Sleeping Between Cultures: An Autoethnographic Exploration of the Co-Sleeping Practices of an Immigrant Mother in Canada

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Abstract

In North America, the prevailing sleep arrangement for infants and young children emphasizes sleeping independently which differs from the co-sleeping norms embraced by many cultures worldwide. This autoethnographic study explores the researcher's experiences with co-sleeping practices as a new immigrant mother in Canada. Employing an autoethnographic approach, this research intertwines personal narratives and reflections to navigate the complexities of co-sleeping within the context of cultural adaptation. Reflecting on the researcher's co-sleeping journey through the lens of Urie Bronfenbrenner's Bioecological Model of Human Development, the study examines the intricate interplay between personal experiences, social norms, and the broader cultural contexts, examining how these factors influenced the researcher's co-sleeping decisions and experiences. This research advocates for a more diverse understanding of co-sleeping practices, recognizing cultural perspectives to develop guidelines that promote safety while respecting the cultural richness immigrant families bring to the Canadian context. Through its autoethnographic lens, this study contributes to a deeper understanding of the cultural dynamics shaping parenting practices and underscores the importance of cultural sensitivity in healthcare and policy frameworks.

Keywords: bed-sharing, co-sleeping, sleep arrangement, immigrant, mother

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Chapter One: Introduction to the Project

“祸兮福之所倚，福兮祸之所伏。孰知其极？”--- 老子

The aforementioned sentence is cited from Laozi (1898), an esteemed ancient Chinese philosopher. In English, this quote conveys that every challenge presents an opportunity for growth. While working on my thesis, I reflected on those exhausting nights when I had to wake up in the middle of the night to soothe my baby girl back to sleep. It was those challenging nights that drove me to want to explore my lived experiences of co-sleeping as a new immigrant to Canada through an autoethnographic approach. Those feelings of helplessness, frustration, sadness, and anxiety were my primary motivation to pursue this research.

In this research, I will employ autoethnography as an approach to delve into my co-sleeping experiences with my child as an immigrant mother in Canada. This first chapter serves as a foundational exploration, beginning with an examination of my positionality as the researcher. Subsequently, I will delineate the research aim and question, setting the stage for the overarching inquiry into the cultural and personal dimensions of co-sleeping among immigrant mothers. Finally, I will introduce the Bioecological Model of Human Development (BMDH) as the theoretical framework guiding this study.

Positionality of Researcher

My journey as a newcomer to Canada began in 2013 when my high school “sweetheart”, now-husband, graduated from a University in Nova Scotia. Initially, I came to Canada to join him for his graduation ceremony and intended to stay for a short period to experience a different culture. Little did I know that this decision would change my life trajectory. Instead of a temporary visit, we found ourselves settling in Nova Scotia where we established our business,

purchased our first home, built our careers, and most significantly, welcomed our child into the world. It is this dual identity as both a mother and an immigrant that has guided my research journey, shaped my perspectives, and fueled my curiosity about the intersection of cultural experiences and parenting practices.

As a Chinese person, I grew up sleeping in a family bed with my parents and sister. Those snuggle times and cuddle moments in the bed with my family are the loveliest memories I have of my childhood. However, since arriving in Canada, and as an early childhood educator (ECE) working in Canadian early childcare centers, my perception of bed-sharing has been heavily challenged by my ECE training and work experiences in Canada. As an immigrant mother, I was torn between the sleep culture in my home country of China and the expectation to follow North American social norms, public health guidelines, and the realities of parenting stress when my own child was born.

In this research, through an autoethnographic approach, I will connect my personal story to current literature, and examine the dominant cultural and social discourses in both Canada and China, including the meaning of my experiences as an ECE and a new immigrant mother who "failed" to follow public health guidelines and ended up sharing the same bed with her child, but with guilt. Most importantly, by sharing my story, I hope to draw people's attention to how dominant discourses about sleep arrangements might lead to the stigma of co-sleeping families and the cultural exclusion of immigrant families.

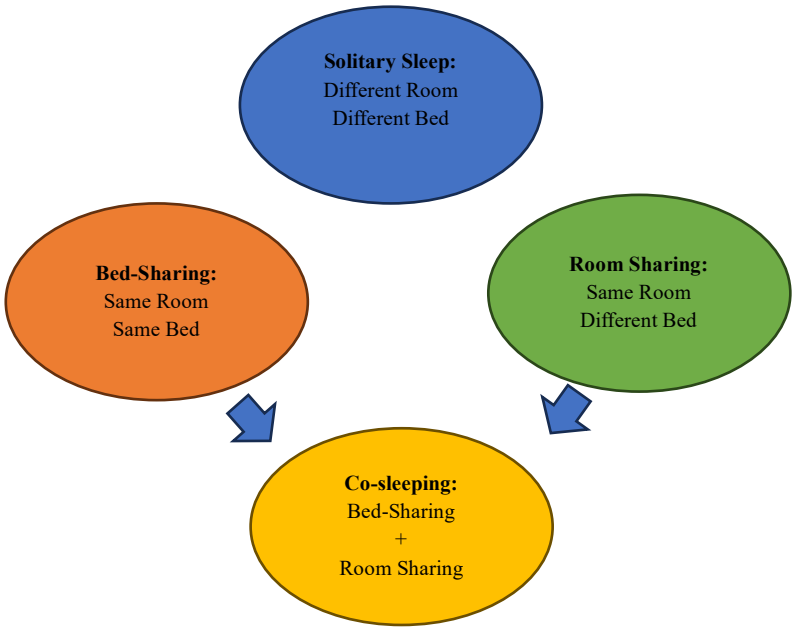
Terminology

Before outlining the research, it is important to define the common terminology associated with the concept of co-sleeping as it varies across sectors and parts of the world. To

bring clarity to this research, I will use Figure 1 to show the terms I would like to use in my research.

