORING CAREGIVER-CHILD INTERACTION IN CHILD CARE CENTER IN DHAKA

By

Syed Shamsul Abedin

ID: 18155011

A thesis submitted to BRAC Institute of Educational Development in partial fulfillment of the requirements for the degree of
Master of Education in Educational Leadership & School Improvement

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BRAC University
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Declaration

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1. Syed Shamsul Abedin (18155011)

Of Winter, 2019 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Early Childhood Development on 4/11/19.

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Supervisor:
(Member)

_____
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Institution

Program Coordinator:
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_____
Full Name
Designation, Department
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_____
Full Name
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Departmental Head:
(Chair)

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Ethics Statement

Title of Thesis Topic: Exploring caregiver-child interaction in child care center in Dhaka

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Student name: Syed Shamsul Abedin

_____

1. Source of population

_____

2. Does the study involve (yes, or no)

a) Physical risk to the subjects
b) Social risk
c) Psychological risk to subjects
d) discomfort to subjects
e) Invasion of privacy

3. Will subjects be clearly informed about (yes or no)

a) Nature and purpose of the study
b) Procedures to be followed
c) Physical risk
d) Sensitive questions
e) Benefits to be derived
f) Right to refuse to participate or to withdraw from the study
g) Confidential handling of data
h) Compensation and/or treatment where there are risks or privacy is involved

4. Will Signed verbal consent for be required (yes or no)

a) from study participants
b) from parents or guardian
c) Will precautions be taken to protect anonymity of subjects?

5. Check documents being submitted herewith to Committee:

a) Proposal
b) Consent Form
c) Questionnaire or interview schedule

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Executive Summary

The number of working women is increasing with the enhancement of women education in Bangladesh. So, it has become a burning expedition for the working women of the country to secure and educate their children in a sound way. Thus, the need of quality child care center is in rise in the country in the current century.

On the other hand, quality child care center refers the quality care through quality caregivers. By the way, quality child care refers a base of constructions which can effective in early childcare, like, responsiveness is responding to the needs of individual children and acknowledging children's feelings and thoughts and providing opportunities for children to develop.

Caregiver-child interaction plays a big role to ensure the quality of child care. Caregiver-child interaction is a fundamental key of early development. Positive caregiver-child interaction refers to sensitive responsiveness, language & cognitive stimulation support for peer interaction, positive warmth, positive affect, reciprocity, and mutuality.

Caregiver-child interaction very much important for all the child's basic physical and psychological needs must be met by one or more people who understand what infants, in general, need and what this child, in particular, wants. However, caregiver-child interaction need early years because of children latter development and for school readiness. Also a limited numbers of studies have been done in this topic, so need to more work on it.

The research was an exploratory study which collected in depth information about the knowledge and practices by the caregivers in the child care center`s during caregiving hours. The research was to explore the knowledge and practice, consequently, it followed

a qualitative data collection approach. By this method is able to give in-depth knowledge and practice about the caregiver-child interaction. Conversely, 6 caregivers have selected who is working in daycare center in Dhaka city. The researcher used qualitative method. The primary purpose to choose qualitative research approach is to gather in-depth understanding of caregiver-child interaction in child care center.

The findings of the study show that, the knowledge of early childhood development varied among caregivers on some aspects but then also similar opinion was found on some aspects, of understandings. Again, the practices among the caregivers were found to be inconsistent with the knowledge shared in most of the aspects. For some factors are influenced on caregiver-child interaction that's way caregivers lacked in implementing their knowledge while caregiving.

A conclusion can be drawn that some factors which influenced caregiver-child interaction. Child-caregiver ratio, skill and training, and educational qualification it will help to address the influencing factors of caregiver-child interaction.

Therefore, it can be recommended that adequate professional training on caregiver-child interaction should be provided to the caregivers. On the other hand, to ensure the quality practice of the caregiver's performance through supervising and monitoring. A large-scale study is required to come up with the right picture of the knowledge and practice of the caregivers in the child care centers.

Dedication

This thesis is dedicated to those caregivers of child care centers who shared their knowledge, their inner most feelings, their living with various children to enrich the thesis and also organization `PHULKI` and `Kristain Mishonari School` who gave the great support too. Without their assistance, this journey would be incomplete.

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Table of Contents

List of Acronyms

IDI	In-depth Interview
OPRE	Office of Planning, Research & Evaluation
WHO	World Health Organization
UNICEF	United Nations Children's Fund
WBR	World Bank Report
CCSA	Child Care Service Association

