



## **Cultural Influences on Sleep Association Disorder in Children: Challenges in Canada's Multicultural Society**

**Sulaiman Syed<sup>1</sup>, Asma Syeda<sup>2</sup>, Omar Aziz<sup>3</sup>, Josip Marcinko<sup>4</sup>, Q.Shi<sup>5</sup>, Abu M Ismail\*<sup>6</sup>**

1,2. Millcreek Children Centre.

3,4,5,6. Halton Health Care Hospital.

**\*Correspondence to:** Abu M Ismail, ton Health Care Hospital, Canada.

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## Introduction

Sleep is a cornerstone of childhood health and development, but how it is structured varies significantly across cultures. In Canada's diverse and cosmopolitan population, cultural differences in parenting practices—particularly around sleep—can contribute to sleep association disorder (SAD) in children.

Sleep association disorder occurs when a child becomes reliant on specific external factors—such as rocking, feeding, or parental presence—to fall asleep. Without these conditions, the child struggles to initiate or maintain sleep, leading to frequent nighttime awakenings, poor self-soothing skills, and disrupted family sleep patterns.

In a multicultural country like Canada, understanding how cultural practices shape sleep habits is essential for parents and healthcare providers to develop effective, culturally sensitive solutions to sleep-related challenges.

## Understanding Sleep Association Disorder

Sleep association disorder emerges when a child requires certain conditions to fall asleep and struggles to sleep independently. Common associations include:

- Parental presence (e.g., being rocked, held, or co-sleeping)
- Feeding to sleep (breastfeeding or bottle-feeding as a sleep cue)
- Environmental cues (such as white noise, motion, or a specific bedtime routine)

Children with strong sleep associations often wake up frequently at night, unable to return to sleep without the same conditions in which they initially fell asleep. Over time, this can disrupt their natural ability to self-soothe, creating long-term sleep challenges.

In Canada's culturally diverse landscape, sleep practices vary widely across different communities, influencing the development and persistence of sleep association disorder.

## Cultural Differences in Sleep Practices and Their Impact

### 1. Co-Sleeping vs. Independent Sleep

One of the most significant cultural differences in sleep habits is the practice of co-sleeping versus independent sleep training.

- **Co-Sleeping Cultures:** Many Asian, South Asian, Middle Eastern, African, and Latin American families follow the tradition of co-sleeping, where infants and young children sleep in the same bed or room as their parents. This practice is often tied to safety concerns, emotional bonding, and traditional family structures. However, it can lead to strong sleep dependencies, making it difficult for children to transition to independent sleep.

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- **Independent Sleep Cultures:** In contrast, Western and Canadian-born families of European descent typically emphasize independent sleep from infancy. Sleep training methods, such as gradual extinction or the Ferber method, encourage children to fall asleep on their own, reducing their reliance on external sleep aids.

When families who practice co-sleeping attempt to transition their child to independent sleep—often in response to Canadian healthcare recommendations—they may face significant resistance from the child, leading to disrupted sleep patterns and increased parental stress.

## 2. Feeding and Sleep Associations

Cultural beliefs about feeding before sleep also play a critical role in the development of sleep association disorder.

- In South Asian, African, and Middle Eastern cultures, night feeding is often used as a soothing technique to help babies fall asleep. This reinforces feeding as a primary sleep cue, making it difficult for children to sleep without nursing or bottle-feeding.
- In North American and European cultures, feeding is often separated from sleep routines, promoting self-soothing techniques and reducing nighttime feed dependency.

For immigrant families in Canada, balancing traditional feeding customs with Western sleep recommendations can be challenging. If a child becomes reliant on feeding to fall asleep, breaking this association can be difficult, leading to frequent night wakings and prolonged sleep disturbances.

## 3. Parental Responses to Night Wakings

Cultural attitudes toward nighttime awakenings influence whether children develop independent sleep skills or rely on parental intervention.

- In many non-Western cultures, parents immediately soothe, feed, or rock their child back to sleep. This reinforces dependency, making self-soothing difficult.
- In Western sleep training models, parents are encouraged to delay immediate intervention, allowing children to develop self-soothing skills and fall back asleep on their own.

Parents who are accustomed to responding quickly may struggle with sleep training methods that encourage controlled comforting or gradual withdrawal, leading to frustration and inconsistency in approach.

## 4. Sleep Environment and Routine Differences

The physical sleep environment and bedtime routines also differ across cultures, impacting sleep

independence.

- In South Asian, Middle Eastern, and Latin American cultures, children often share sleeping spaces with parents or siblings, sometimes until early childhood. This can delay the transition to independent sleep and create stronger parental sleep associations.
- In Western cultures, children are more likely to sleep in separate rooms from an early age, encouraging sleep autonomy.

Additionally, some cultures have later sleep schedules due to family social gatherings, religious practices, or traditional evening routines, leading to irregular sleep patterns.

### **Addressing Sleep Association Disorder in Canada's Multicultural Context**

To effectively manage sleep association disorder in a culturally diverse society, a flexible and culturally sensitive approach is essential.

#### **1. Culturally Tailored Sleep Education**

- Parents should be educated on sleep cycles and self-soothing techniques, while acknowledging their cultural beliefs and traditions.
- Instead of enforcing rigid sleep training methods, healthcare providers can offer gradual transition strategies that align with parental values.

#### **2. Gradual Transition to Independent Sleep**

- For co-sleeping families, a phased approach can be used, such as moving the child to a separate bed within the same room before transitioning to an independent sleep space.
- Comfort items like stuffed toys, blankets, or nightlights can help replace parental presence.

#### **3. Reducing Strong Sleep Associations**

- If a child is dependent on feeding to sleep, parents can gradually shift feeding to an earlier part of the bedtime routine and introduce alternative soothing methods.
- Encouraging self-settling techniques like using a pacifier or gentle music can help ease the transition.

#### **4. Establishing Consistent Sleep Hygiene**

- Regardless of cultural differences, a consistent bedtime routine is key to improving sleep quality.
- Healthcare professionals can help parents find a balance between cultural traditions and evidence-based sleep practices to prevent prolonged sleep disruptions.

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## Conclusion

Canada's multicultural society presents unique challenges in addressing sleep association disorders in children. Co-sleeping, feeding practices, parental responses, and sleep environments vary across cultural groups, influencing how children develop sleep habits.

A one-size-fits-all approach to sleep training does not work in a culturally diverse population. Instead, bridging cultural beliefs with evidence-based sleep strategies can help families develop sustainable solutions for healthier sleep habits while respecting their traditions.

By promoting culturally inclusive sleep education and gradual transition strategies, healthcare providers and parents can work together to foster independent sleep skills and improve overall sleep health for children in Canada's diverse communities.



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