Figure 1

Difference Among Bed-sharing



First, *room-sharing* refers to a child sleeping in their parents' room, but on a separate surface like bassinets, cribs, or baby boxes (Moon et al., 2022). The term *bed-sharing* means parents and children sleep on the same bed which allows physical touch between the children and parents (Das et al., 2014). Sofa-sharing, chair-sharing and other type of surface-sharing which are considered occasional incidents, not long-term sleep arrangements, are not included in the term bed-sharing in this research. *Co-sleeping* encompasses both room-sharing and bed-sharing, as both practices involve parental responsiveness to infants at night and do not involve early independence training (Howson, 2018). At last, the term *solitary sleep* will be used to refer to when a child sleeps in their own room (Richardson, 2013). The term of *sudden infant death*

syndrome (SIDS) refers to the sudden and unexplained death of an apparently healthy infant, typically during sleep (Byard & Marshall, 2007).

I similarly recognize the complexity of family structures in our society. For example, single parents, same-gender parents, grandparents, group homes, and senior complexes provide loving and caring environments for children. Therefore, when I refer to "mother" and "parents" in this thesis, I am referring to those who take on the primary responsibility of caring for and loving the child, regardless of their specific family structure. I understand that all families are diverse and should be respected.

Research Aim

This study represents an autoethnography of my experiences as a new Chinese immigrant mother embracing co-sleeping. The research aims to achieve the following objectives:

1. Provide an Autoethnographic Narrative: The primary aim is to present an autoethnographic narrative that explores my co-sleeping experiences as a Chinese mother and new immigrant in Canada. This narrative will not only recount personal experiences but also analytically and theoretically connect them to broader cultural and social contexts, drawing on relevant literature.
2. Explore the Influence of Western Dominant Discourses: The study aims to investigate how Western dominant discourses have shaped my decisions and experiences concerning my child's sleeping arrangements. A particular focus will be placed on highlighting issues related to diverse sleep cultures and exploring my encounters with health public guidelines upon my arrival in Canada, providing a nuanced understanding of the challenges faced.

3. Examine Discrepancies in Sleep Guidelines: Another aim involves drawing from my personal experiences to examine the disconnect between current public health guidelines recommending specific sleep arrangements and the prevalent high rates of bed-sharing in North America, especially in the group of immigration. The research aims to shed light on how culturally exclusive public guidelines might contribute to the stigma of co-sleeping and the sense of cultural exclusion for new immigrant mothers. This exploration seeks to bridge the gap between official recommendations and the realities experienced by immigrant mothers.

Research Question

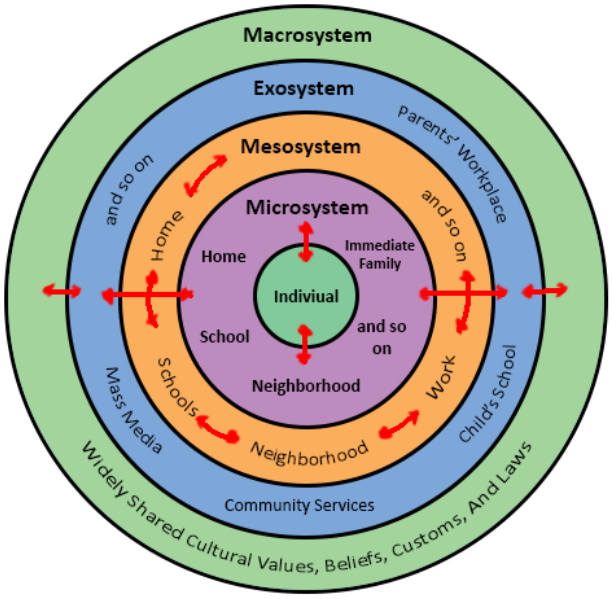
How have the cultural, social, interpersonal, and individual narratives informed my co-sleeping decision and experiences as a new Chinese immigrant mother in Nova Scotia, Canada?

Theoretical Framework

A conceptual framework serves multiple vital roles in research. It acts as an integrating mechanism, bridging theories, guiding research design, and contextualizing findings within theoretical paradigms (Leshem & Trafford, 2007). Additionally, it functions as a map, delineating relevant theories and issues related to the research topic, facilitating an understanding of relationships between variables, and aiding in the meaningful interpretation of data (Leshem & Trafford, 2007). For this study, I use Urie Bronfenbrenner's Bioecological Model of Human Development (BMHD) as my theoretical framework (see Figure 2). BMHD enhancing the clarity and insightfulness of this research by serving as a map for exploring, understanding, and analyzing my experiences as a new immigrant Chinese mother in Canada who engaged in co-sleeping with her child, enhancing the clarity and insightfulness of this research.

Figure 2

Bronfenbrenner's Bioecological Model of Human Development



Note. From *Urie Bronfenbrenner's Bioecological Model* [Graphic] (n.d.) Psychology Wiki, (https://psychology.fandom.com/wiki/Bioecological_model). CC-BY-SA

Developed by Bronfenbrenner in 1979 and expanded upon in 2005, BMHD is a theoretical framework emphasizing the complex interactions between individuals and their environment. The model provides a holistic framework recognizing bidirectional influences between an individual and their environment. According to Bronfenbrenner (1979, 2005), it comprises five systems:

1. Microsystem: This includes the immediate environment where the individual directly interacts, such as family, workplace, and peers.
2. Mesosystem: This refers to the connections between different aspects of the microsystem, such as the relationship between family and workplace.

3. Exosystem: This involves settings where the individual may not be directly present but still influences their development, such as societal expectations.
4. Macrosystem: This encompasses the broader cultural context, including societal values, customs, and laws.
5. Chronosystem: This accounts for the changes over time and how they affect development, including historical events and life transitions.