Chapter I

1.1 Introduction & Background

Early childhood care plays an important role in children's development and provides a valuable support to families with young children. It is therefore significant to understand the impact of these services and to ensure their quality and approachability (Bennett, J. 2018). Child care is a global concern, recently in developed countries child care center is highly recognized and many initiatives have been undertaken to create daycare center for child rearing and caring (WBR, 2008). The demand for child care services has increased significantly within the last decade. The most substantial increase in labor force participation is among mothers of infants and toddlers, where child care services are most scarce (Kamerman, 1986). Quality child care is stimulated to children's cognitive, language, and social development (Helburn & Bergmann, 2002). High quality child care can have a Positive influence on children's development. Through Caregiver-child interaction is one of the indicator of quality child care which has positive effects on children cognitive and social development (Loeb et al., 2004). Caregiver-child interaction is the foundation of development and learning of children. It has efforts on promote well-being and prevent psychopathology. The quality interactions are important for children's learning and development (Karen R. 1994). Caregiver-child interaction is a way of communication between caregiver and child. On the other hand, caregiver-child interaction is the key of support peer interaction, sensitive responsiveness, respect for autonomy, verbal communication, and development stimulation in different (Children lunch/snacks time, free play time, nap time, different transition period) setting on a frame in daycare center (Bredecamp , S & Copple , C 1997. Therefore, the people who care for the children in private or the institutional set up play a vital role in shaping the brain of these tender aged children. Study also shows that children, who

receive quality childcare, enter school with better math, language and social skill. These skills give the children a good start to succeed in school and later life (Huntsman, 2008).

1.2 Purpose of the Study

The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support (WHO, 2004). Quality childcare is work, to ensure that affordable, accessible, high-quality services are available for all young children (CCSA, 2018). On the other hand, the quality of caregiver-child interaction and the care environment in which young children spend their early years is a critical stimulus on their capacity to progress adequate foundation for later learning (Bakeman at el., 1978). All the important key indicators of quality care of caregiver-child interaction, that the field has determined are important for children's development during infancy and toddlerhood and fill important gaps that exist in a current quality, and these indicators will affect children's later development (Halle, et al,. 2011).

1.3 Justification

Caregivers can make valuable contribution towards the developmental outcome of a child in caregiver-child interaction. Because of the time spent with the child, a caregiver can recognize whether the child has developmental issues provided she has the required knowledge about caregiver-child interaction. (Meintjes, 2013). Educated and trained staff is more likely to deliver high-quality pedagogy and stimulating learning environments, which in turn foster children's development foremost to better learning outcomes (Scobie & Scott, 2017). The quality of caregiver-child interactions determines the path of an infant's social, cognitive and emotional development (Manegold J, 2002). Designing a high-quality, developmentally appropriate child care facility is a highly multifaceted mission which requires specialized and exclusive skills

(Smith and Bob, 1991). Urbanization and shifting social settings in the twentieth century created a need for child care for poor mothers who had to work and child daycare centers were first come to Bangladesh (Islam & Khan, 2015). Limited studies have been done in this topic, so need to more work on it.

1.4 Operational Definition

1.4.1 Caregiver-Child Interaction

Most important are interactions between caregivers and small children in affecting the child's brain and neurological development, psychological capacities and social adjustment, warm and responsive caregiving is now known to extend some protection to children in otherwise adverse situations (WHO, 2004). Furthermore, positive caregiver-child interaction refers to sensitivity, language & cognitive stimulation, support for peer interaction, positive affect, reciprocity, and positive relationship (Hall et al., 2011). Also caregiver-child interaction refers to positive construct are attachment and stimulation, positive behavior guidance, and way of self-control (Kelly & Barnard, 2000). On the other hand, caregiver-child relationship is emotional support, especially sensitivity, secure attachment, and social competence (Ainsworth et al., 1998).

1.4.2 Child Care Center

Child care center reefers to day care or institutional cares daycare center is a place where a child is taken care of and gets a chance to interact with other people besides its legal guardians during the day and gets many facilities for safe and nurturing environment, educational activities, toys, books and play equipment's which encourage thoughts and learn fine motor skills and the basic necessaries for a successful entrance into school (Cadena, 2009). Child care center is the place

where children are kept during the working hours and take care by caregiver or legal guardians. Child care centers can be established in a setting of a home, workplace, school or community and the main focus of child care is on the development of the child, whether that be mental, social, or psychological (Wasima, P. 2014). Child care center referred to commercially set up child care centers that are actuality established in community to support the working parents concerned to provide early intervention to make their children ready for school (Hunstman, L. 2008).

1.4.3 Research Topic, Questions and Objectives

Topic

The research topic is caregiver-child interaction in child care center in Dhaka.

Research Questions

1. What are the caregiver`s knowledge about the caregiver-child interaction?
2. What are the practices of caregiver-child interaction in child care center?
3. What is the factors influence of caregiver-child interaction?

Objectives

1. To know the caregiver knowledge of caregiver-child interaction in child care center.
2. To know the practice of caregiver-child interaction in child care center.

Chapter II

2.1 Literature Review

2.1.1 Quality Child Care

A quality child care has typically focused on structural characteristics, such as teacher-child ratios, group sizes and level of teacher education. The families when need to use child care, it is important that their children are enrolled in the highest quality care possible (Tonge, L. 2018). Children who have spent time in high quality child care atmospheres have lasting benefits from the experience (Barnett, 1995). Quality indicators can measure the positive caregiver/child interactions, accreditation or higher than minimum licensing standards, age appropriate activities, Good health & safety practices (CCSA, 2018). A quality care has some base structures which can effective in early childcare, like, responsiveness is responding to the needs of individual children and acknowledging children's feelings and thoughts, cognitive and language stimulation is providing opportunities for children to develop language through conversation and providing opportunities for children to develop cognitive skills through activities, support for peer interaction (Halle, et al,. 2011).

2.1.2 Caregiver-Child Interaction

The child's development most of the portion depends through child-caregiver interaction (Kibel et al., 2008). Early caregiver-child interaction is a path of child latter development. Several kinds of literature have found about on the caregiver-child interaction. Positive caregiver-child interaction is one of the indicators of formal care and stable connection in the early years of life which are associated with protection from later development (Karen, R. 1994). Quality caregiver-child interaction refers to measures include support for peer interaction, sensitive

responsiveness, mutuality, and behavior regulatory, and guidance (Halle, et al,. 2011). Caregiver-child interactions are crucial for children's learning and development. Positive caregiver-child interaction is one of the indicators of formal care and stable bonding in the early years which are associated with protection from later development (Karen, R. 1994). Caregiver-child responsiveness mentions to sensitivity and empathic awareness, predictability and contingency, non-intrusiveness, emotional availability, engagement, positive emotional tone, and devotion (Martin, J. 1989).The quality of caregiver-child interaction and the care environment in which young children spend their early years is a critical influence on their capacity to develop adequate foundation for later learning (Bakeman at el., 1978). Attachment is one specific and circumscribed aspect of the relationship that is involved with making the child safe, secure and protected (Halle, et al,. 2011). The purpose of caregiver-child attachment is not to play with or entertain the child this would be the role of the parent as a playfellow, Caregiver-child attachment is where the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of well-being (Karim, F. 2013).

2.1.3 Global Context

Caregiver-child interactions promote the health and development of helpless children. They increase the resilience of young children to the potential damaging effects of poverty and deprivation (WHO, 2014). Moreover, another research indicates that children who receive a high quality early childhood care have better language and social skills as early years, and as they grow older require less special education, progress further in school, have fewer interactions with the justice system and have higher earnings as adults (Barnett, 1995). In fact, the importance of child care quality is one of the healthiest findings in progressive of psychology. Children who

experience high-quality child care have upper marks on accomplishment and language tests, show better social skills and rarer behavioral problems (Lamb, 1998).

2.1.4 Bangladesh Context

In Bangladesh early childhood care plays an important role in children's development and provides a valuable support to families with young children. It is therefore important to understand the impact of these services and to ensure their quality and accessibility (Howes, 2003). In Bangladesh women working rate is increasing with the enhancement of women education. So, it is a burning quest for the working women to secure and educate their baby in a sound way (Islam & Khan, 2015). According to Bangladesh labor law 1995, an organization who employed at least 25 female workers must establish a day care center for its working mothers' babies. Therefore, some organizations have child care centers in their own premises or outside their premises to ensure the safety, security and development of the children of their employees (Unicef, 2006). The Government of Bangladesh has put importance on contribution of women in income producing activities as a way to increase family income. Women's income is reflected important for the survival of relatively low income and middle class households. Employment in the formal sector could improve the situation of women and bring both women and their children out of poverty. Bangladeshi women have always worked inside the household. They are expected to be a dependent wives and devoted mothers (WBR, 2011). Current era the women also work outside the household and in predominantly in the garment factories. Most of these women have transferred from rural areas to urban areas to advantage this opportunity and the most appropriate solution for this condition is arranging day care centers for the children of the working mothers (Siddique, 2011).

Chapter III

3.1 Methodology

In this study the researcher used qualitative method. The primary purpose to choose Qualitative Research approach is to gather in-depth understanding of caregiver-child interaction in child care center.

Research Participants

In this research 6 caregivers have selected who is working in daycare center in Dhaka city.

Research Site

The research sight was selected purposively from the urban area or Dhaka Metropolitan City. Data was collected from caregivers based on private community based child care centers.

Research Approach

The research was an exploratory study which collected in depth information about the knowledge and practices by the caregivers in the child care center`s during caregiving hours.
The research was to explore the knowledge and practice, consequently, it followed
a qualitative data collection approach. By this method is able to give in-depth knowledge and practice about the caregiver-child interaction.

Data Collection Tool

In this study In-depth interview (IDI) guideline and observation checklist have conducted. It is worthily mention that the researcher has taken support by the most usable observation tool "GROE" (General rating of the environment) for a better understanding of caregiver-child interaction in different settings.

3.1.2 Data Collection Method

In this study used In-depth Interview and Observation.

i) Data Collection Process

Before going for data collection, the In-depth interview (IDI) guidelines and observation checklist have developed and reviewed by the expert. At first, the researcher has taken the permission through e-mail from daycare center authority. And, also the oral and written consent from the participants have been taken. 6 IDIs and 1 observation were conducted in convenient place and time. The researcher recorded data by using audio recorder with participant`s permission. In this research, the researcher has collected field notes and memos. The length of IDI was 30-40min (per participants). One child care center has observed for 3 hours. Finally, after end the data collection then researcher said 'thank you' and 'good bye'.

ii) Data Management & Analysis

Data has been managed and analyzed through content analysis method. By following those simple steps content analysis have done -

a) **Transcribing and Organizing Data into Categories:** After collecting raw data (audio recorded data) researcher has transcribed it through computer and categorized differently.

b) **Reading & Memoing:** After that, researcher read this data repeated several times and also highlighted the data that correspond directly with the research.

c) **Identifying Theme and Sub-theme:** After reading the data the next step was to find out the different themes and sub-themes that can be emerged from the data.

d) **Interpreting Data:** Afterward, the all reviewed data ware summarized.

e) **Sharing Findings and Discussion:** Finally, shared the findings and discussion.