By utilizing BMHD, I aim to inspect the intricate interplay between these various systems and their impact on my co-sleeping practices as an immigrant mother in Canada. This framework enables a comprehensive understanding of the dynamic interplay between individual, family, societal, and cultural factors, ultimately enriching the depth and breadth of the research findings.

Chapter Two: Literature Review

In this chapter, my objective is to investigate current literature to demonstrate the significance of my research. Crucially, through this literature review, I will be able to approach a more informed answer to my research question by building on the knowledge and insights of previous research.

In North America, health professionals generally have advised against bed-sharing since 1999 (Consumer Product Safety Commission, 1999). The Public Health Agency of Canada (2021) recommends infants under 1 year old sleep alone in a crib, cradle, or bassinet. Canadian guidelines align with the most recent public health guidelines from the American Academy of Pediatrics (AAP) advising families that infants under the age of 1 year should sleep in their parents' bedroom, but on separate surfaces because of the risk of sudden infant death syndrome (SIDS) and sudden unexplained infant death (SUID) (Moon et al., 2022).

Solitary sleep is the dominant practice in North America (Mindell et al., 2010; Volkovich et al., 2015). Western societies have viewed early infant independence as a developmental achievement and a sign of effective parenting since the 1930s (Ball, 2009). Sleeping alone is also considered early independence training that can help children prepare for their roles as competent and independent contributors to our society (Howson, 2018). Overall, parent-child co-sleeping is predominantly considered socially and culturally unacceptable in North America. In contrast to North American culture, co-sleeping with children is widely regarded as the prevailing sleep arrangement and a common practice of parenting in many other countries (Mileva-Seitz et al., 2017; Richardson, 2013). However, despite Canada being an immigrant country that advocates multiculturalism, public health authorities discourage bed-sharing to reduce the incidence of SIDS.

Co-sleeping Culture and Solitary Sleeping Practice

Throughout most of human history, mothers and their infants have shared the same sleeping space, a practice known as co-sleeping. Co-sleeping was vital for the survival of infants as it enabled close physical contact that provided warmth, nutrition, and protection from harsh living environments (e.g., low nighttime temperatures, rain, predators, poisonous bugs, insects, and potential threats from other humans) (Mindell et al., 2010; Richardson, 2013). With the advancement of civilization and the shift from nomadic to settled living arrangements, houses were constructed, and cribs were introduced to enable infants to sleep separately from their mothers (Jerison, 2012). Since then, co-sleeping (including the form of bed-sharing) is no longer a necessary strategy to improve the survival rate of infants and children, but an alternative option for parents.

Since the early 1990s, a proliferation of studies and research has focused on the risks of bed-sharing and its close correlation with SIDS. As a result, bed-sharing has become a controversial sleeping arrangement, with bed-sharing rates varying widely across the world, reflecting local cultures, values, and beliefs. According to a systematic analysis conducted by Mileva-Seitz (2017), bed-sharing rates in African countries, like the Central African Republic and Kenya can reach up to 100%. In Eastern countries, such as China, India, Japan, South Korea, Vietnam, and the Philippines, bed-sharing rates exceed 50%. However, in the US, UK, and Canada, bed-sharing rates are much lower at 23%, 13%, and 30%, respectively.

Interestingly, Canada's co-sleeping rate does not reflect its cultural diversity as an immigrant country. Similar to the results of Mileva-Seitz's study, the outcomes of a survey conducted by the Canadian Community Health Survey (CCHS) reported that 33% of women aged between 15 and 55, who had given birth within five years before the study, often shared a

bed with their baby. Additionally, 27% of mothers occasionally did so, while 40% never slept in the same bed with their infants (Gilmour et al., 2019). It is necessary to point out that, both Mileva-Seitz's and CCHS's research only identify infants under one year old. The current literature provides limited information regarding the rates of bed-sharing among young children aged 12 months and older in Canada. Despite the fact that young children's sleep location is not strongly associated with the ongoing debate about SIDS, bed-sharing is not a prevailing sleeping arrangement for children in Canada. However, bed-sharing is a popular practice not only during infancy but also during early childhood in some other countries. For instance, in China, the rate of bed-sharing among preschool-aged children is as high as 79%, while among school-aged children, it is 53% (Huang et al., 2010).

The variation in bed-sharing rates worldwide reflects the diversity of values and cultures. In most Eastern and non-industrial countries, co-sleeping (both room-sharing and bed-sharing) with children is widely accepted as the most common sleep arrangement and a natural part of parenting. For instance, Chinese culture places great emphasis on family bonds and interdependence (Huang et al., 2010). Under the culture of interdependence, people are more likely to prioritize their connections with others, a sense of belonging, and maintaining harmony with their social context (Song, 2010). The majority of Chinese families believe that co-sleeping is a valuable and convenient way to support breastfeeding, provide more sleep for children, offer comfort and monitoring, and build closer attachments between the parents and children (Huang et al., 2010; Ward, 2015). Even after Chinese women enter the workforce, co-sleeping continues to serve as an effective way for working mothers to establish a deep emotional connection and attachment with their infants. Similarly, Japan, a country that values collectivism, interdependence, and solidarity, also considers co-sleeping to be a typical part of parenting

(Shimizu et al., 2014). In Japan, the commitment to a role, particularly the maternal role, is a significant value in Japanese culture, which is reflected in parenting practices where mothers choose to remain close to their babies to meet their needs (Shimizu et al., 2014). Apart from Eastern countries, many African countries and some European countries have embraced co-sleeping as a positive approach to parenting. For instance, Egyptian communities believe that co-sleeping can provide care, protection, and comfort (Worthman & Brown, 2007). Swedish parents also advocate for co-sleeping because it benefits their children's security and independence in the future (Welles-Nystrom, 2005).