3.1.3 Limitation

- Due to time constraints limited number of daycare center will observed will be collected small amount of data for this findings cannot be generalized
- Limited study has been done on this topic.

3.1.4 Ethical Issues

The researcher has been taken ethical approval from BRAC IED and BRAC University. Also, the researcher has taken permission from the daycare center authority. Participant`s information was used only for research purposes. The researcher also informed that there will be no mental harm involved in this study and they can withdraw themselves from participation at any point in the research.

3.1.5 Validity and Reliability

Interview guidelines and observation checklist were checked and reviewed by the experts. In this qualitative research, data validity and reliability refer to the diversity of the narrative data and data triangulation that should signify the knowledge and practices of the caregivers in the child care centers. Here, data triangulation involved using information from in-depth interviews and observation which enhanced the validity of the study.

Chapter IV

4.1 Findings & Discussion

This chapter will delineate the findings of the study and an elucidation about them. Moreover, it will append some recommendations and conclusion as well.

4.1.1 Findings

The study presents a summary of the themes that emerged from the analysis of caregiver-child interaction, including the caregiver in-depth interviews (IDIs) and observation. It derives from six IDIs and one child care center observation and was conducted by a researcher. The findings are divided into several dominant themes, which are discussed in this section. However, findings of the study started with the demographic details of the participants and elaborated under broad-head two specific objectives, including knowing the knowledge of caregivers and the practice of caregivers.

4.1.2 Demographic Information

The researcher has taken demographic information from selected caregivers. Six caregivers were interviewed from four child care centers, and one center was observed to see the practice and knowledge of caregivers-child interaction. All the caregivers were female, and the age range was 24 - 45 years. The daycare centers are located in the different areas of Dhaka city. Every two of six caregivers have completed secondary school, whereas two participants have studied up-to grade ten, and one participant has studied up-to grade nine. However, only one participant is currently studying at the college level. Four caregivers have received the basic training from different organizations, and two caregivers have received the short-time training from an individual trainer. All of the caregivers do their effort a minimum of eight hours in a day.

4.1.3 Theme 01: Caregiver`s Roles & Responsibilities in a Child Care Center

According to the nature of the work, caregivers have to perform more roles and responsibilities in a child care center. In this study, detailed information has been obtained through the observation and interview of a child care center. However, Most of the caregivers shared that they are responsible to look out the children for a considerable amount of time in a daycare center. Conversely, few of the caregivers also perform their regular activities in a daycare center, including room cleaning, ensuring attendance, maintaining contacts with parents if needed, first-aid support in case of emergency, and feeding the children routine wise. Furthermore, also very few caregivers start their everyday work by receiving the children from parents in the morning with a warm welcoming. Subsequently, one caregiver is well concerned about child rising and responsibility in a daycare center. They believe it's a profession with crucial responsibilities, and one of the caregivers made the following statement -

> *"Start at morning with child warm reception and end with various routine based activities, for example (Playing, storytelling, recite rhymes, feeding and transitional period, etc.)"*

4.1.4 Theme 02: Understanding about the Caregiver-Child Interaction

Since the first objective through interview and observation the research is to explore the understanding on caregiver-child interaction in child care center. All the caregivers mentioned that caregiver-child interaction means verbal and non-verbal with the children, show positive

responsiveness and warmth, build positive relationship with the children, engage and support them whenever they need.

Subtheme: Interaction through Verbal and nonverbal Communication

All the caregivers shared their experiences about verbal and nonverbal communication with children while performing different activities, including reciting rhymes, songs, playing, and story-telling sessions. Conversely, most of the caregivers think that verbal interaction is more important during feeding, playing, and sleeping time. Few of them shared a very interesting thing that verbal interaction is whatever they talk to the children. Besides, only a few caregivers realized that without calling the children's name, their daily activities are not easier. Among the six caregivers, one of them mentioned -

> *"In story-telling time children`s ask me various types of questions. I feel enjoy a lot to talk with the children."*

Most of the caregivers stated that about nonverbal interaction. Their understanding level of nonverbal communication is a way of different physical play activities, e.g. including throwing the ball to the basket and assisting children to aim at the basket. On the other hand, very few caregiver`s mentioned that sometimes children become very upset when they don't consent to them, that's why caregiver's talking with children by a smile. One caregiver said when they use a hand gesture to interact with children; children immediately stop side talking. Another caregiver affirmed the following statement –

> *"All the children like most my hand gesture and my act whenever i do."*

On the other hand, all of the caregivers shared their knowledge about eye communication. However, most of the caregivers mentioned that their eye contact is reflected when they interact with children. Alternatively, a few caregiver responses that children's dealing is easier through eye to eye communication. However, few of them said that eye communication means communicate with the children through story-telling, physical play, dramatic play, different transition periods, etc. A very few caregivers understand that eye communication is talking with children face to face. By the way, one caregiver shared very interestingly that eye contract is symbol of a smile. Among all caregivers, one of them said-

"The children would not get attention if I do not look at the eyes of the children and talk.

Subtheme: Interaction through Positive Warmth and Affection

Positive affection or warmth is another crucial indicator to interact with children. Most of the caregivers have a positive relationship with children. Conversely, most of the caregivers comprehend that positive affection is to know the inner feelings of children. A few caregivers responded that positive affection is to express sympathy and feeling when a child is crying alone. However, one caregiver stated that –

"The whole day I try to more play with children and motivate them through hugging and loving, and affection is working like magic to recover children's sad mood."

Another caregiver shared that-

"Children play enthusiasm is enhanced by our love."

Subtheme: Interaction through Positive Responsiveness

Most of the caregiver's understandings level is pretty similar on positive responsiveness as they think it's quite easy to interact with a child in different situations. However, some of them responded that if they don't respond to a child, then the inner desire of a child dies. Conversely, most of the caregivers said children come to play with a response. One of them said positive responsiveness is needed for every child as they have some special desire. Children start to break the silence when caregivers start to talk. One caregiver shared following way that-

> *"I have to listen the children's calls because I spending the whole day with my children."*

Subtheme: Interaction through Positive Relationship

Most of the caregivers mentioned that they already built a positive relationship with children. Some caregivers think that the relationship is a pathway to interact with children. Moreover, a few caregivers stated that children feel secure with them and treat as a friend. Some of them believe that friendship is an easy way of communication between caregiver and child. Additionally, one caregiver mentioned that children feel more comfortable with them and share many things. In differently one of them said that-

> *"It is not possible to hold children in child care center for long periods without establishing good relationships."*

4.1.5 Theme 03: The Practice of Caregiver about Caregiver-Child Interaction in Child Care Center.

Since the second objective the research is to explore the practice level on caregiver-child interaction in child care center. This part presents the findings on the practice of caregiver. Caregiver practice level was explored based on the perspective of- verbal and non-verbal communication, used eye contact, positive child responsiveness, positive warmth, and positive caregiver-child relationship.

Subtheme: Interaction through Verbal and Non-Verbal Communication

The researcher has been observed the practice of one caregiver how they communicate verbally and non-verbally with the children.

The caregiver interacted with children by calling their registered names but sometimes they used different techniques (like; abbu, ammu, sonababa, and sonamoni etc.) to call the children and to get their attention. However, caregiver emphasized on verbal communication during pre-math, playing, and story-telling time and tried to motivate effectively.

On the other hand, caregiver communicated in many different ways with the children through non-verbal interaction for example; they call the children using hand gestures. However, caregiver used claps at the end of every activity which gives children enjoyment. Besides, the caregiver starts their activities through greeting and asking children of their names (Physical play, dramatic play and socio-emotional play). Moreover, caregiver motivated her one special needs child by using funny acting, symbolic language, different types of gesture and posture.

Subtheme: Interaction through Eye Contracts

The researcher observed caregiver eye contact and their expressions between caregivers and children, and caregiver interact with children by using eye communication in different situations

in routine wise activities. Children enjoyed most when caregivers talk at their level. Caregiver also look at the eyes of children while telling a story or singing a song. Nevertheless, sometimes a game is played called mirror-play. In this game, children look at the mirror and speak about themselves for a few minutes.

Subtheme: Interaction through Positive Warmth and Affections

The caregiver expressed positive affection to get friendly and closer to the children. However, positive warmth and affection have been practiced through love and sympathy. Sometimes, they hold the children with their hands and play with them. And also showed her positive warmth and affection to get closer to the children when children are crying and sitting alone and sometimes pacify the children by stroking on their heads.

Subtheme: Interaction through Positive Responsiveness

The caregiver used different way to interact with children through constructive responses. In this three hours observation caregivers used the techniques of hugging, kissing, and expressing compassion with children`s. However, sometimes showed cordiality with the children when they feel lonely. On the other hand, caregiver build up a positive relationship with the children using different activities e.g. playing transitional game like, hi/hello or ice-water, etc.

4.1.6 Theme 04: Factors that Influence Caregiver-Child Interaction

The final part of these findings all the caregivers shared that the interaction and quality of the interaction are influenced by the caregiver child-ratio, lack of spaces, caregiver training, and their educational background.

Sub theme: Caregiver-Child Ratio and Inadequate room Space

Group dimension and ratios regulate the amount of time and attention the caregivers can deliver

to each of the children. One of the key factors that most caregivers shared is inadequate space for the child care center. They said the ratio of space and children is very insufficient. It would be negatively affects the performance of caregivers. Another important factor is that the insufficient number of caregivers. The ratio between caregivers and children is also deficient. It also creates a negative impact on children. Due to the insufficient space, children can't play properly. One of them stated that congested playground isn't suitable for child development and hard to concentrate on their activities. One of them also mentioned that-

> *"It was difficult for me to interact with children properly if the number of children is too large compared to the space."*

Sub theme: Skilled and Trained Caregiver

Most of the caregivers talked about skills and training they mentioned that skills should be interchanged among each other. Some of them said that training will help them to perform their tasks fluently. There are some factors that hinder the performance of caregivers. By the way, few of them talked regarding the training, if they will get more training then they might understand details of interaction more fruitfully For that reason, a monthly training session is needed. One of them made the following statement –

> *"In the absence of a lack of practice and support, I sometimes forget the simple things."*

Sub theme: Caregiver's Educational Qualification

All the caregiver`s mentioned that the minimum education is needed to understand the contents of caregiver training or workshop. Most of the caregiver`s stated that minimum educational qualification is mandatory to work as a caregiver. However, few of them shared sometimes, it's

a burden to understand child phycology for those who have a less educational qualification. Conversely, another caregiver talked that less educated caregivers face a lot of difficulties in their tasks. Two caregiver`s shared the following statement -

I think if the caregiver has sufficient knowledge then children will receive well from the caregiver".