On the contrary, the dominant discourse in North America supports solitary sleeping for infants and children. North American culture highly values independence and individualism (Kitayama et al., 2010) which may contradict the values and culture of newcomers' home countries. Parents are concerned about their children's ability to handle stress, competition, and psychological pressure in Western societies (Davis et al., 2004; Okami et al., 2002). Therefore, they believe that children sleeping in their own rooms and being able to self-soothe at night are considered early independent training that can prepare them for the future. Moreover, individual privacy and maternal self-care are encouraged in North America. It is believed that having separate rooms for children and parents provides privacy for both parties (Barry, 2021). When there is a conflict between the needs of parents and infants, compromises are often made to balance parents' need for sleep and self-care (Barry, 2021). Given the cultural emphasis on independence, individualism, and the stigma surrounding bed-sharing, it is not surprising that solitary sleeping has become the prevailing sleeping arrangement for children in North America.

For new immigrant families arriving in Canada, the process of adjusting to a new culture is challenging. This is especially true for individuals like me, who come from a culture that

emphasizes interdependence and collectivism, only to find themselves in Canada, where the value system prioritizes independence and individualism. This stark difference in cultural values can make the process of settling into a new life challenging and overwhelming. In this context, determining the most suitable sleep arrangement for immigrant mothers and their young children becomes not just a matter of personal preference, but also a reflection of cultural integration and acceptance within their new community. Professional health guidelines, therefore, play a pivotal role in promoting cultural inclusion by recognizing and respecting diverse cultural practices and beliefs. Conversely, rigid and linear public health messages risk perpetuating stigma and further isolating new immigrants.

Public Health Messages

Historically, even as recently as the early 1900s, it was common for children in North America to share sleeping spaces with siblings or parents (Barry, 2021; Richardson, 2013). However, it was not until the last century that solitary sleep became prevalent in western societies. One of the significant factors contributing to this trend is the medicalization of childcare (Barry, 2021; Howson, 2018). Since the nineteenth century, doctors and academics began offering opinions on various childcare practices, and mothers were expected to adhere to these recommendations (Apple, 1995). Sleep arrangements were among the examples of medically led childcare. Since 1900, North American public health messages discourage bed-sharing by highlighting the risk of SIDS, advising that infants under 12 months old sleep in a crib, bassinet, or cradle next to their family bed.

In Canada, the public health guidelines about safe sleep practices emphasize the risks associated with bed-sharing, particularly in relation SIDS. "*The Safe Sleep Statement: Reducing*

Sudden Infant Deaths in Canada" highlights the "increased risk of sudden infant death syndrome, suffocation from overlay or entrapment, and overheating" associated with bed-sharing (Public Health Agency of Canada, 2023, p. 5). Similarly, the agency's recent parent handbook, "*Safe Sleep for Your Baby*", advises that infants under 12 months old sleep in a crib, bassinet, or cradle to mitigate these risks (Public Health Agency of Canada, 2021).

In the United States, the guidelines for safe sleeping arrangements for infants align with those in Canada. Since 2000, the U.S. Consumer Product Safety Commission has discouraged bed-sharing (U.S. Consumer Product Safety Commission, 1999). The latest public health guidelines from the American Academy of Pediatrics (AAP) recommend that infants under one year of age sleep in their parent's room, but on a separate surface (Moon et al., 2022). Compared to the previous version (AAP Task Force on Sudden Infant Death Syndrome, 2016), the updated AAP guideline includes a more detailed discussion on bed-sharing. However, despite acknowledging the high rate of bed-sharing and people sharing beds with their children for various reasons in the United States, the guideline still insists that "on the basis of the evidence, the AAP is unable to recommend bed-sharing under any circumstances" (Moon et al., 2022, p. 19).

As stated previously, the public safe sleep guidelines in North America are designed to reduce the rate of sudden infant death and heavily emphasize the link between co-sleeping and SIDS. Although epidemiological studies have established a correlation between co-sleeping and SIDS, proof of a causal relationship between bed-sharing and SIDS is still lacking. In recent years, scholars have joined the discussion and questioned "the no-bed-sharing" suggestion from AAP. Numerous researchers have argued that co-sleeping itself does not pose an increased risk of SIDS, but that it is the specific circumstances surrounding co-sleeping that contribute to the

potential safety risks. They identified specific factors, such as critical developmental periods (1-4 months), vulnerable infants (e.g., low birth weight infants), and external stressors (e.g., parents who smoke or drink alcohol) are firmly associated with a higher risk of SIDS compared to bed-sharing alone (Barry, 2019; Bartick et al., 2014; Bergman, 2013; Blair et al., 2014). In 2014, The National Institute for Health and Care Excellence (NICE) reviewed bed-sharing and SIDS guidance and concluded that there is no compelling evidence linking co-sleeping to SIDS, but separate guidelines were necessary for bed-sharing and sofa sleeping (Subramonian & Featherstone, 2020).

What is more, the one-size-fits-all advice to never bed-share could be pushing infants into a more dangerous situation. UNICEF UK (2019) also released a guide specifically aimed at health professionals titled, **"***Co-sleeping and SIDS: A guide for health professionals*", which emphasizes the importance of discussing safe bed-sharing practices with parents. It highlights that simply advising against co-sleeping or remaining silent about it is not a safe approach as it may lead parents towards riskier alternatives, such as using sofas or chairs instead of safer beds during nighttime feeding and caregiving activities.