"Due to lack of adequate education, sometimes I do not understand whether the child is growing properly?"

Sub theme: Caregivers Understanding of Child's Cues

All of the caregivers shared that interaction is hampered if caregivers fail to understand child cues. On the other hand, most of the caregivers shared that child cues are a signal from one person to another to do something and child's way of telling caregiver what he or she wants, even without using words. In additionally, one caregiver mentioned that children's cue is very efficient for a caregiver to provide outstanding care according to children needs. A caregiver mentioned that-

"It`s not easier to figure out all children`s problems in the child care center."

4.2 Discussion

4.2.1 Theme 01: Caregiver Roles and Responsibilities in Child Care Center

Current findings found that all of the caregivers demonstrated explicitly their roles and responsibilities in the child care center. According to the caregiver's statement, most of them well expressed about the roles and responsibilities. They also mentioned that they start their morning by receiving children with a warm reception and complete all the related tasks of the childcare center and also look after the children according to routine wise activities. Not end here; most of them tried to communicate with parents in need basis of the child. Contrarily, in a study of world health organization about caregiver on roles and responsibility there mentioned that, the child's growth, in all aspects of health and personhood depends on the responsibility of caregiver, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support (WHO, 2004)".

Also a scholarly article was found, the lively and receptive caregivers regulate everyday activities of the day care centers by taking cues from the children (Bredecamp & Copple, 1997).

4.2.2 Theme 2: Understanding about the Caregiver-Child Interaction

The researcher analyzed caregiver`s perception from their understanding about caregiver-child interaction about verbal and non-verbal communication, eye communication, positive warmth and affections, positive responsiveness and positive relationship between a child. Findings from the study demonstrated that according to the caregiver's, understanding level on caregiver-child interaction in the child care center. In the following section of the paper, the researcher is going to address the specified objectives and answer the revealed research questions by thoroughly describing caregivers understanding on caregiver-child interaction.

The data findings of the study suggest that caregiver`s understanding on how they define caregiver-child interaction was almost the similar. However, most of the caregiver`s interacted different way on verbally and non-verbally. They are also involved and tried to interact verbally and nonverbally with children during play times. Few of the caregivers think only talking is the way of verbal communication. On the other hand, very few caregivers said they act contrarily in different setting of activities and used hand gestures with children as per need. On the other hand, Mr. kibel literature was found on verbal and non-verbal communication, Child's development most of the portion depends through child-caregiver verbal interaction (Kibel et al., 2008). Contrarily, another study mentioned, in effective communication, learning to be a good listener is just as important as verbal speaking (Rogers, 2013).

On the other hand, most of the caregiver has described about caregiver-child eye communication. Most of them shared that they can understand child cues through child eye expression. Moreover, few of the caregiver statements it was found that they refer during story-telling, rhymes and free play they interact with children through the eye. Oppositely, very few of caregivers think eye contract is to control child emotions and feelings. Conversely, the similar article of Ploszajski (The guardian support) was found on eye communication there mentioned that babies who frequently communicate with their caregivers using eye contact and vocalizations at the age of one are more likely to develop greater language skills by the time they reach two.

Most caregivers given warmth and love to their children`s in various ways in childcare center. They comprehend that positive warmth and affections means easy way of communication and simply to recognize the inner feelings of children's minds. On the other hand, few of the caregivers don't think so about positive warmth and affection their though it automatically occurs during activities. Conversely, very few of them emphasized emotional (hugging, loving and

sympathy) attachment with the children. An article about the positive warmth and affection of Ariadne Brill has mentioned, positive warmth and affection, patience and effective communication help children thrive (Brill, A. 2019).

Most of the caregiver`s shared their thoughts about positive responsiveness, how actually they understand it. More or less similar ideas they have shared about positive responsiveness with the child. They stated that child responsiveness means giving quick responses to children when they call and want something. It would be playtime, transition and feeding time. On the other hand, few of the caregivers mentioned that they build a strong friendship with the children and that's why children are well-ordered in a child care center. Oppositely, very few caregivers mentioned that relationship with children is an indicator of positive responsiveness. Scholar Martin shared about responsiveness that, Positive responsiveness refers to sensitivity and empathic awareness, predictability and contingency, non-intrusiveness, emotional availability, engagement, positive emotional tone, and devotion (Martin, J. 1989).

4.2.3 Theme 3: Caregiver Practice in Caregiver-Child Interaction

The second objective of this study was to see the caregiver practice in caregiver-child interaction in the child care center. Findings from the study demonstrated that according to caregivers practice of interaction with children`s in different settings (verbal and non-verbal communication, eye communication, positive warmth and affections, positive responsiveness) in child care center.

The caregiver verbally and nonverbally communicated with children through a lot of activities in different situations. In child care center caregiver used her voice different way, for example: Caregiver called unique voices (abbu, ammu, sona baba) to children to get their attention while

free play, physical play, and dramatic play and also transition period. However, sometimes caregivers less focused on verbally but she emphasized nonverbally during pre-math play and story-telling time and tried to motivate the children to learn animal names, and drawing sessions too. On the other hand, also caregiver presented non-verbally communication with the children through hand gesture in story-telling time; showed different mathematical symbols while pre-math session. It also mentions that the caregiver supported one special need children through physical gestures because the child could not hear much to the ears.

Caregiver communicated with children`s through different eyes expression during feeding and different transition activities. Caregiver demonstrated her eye communication also mirror play (look at the mirror and talking). Oppositely, sometimes caregiver demonstrated insufficient eye balance in diverse situation with the children. But most of the time she tried to communicate through the eye with the child as per as need.

Besides the knowledge caregiver exposed their positive warmth and affection with children. According to the current findings, the caregiver showed her warmth and affection by protection, guidance, hugging, good touch and sympathy and play with children. However, occasionally she has come to the children and talked with them.

The caregiver used different way to interact with children through constructive responses and made bonding with children. On the other hand, caregiver build up a positive relationship with the children using different activities e.g. playing transitional game like, hi/hello or ice-water, etc.

4.2.4 Theme 4: Factors that Influence of Caregiver-Child Interaction

According to the findings, all the caregivers shared that the interaction and quality of the interaction are influenced by the caregiver child-ratio, lack of spaces, caregiver training and their educational background.

Sub theme: Child-Caregiver Ratio and Room Space

Adequate room space and child-caregiver ratio is much important to caregiver-child interaction. Room space and child-caregiver ratio is connected with each other's. Here, most of the caregiver`s sated that that it was difficult for them to interact with children properly if the number of children is too large compared to the space. Also they faced movement problem in child care center. Few of the caregivers feel that some children do not want to come to the center because of insufficient space and the number of caregivers. According to caregiver-child ratio and room space a journal article by Schipper was found, Caregiver-child ratio is generally taken to be the most important structural characteristic of center based care (Schipper et al., 2006)."

Sub theme: Skilled and Trained Caregiver

Caregiver skills most of the time depends on caregiver Professional training. So, the skilled caregiver and caregiver training is dynamic issue for the caregiver-child interaction. On the other hand, most of the caregivers shared sometimes they forget the important things of caregiving. Also they mentioned If they get professional training, it would be supportive of them for general performance. Scholar Julia was written about skill and training in her article, no matter the amount of needs and dependency level of the children, a caregiver is anticipated to be skilled at meeting those needs or long-term care (Julia, 2016).

Sub theme: Caregiver Education Qualification

Most of the caregivers shared that they need minimum level of education for receive the training. On the other hand, they shared that they faced academicals (reading, spelling and writing) problems because of less education. If most child caregivers do not understand the training well, they will not be able to apply the acquired knowledge to the child. The researcher Ronald wood has mentioned his article; the caregiver does not have other options instead of education to understand child cues (Wood, R. 2004).

4.3 Conclusion

The current study was an explorative study intended to explore the knowledge and practice of the caregiver on caregiver-child interaction in child care center in Dhaka. Explore the knowledge among the caregivers on interaction and identify the practices by the caregiver in the private child care centers were the two objectives of this study. To fulfill the objective of the study, four child care centers were selected in the urban areas of Dhaka Metropolitan city. Six caregivers were interviewed in-depth and one caregiver practice was observed one day each during caregiving.

The findings of the study show that, the knowledge on various aspects of caregiver-child interaction on verbal and non-verbal communication, positive warmth & affections and responsiveness care with children. These understandings on all of the indicators were acceptable.

Again, the practice among the caregivers was found sometimes is to be inconsistent with the knowledge shared in most of the aspects.

Finally, there have some factors which influenced caregiver-child interaction. Child-caregiver ratio, skill and training, and educational qualification it will help to address the influencing factors of caregiver-child interaction.

4.4 Recommendations

Reflecting upon the findings and discussion on the current study on knowledge, practice, and factors of the caregiver-child interaction in the child care centers, the following recommendations are suggested on the said subject.

- Need to provide adequate professional training to the caregivers on caregiver-child interaction.
- Supervising and monitoring the caregiver`s performance to ensure the quality practice.
- A large-scale study is required to come up with the right picture of the knowledge and practice of the caregivers in the child care centers.