In comparison to North America, the UK has more comprehensive public health guidelines. One significant difference is that instead of the "no-bed-sharing" approach followed in North America, the UK uses the "promoting safer bed-sharing" approach. The most recent guideline on Postnatal Care encourages healthcare professionals to discuss safer bed-sharing practices with parents rather than advising them never to sleep with their infants (NICE, 2021). In addition, NICE issued supplemental documents, titled "*The Benefits and Harms of Bed Sharing*" and "*Co-sleeping Factors*" in 2021 to provide more detailed information about the potential risks and benefits associated with bed-sharing (NICE, 2021). This information

empowers parents to make better decisions for their families. For those who have decided to share a bed with their children, the guidelines provide suggestions and safety tips. Moreover, there are resource centers such as The Institute of Health Visiting and The Royal College of Midwives that offer support services to the public. These organizations not only provide written information, but also offer home visit services. This inclusion and support for diverse family choices exemplify a valuable lesson that North American health professionals can learn from.

Overall, guidelines in North America predominantly have a singular medical perspective and do not take cultural and social diversity into account. The messages from health authorities cohere with the social values of independence and individualism. In some way, they enhance solitary sleep arrangement becoming a dominant discourse in North America and, at the same, contribute to the sigma of co-sleeping arrangement.

Motherhood

Except for the culture and public health guidelines, it is crucial to examine the societal expectations and concept of being a 'good mom' as defined by North American norms. By examining these expectations, we can better understand the societal pressures that can potentially influence a mother's decision to co-sleep with her child. In traditional societal expectations, 'ideal' or 'good' mothers were those who dedicate themselves full-time to staying at home and prioritize their family and children over income or careers. When faced with conflicts between work and family responsibilities, women are expected to choose motherhood over employment (Paré & Dillaway, 2005). Fathers, on the other hand, historically have secondary or less important roles in child care (Paré & Dillaway, 2005), only being labelled as 'bad dads' if they reject their economic responsibility (Furstenberg, 1988).

The culture of independence in North America is not only reflected in early childhood independent training, as discussed previously but also in societal expectations of being a 'good' mom. In contemporary society, women are often deemed more successful and independent when they pursue their own jobs or careers. The percentage of stay-at-home mothers in the United States declined from 49% in 1946 to 23% in 1999, experiencing a slight increase to 29% by 2012 (Cohn et al., 2014). A study conducted by the Organization for Economic Cooperation and Development (OECD, 2014) emphasized women's roles in the labor market. In 2014, employment rates for mothers aged 15-64 years with at least one child under the age of fifteen were recorded as follows: Australia 63%, United Kingdom 74%, Canada 74%, Netherlands 75%, and Sweden 83% (OECD, 2014). These statistics underscore the increasing trend of women entering the workforce highlighting the challenge women face in balancing their professional obligations with family responsibilities.

The factor of employment significantly influences a mother's choice regarding the sleep arrangement for their child. Howson (2018) illustrates the challenge of co-sleeping in North America through the lens of a two-job family where both jobs are essential for survival. In this scenario, the mother requires a regular industrial schedule that permits her to sleep through the night and rise early in the morning for work. Consequently, working mothers have less tolerance for poor nighttime sleep compared to those who do not have work obligations the following morning (Howson, 2018). If their child can sleep through the night, mothers will have more free time and energy, which is crucial for their careers and overall well-being.

In North America, being a good mother also includes following medical advice and best practices recommended by healthcare professionals. Mothers who practice co-sleeping are often met with negative feedback from friends and family about their sleeping arrangement and may

hesitate to disclose this fact to healthcare providers (Kendall–Tackett et al., 2010). It can be challenging for mothers to question or challenge prevailing Western medical opinions and societal norms. Richardson (2013), a Canadian early childhood educator, scholar and mother shared her bed-sharing experience and indicated that she was "frequently placed in the role of defending [her] 'choice' while being ill-equipped to answer questions about the merits and risks of this practice" (p. 8). While a mother like Richardson (2013) might have the capability and resources to justify her decision to bed-share, a teenage mother may be more vulnerable to criticism from her peers and authority figures. Therefore, it is important to acknowledge and address the challenges that mothers face in following medical advice and societal norms when the public health authority advocates for children's health and well-being. This awareness of the presentation and communication of health messages to the public holds particular significance in Canada, given its diverse immigrant population originating from various cultures and backgrounds.

Canada as a Multicultural Country

Canada is recognized as a beautiful and diverse country. The Indigenous people, with a presence spanning thousands of years, maintain a profound connection to the land and possess a vibrant culture that endures to this day. The impact of colonial settlements by the British and French is deeply embedded in Canada's history, playing an important role in shaping its identity. Additionally, newcomers from across the globe, including immigrants and refugees, have brought their unique cultures, traditions, and perspectives, significantly enriching Canada's population, economy, and cultural diversity. The embrace of multiculturalism in Canada serves as a compelling reason for many newcomers to choose Canada as their home.

Canada's immigration history reflects a complex journey marked by shifts in policy and evolving societal attitudes toward multiculturalism. Initially, immigration policies in Canada heavily favoured White Europeans, yet the demand for labour in key industries, such as railways, mining, lumber, and fishing prompted the inclusion of newcomers from diverse ethnic backgrounds (Green & Green, 2004). For instance, by 1990, nearly eleven percent of British Columbia's population comprised individuals of Asian origin, totalling approximately 23,000 residents (Wayland, 1997). Over time, Canada's reliance on immigration has only grown, driven by factors such as an aging population and sluggish population growth. Immigrants play a pivotal role in addressing these challenges, bringing fresh labour forces, and injecting dynamism into the economy. Their contributions not only bolster economic development, but also foster growth and innovation. Immigrants actively participate in the workforce, earning income that circulates back into the economy through consumption and investment. Moreover, increased immigration levels contribute to economic expansion by boosting tax revenues and fueling spending on vital infrastructure, like housing and transportation (Akbari, 1989; Banerjee, 2023). In essence, immigration emerges as a cornerstone of Canada's economic vitality, ensuring sustained growth and prosperity for the nation as a whole.

According to recent statistics from Statistics Canada (2021), Canada has welcomed over 1.3 million new immigrants from across the globe who have settled permanently between 2016 and 2021. As of the latest data, nearly 23% of the Canadian population consists of landed immigrants or permanent residents marking the highest proportion since Confederation in 1867. Statistics Canada's projections suggest that immigrants could make up between 29.1% to 34.0% of the population by 2041, highlighting the continued significance of immigration in Canada's growth and development. Particularly noteworthy is the statistic indicating that almost one-third

of all children in Canada have at least one parent born abroad (Statistics Canada, 2021). This demographic reality underscores the diverse cultural landscape within Canadian society and suggests that parents from immigrant backgrounds may bring distinct beliefs and practices, including those related to parenting, such as sleep arrangements, which may differ from the dominant discourse in Canada.

In a society that comprises people from diverse religions, ethnic groups, cultural beliefs, and backgrounds, promoting diversity, inclusion, accessibility, and equality becomes crucial for maintaining social harmony. The government of Canada recognizes the significance of fostering inclusiveness and diversity and has been promoting multiculturalism since 1971. In 1971, Canadian Prime Minister Pierre Trudeau announced Canada's multiculturalism policy which was followed by the release of the Employment Equity Act and the Canadian Multiculturalism Act in 1986 and 1988 (Wayland, 1997). These two acts reflect the government's efforts to promote cultural and language preservation, anti-discrimination, intercultural awareness, and understanding. Today, multiculturalism is seen as a national identity of Canada.

As an immigrant country with diverse cultures and backgrounds, bed-sharing remains prevalent, especially among immigrant populations. A study involving 162 first-generation Chinese immigrants in Canada, who had children ranging from 2 months to almost 6 years old, indicated that 77% of Chinese parents in this study practiced co-sleeping (either bed-sharing or room-sharing) with their young children, while only 23% allowed their child to sleep in their own bedroom (Song, 2010). Another study conducted in Toronto, Ontario, involving 570 Chinese immigrant and Canadian-born women, revealed that approximately 20% of women reported bed-sharing as the primary sleep location for their infant at 4 weeks postpartum, with nearly half (45.6%) occasionally bed-sharing at this time. The prevalence of any bed-sharing

remained relatively stable at 12 weeks postpartum, with 46.5% of mothers occasionally bed-sharing and 30% regularly bed-sharing (Dennis et al., 2020).

The concept of multiculturalism should also be considered when developing public health policy in Canada. Public health guidelines regarding safe sleep needs to be updated to reflect this cultural diversity and provide a more culturally sensitive approach, instead of a general "no-bed-sharing" approach. Recent statistics have shown that Asia, where co-sleeping is a common and accepted practice among families with young children, continued to be the primary continent of origin for most recent immigrants, comprising 62% of the total (Statistics Canada, 2021). This highlights the need to study immigrant families' experiences with co-sleeping to promote cultural diversity and intercultural understanding. Several recent studies have also suggested that public health advice on safe sleep should consider cultural differences, especially for non-mainstream populations (Aslam et al., 2009; Richardson, 2013; Ward, 2012; Ward et al., 2016). However, immigrants' co-sleeping experiences in Canada have received limited research attention. The gap highlights the need for further investigation into the topic, offering valuable insights for policymakers, healthcare providers, and immigrant families themselves.

Conclusion

Based on the review mentioned above, it is not difficult to understand that the guidelines discouraging bed-sharing, the influence of individualistic culture, and the notion of being a "good mom" have resulted in solitary sleep becoming the dominant sleep arrangement for young children while co-sleeping is deemed socially and culturally unacceptable in North America. However, given that Canada is a country of immigrants, greater attention should be given to immigrant families who choose to co-sleep with their young children. This research can help fill

the gap in studies on young children as a whole, rather than just focusing on infants, and address the lack of research on the experiences of immigrants regarding co-sleeping in Canada.

Chapter Three: Autoethnography Research Methodology

The research methodology I chose for this study was a qualitative autoethnography inquiry which involves exploring culture through self-experience (Boylorn & Orbe, 2020; Poulos, 2021). When I first encountered the concept of autoethnography, I, like many, had my doubts. Could I write my own story and call it real research? The book "*Essentials of Autoethnography*" by Poulos (2021) accurately captures my skepticism, posing the question, "How could a researcher write about their direct experience of the world, write reflectively, write from memory, write about social or cultural phenomena from a singular 'first-person' perspective, and call that research?" (p. 3). As I dug deeper into autoethnography, not only did I find the answer to this question, but I also became increasingly convinced that autoethnography was the perfect research method for addressing the inquiries I have about co-sleeping arrangements as a new immigrant mother in Canada.

In this chapter, I provide a comprehensive exploration of autoethnography. Following that, I detail the method employed for data collection and analysis. Specifically, I explain how I used writing as a method of inquiry to present my data, including a rigorous analysis of my experiences through the lens of Bronfenbrenner's Bioecological Model of Human Development. Finally, I discuss personal and ethical considerations associated with this research inquiry.

Autoethnography

A qualitative research method is valuable when exploring complex phenomena that demands profound inner reflection and in-depth examination (Poulos, 2021) and autoethnography stands out in this regard. Autoethnography is a qualitative research method where the researcher inspects and analyzes their own experiences within a cultural context

(Adams et al., 2015; Brockmeier & Carbaugh, 2001). It combines elements of autobiography and ethnography (Adams et al., 2017) allowing the researcher to investigate personal experiences in relation to broader cultural, social, or historical contexts. In autoethnography, the researcher is both the subject and the investigator. The researcher actively reflects on and documents personal experiences, emotions, and insights, using them as data for analysis. Autoethnography fills a gap in traditional research where the researcher's own voice is often not considered as part of the study (Cooper & Lilyea, 2022) Autoethnography acknowledges that personal experiences are shaped by cultural influences, and it seeks to understand the connections between the personal and the cultural (Adams et al., 2016; Jones et al., 2013). The researcher often uses self-narrative to convey the richness and complexity of their experiences. In other words, autoethnography provides a unique lens through which researchers can explore the complexities of their own encounters, offering rich insights into the cultural contexts they aim to understand.