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4.6 Timeline

SL	Activity Plan	July				August				September				October				November			
		1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
1.	**Topic selection**																				
2.	**Review the literature**																				
3.	**Research proposal development**																				
4.	**Tool development**																				
5.	**Data collection**																				
6.	**Data analysis**																				
7.	**Report writing**																				
8.	**Final report submission & dissertation**																				

Annex: 01

BRAC UNIVERSITY

Topic: Exploring Caregiver-Child Interaction in Child Care Center in Dhaka

Interview (IDI) Questionnaire for Caregiver

Section: 01

Caregiver's Name: Age:

Name of the Center: Date:

Area:

General Question Section: 02						
Sl. No	**Questionnaire**	**Answer**				
1.	What is your educational qualification?(mark it)	Class 8 or below	Class 9/10	S.S.C.	H.S.C.	B.Sc/Honours/ M.S.
2.	How many children are enrolled in your center?	Boy	Girl	Total		
3.	Time of the center	Start time :		End time :		
4.	How long have you been working as a child caregiver?(in month)	1 -11 months	12 -23 months	24 – 35 months	36 – 47 months	More than 48 months

Section: 03 Caregiver knowledge of Caregiver-child interaction	
1	Can you tell me about your daily work plan/activities?
2	How long have you been working here?
3.	Which things make you feel good to work in the day care center?
4.	As a child caregiver what kind of knowledge and skills should be required?
5.	What is your responsibility at the child care center?
6.	What do you think about caregiver-child interaction? Can you explain? a) What do you mean by interaction with children? b) What do you mean by oral communication with children? c) What is the meaning of the communication of physical gesture with the children? d) What do you think about eye contact with the children? e) What do you think about positive warmth? f) What do you think about child responsiveness?

7.	Do you think, Caregiver-child interaction is foundation for children's learning and development? a) Does caregiver-child interaction help increase a child's knowledge? b) Does caregiver-child interaction in help social and emotional development?
	Section: 04 **Caregiver practices of Caregiver-child interaction**
1.	How do you interact with the children in this center? a) How do you communicate with the children? b) How do you make verbal communication with children? c) How do you make communicate of physical gesture and verbal tone with the children? d) How do you set your eye contact with the children? e) How do you do positive warmth to your children?
2.	How do you give the cognitive stimulation?
3.	How do you do the responsive attitude/ behavior?
4.	How do you encourage the children to take part in the activities? (For example: in group work, pair work, games, free play, storytelling etc.)
5.	If any child fails to follow your instruction or to do a task, what do you then?
6.	How caregiver-child interactions help increase a child's knowledge?
7.	How caregiver-child interaction is help to social and emotional development?
	Section: 05 **Factors of Caregiver-child interaction**
1.	What are the factors do you think about in caregiver-child interaction?
2.	What are the factors are influenced on caregiver-child interaction?

Annex: 02

Exploring Caregiver-Child Interaction in Child Care Center

BRAC University

Observation checklist

Observer name: observation date:

Observation start time: observation end time:

Daycare name: Area name:

Caregiver name: Total session time:

Session star time session end time

Number of child in daycare:

Number of children during observation:

Is there any volunteer?.... … Care giver experiences:

Caregiver educational qualification:

SL no	Observation Item of Caregiver-Child Interaction	Never	Sometime	Most of the Time
1	How sensitive is caregiver for treating children's faces and gestures? (For example, child gets upset, talk less, sit very quietly, and try to say something.) …… …… ……			
2	The caregiver can understand child response by their behavior and need. (To understand children attitude, gesture and behavior) …… …… ……			
3	The caregiver how to communicate by verbally and non-verbally with children? (For example, use verbal communication, smiley face, loud voice and, symbolic attributes) …… …… ……			
4	Caregiver positive attention for all the children. (For example; response to			

	the child call without any partiality) …… …… ……			
5	Way of talking to a caregiver with a baby (Response to the child call, conversation, listening, use very easy language, say any object name, during free play, socio-emotional play, story-telling, song and. rhymes)			
6	Caregiver helps to tackle child from peer conflict (Example; bite, pushing, knock-down, heating etc.) …… …… ……			
7	To assist child language development (Example; Motivation, Paying attention to the child's good behavior) …… …… ……			

Annex: 3

Consent Form for Caregivers

Exploring Caregivers-Child Interaction in child Care Center in Dhaka

Researcher name: Syed Shamsul Abedin

Purpose of the Research

I am conducting this research as a part of my Master's Degree requirement from BRAC University. The objective of this research is exploration of knowledge and practice of the caregivers on caregiver-child interaction in the child carecenter.

Expectation from Participant

If you agree, you will be expected to share information regarding your knowledge and practice on caregivers on caregiver-child interaction in child carecenter. The in-depth interview may take 45 to 60 minutes, depending upon your response. With your permission I will observe the children and you in a typical day for 2 days.

Risks and Benefits

There is no risk to you or the children for participating in this study; directly or indirectly other researchers, policy makers may be benefited in future from the information you share today in designing and implementing child carecenter policies for the country.

Privacy and confidentiality

All information collected from you will remain strictly confidential. I would be happy to answer any of your queries about the study and you are welcome to contact me.

Future use of Information

Some of the information collected from this study may be kept for future use. However, in such cases information and data supplied to other researchers, will not conflict with or violate the

maintenance of privacy, anonymity and confidentiality of information identifying participants in any way.

Right not to Participate and Withdraw

Your participation in the study is voluntary, and you are the sole authority to decide for and against your participation in this study. Refusal to take part in the study will involve no penalty. If you agree to my proposal of participating in my study, please indicate that by putting your signature in the specified space below.

Name of the Caregiver: Signature of the Caregiver:

Name of the Researcher: Signature of the Researcher:

Thank you very much for your cooperation.