There are three key components in an autoethnography: "auto", stands for self-experience; "ethno", represents culture; and "graph", means the research process of writing (Chang, 2008). Correspondingly, my research unfolds as a scholarly narrative of my personal lived experiences ("auto") involving co-sleeping with my child as a new immigrant Chinese mother in Nova Scotia, Canada. The cultures ("ethno") under examination in my research include the co-sleeping culture, often discouraged by North American public health guidelines, and the dominant solitary sleep culture prevalent in North America. In the writing process ("graph"), I examine my identity and lived experiences, drawing on the literature to connect my personal journey with broader cultural and social discourses surrounding co-sleeping.

I will now discuss the reasons behind selecting autoethnography as my research design. Autoethnography is particularly powerful tool for my research inquiry as it provides a unique

opportunity to share my first voice experiences as a new immigrant Chinese mother who practiced co-sleeping with my child. My journey is complex, varied, and representative of the intersections between my cultural background and the prevailing North American norms thus autoethnography allowed me to explore the complexity of my lived experiences.

Furthermore, autoethnography enabled me to fulfill my initial purpose and research aim of this study which addresses the gap in the understanding of new immigrant parents' co-sleeping experiences. Previous studies, such as (Song, 2010) have emphasized the necessity of investigating the experiences of new immigrant families with co-sleeping. This exploration is crucial for promoting cultural diversity and fostering intercultural understanding. The philosophy of autoethnography aligns with the notion that an "individual is best situated to describe his or her own experience more accurately than anyone else" (Wall, 2006, p. 148). This approach allows me, as both a participant and researcher, to vividly recall, describe, and record my experiences without the potential loss of valuable information that may occur through the interpretation and analysis of others' experiences obtained through research methods, like interviews.

Most importantly, autoethnography is a powerful tool to explore a deeper understanding of the social phenomena of co-sleeping and the cultural context, including the tensions that can exist for new immigrants when expected to meet dominant Western ideals. Autoethnography, in particular, "makes room for non-traditional forms of inquiry and expression" (Wall, 2006, p. 146). Co-sleeping, as a non-mainstream sleeping arrangement in North America, faces discouragement from public health authorities, yet it persists as a parenting practice for many families. As a co-sleeping mother, I experienced guilt for failing to follow the public health guidelines promoted by the authorities, while as an immigrant mother I felt excluded for being

different. Autoethnography allowed me to systematically analyze my personal experiences, link them to existing literature, and explore the social phenomena and culture surrounding co-sleeping. By sharing my story and analyzing it through autoethnography, I aim to offer an in-depth perspective on how both cultural and social contexts inform new immigrant families' decisions in relation to co-sleeping. In short, through autoethnography, I can "use yourself to get to culture" (Pelias, 2003, p. 372).

Data Collection

Autoethnography, like other qualitative research methods, employs various tools for data collection, such as narrative analysis, journaling, field notes, and storytelling (Poulos, 2021). The objective of autoethnographic research is to uncover and explore the often hidden and complex meanings behind cultural narratives (Adams et al., 2017; Chang, 2008; Ettorre, 2016). In essence, the data collection process in autoethnography is a journey of self-discovery and cultural exploration. Throughout this process, researchers engage in reflective practices, documenting their memories, emotions, and lived experiences.

In my research, I initiated the data-gathering process with a fundamental question: What experiences in my life have shaped my current perspective on sleep arrangements with young children? As Adams et al. (2015) notes, "...we initiate autoethnographic projects by beginning where we are. From there, we begin to situate ourselves in the story—our own story" (Adams et al., 2015, p. 49). Guided by this research question, I collected and analyzed various sources, including family photos and videos, personal journals, social media posts, and books as well as other documents or artifacts relevant to my experiences.

Memory plays a crucial role in autoethnography, serving not only as a primary data resource (Chang, 2008; Poulos, 2021) but also influencing the narratives and insights that unfold during the research process. Unlike traditional qualitative research, where memory might be viewed as passive data, autoethnographic research allows researchers to revisit past events, emotions, and interactions, seeking to uncover deeper meanings and connections that may not be immediately apparent through the lens of memory (Chang, 2008). Memory acts as a gateway to the past, enabling researchers to access rich reservoirs of personal experience and knowledge that inform their understanding of the present (Poulos, 2021). However, memory serves not merely as a factual recorder of past events, but also as a dynamic tool for sense-making and meaning-making facilitating the construction of coherent life narratives (Poulos, 2021). As researchers engage in reflexive analysis and storytelling, memories are recontextualized and reframed, offering new insights and perspectives on the phenomena under investigation.

In my research, I employed Chang's (2008) memory recall methods to gather, organize, and examine my memory data. For instance, Chang (2008) suggests that autoethnographic researchers chronologically list major life events related to their research topic. Consequently, I outlined the timeline of the various sleep arrangements I tried with my child. By asking questions like why I decided to shift from one sleep arrangement to another and in doing this I provided more details to support my research inquiry. By honoring the role of memory in shaping personal narratives, I, as an autoethnographer, creates space for more nuanced and evocative explorations of the lived realities of individuals and communities.

It is necessary to mention that the research process of autoethnographic research may not always follow the traditional research steps. Within the framework of traditional qualitative inquiry, where data collection and analysis are typically treated as separate stages (Richardson &

St Pierre, 2008). However, within autoethnography, the process of data collection, data analyze, and data interpretation are often intertwined and interactive with each other (Chang, 2008). Autoethnographers often engage in reflective and reflexive practices where the act of writing itself can prompt further data collection, analysis, and interpretation. For instance, during the writing process of an autoethnography, researchers may find themselves revisiting memories or uncovering new aspects of their experiences. These additional data points then become integrated into the analysis and interpretation, enriching the overall narrative.

Writing as a Method of Inquiry

Unlike traditional research, where writing typically occurs after data collection is complete, in autoethnography, writing is an ongoing process of inquiry (Poulos, 2021). This means that writing is not just a means of reporting findings; it's a method of exploration and understanding in itself (Richardson, 1994). Writing as a method of inquiry involves using writing itself as a means to explore, analyze, and understand a phenomenon deeply (Richardson, 1994; Richardson & Pierre, 2008). It goes beyond traditional academic prose and embraces various forms of expressive writing, including personal narratives, poetry, and creative writing (Richardson & St Pierre, 2008). Moreover, writing as inquiry within autoethnography encourages researchers to follow where the writing leads them, allowing for a more intuitive and reflexive exploration of the research subject. During the writing process, "writer allows the writing to go where it pulls you" (Poulos, 2021, p. 31). Writing as inquiry within autoethnography offers opportunity for the researcher to express the nuances of their experiences, feelings, and insights in a way that goes beyond traditional academic writing. It emphasizes the use of narrative and self-reflection to convey the depth of the researcher's engagement with the research subject.

In my autoethnography, I utilized writing as a method of inquiry to connect, examine, and define my lived experiences co-sleeping with my child. Through writing as a method of inquiry, I expressed my personal journey in a reflective and insightful manner, providing readers with a deeper understanding and in this process, incorporating visual elements, such as photos to support and enrich my narrative.

Data Analysis

In my study, I incorporated Bronfenbrenner's BMHD as a tool to analyze and summarize the themes and patterns within my narrative. This model provided a comprehensive framework for understanding the various factors that influence human development, allowing for a deeper exploration of the socio-cultural contexts shaping my experiences.

The model consists of five interconnected systems, each with its own influence on my co-sleeping experience. The microsystem involves the immediate physical and relational environments surrounding an individual (Bronfenbrenner, 1979, 2005). Within the context of my co-sleeping experiences, the microsystem involves my upbringing family setting and immediate working environment in Canada, significantly impacting my day-to-day experiences with co-sleeping. Moving to the mesosystem, which refers to the relation between immediate settings according to Bronfenbrenner (1979, 2005), I explored the tensions between my childhood family and work environment and how they influenced my co-sleeping practices. The exosystem extends to broader societal structures, such as government policies and media influences (Bronfenbrenner, 1979, 2005). For instance, the public health guidelines in Canada played a pivotal role in shaping my perspectives on co-sleeping. Analyzing my experiences through the BMHD involved exploring the impact of societal norms and expectations on my co-sleeping

decisions. The macrosystem, representing beliefs and culture (Bronfenbrenner, 1979, 2005), involved an exploration of how my Chinese cultural background intersects with the prevailing Canadian culture, influencing my choices and experiences in co-sleeping. Lastly, the chronosystem, involving time and historical influences (Bronfenbrenner, 1979, 2005), was considered to understand how time factors and historical contexts shaped my perspective on different sleep arrangements for infants and young children. The use of the BMHD model provided a structured framework to unpack the complex layers of my personal experiences. By employing this theoretical framework, I aimed to offer a more detailed and multidimensional analysis of the influences shaping my experiences as a new immigrant Chinese mother practicing co-sleeping in Canada.

Ethical Considerations

This research received approval from the ethics board of Mount Saint Vincent University. While approved from the university ethics board I recognize that although I am focusing on my personal experiences, other individuals had a role in my narrative. To protect their identities and minimize potential harm, I used pseudonyms in my reflections and stories. I acknowledge that there were moments when I reflected on past experiences that were uncomfortable for me. However, as the study revolved around the positive aspects of co-sleeping with my child, a practice that brings joy and personal growth, the potential risks were minimal.

I am fully cognizant of the potential social consequences that arose for both me and my family due to this research. Recognizable individuals might react differently, leading to criticism or changes in relationships. Despite these potential risks, I consider them manageable for several reasons. Firstly, this study was an autoethnography focused on the social context rather than

individual (Chang, 2008; Cooper & Lilyea; 2002; Creswell, 2013;) or any specific organizations or workplaces, ensuring that names and specific community details were safeguarded. Secondly, the thesis aimed to explore diverse perspectives on co-sleeping to contribute to more inclusive public guidelines on safe sleeping and cultural diversity. Lastly, educational settings, such as child care centers and public schools, increasingly embrace culturally responsive pedagogies, and this research may support educators in understanding and nurturing cultural and linguistic uniqueness in local communities.

Conclusion

In conclusion, my autoethnographic research combines reflective writing as a method of inquiry, external data sources, and the framework of BMHD to offer a nuanced exploration of the research topic. The iterative nature of writing as inquiry allows for continual reflection and refinement, resulting in a rich and meaningful narrative that contributes to both personal understanding and scholarly.

Chapter Four: The Story - My Co-sleeping Experiences

The aim of this chapter is to provide an autoethnographic narrative that focuses on my experiences as a Chinese mother and immigrant who practices co-sleeping with her child. It seeks to explore how dominant Western discourses have influenced my decisions and experiences regarding my child's sleeping arrangements. During the early stages of my research, I gathered and examined various sources, including family photos and videos, personal journals, social media posts, books I read during pregnancy and early motherhood, children's books I read for my child at different stages of her life, memories, and other relevant documents or artifacts related to my co-sleeping experiences.

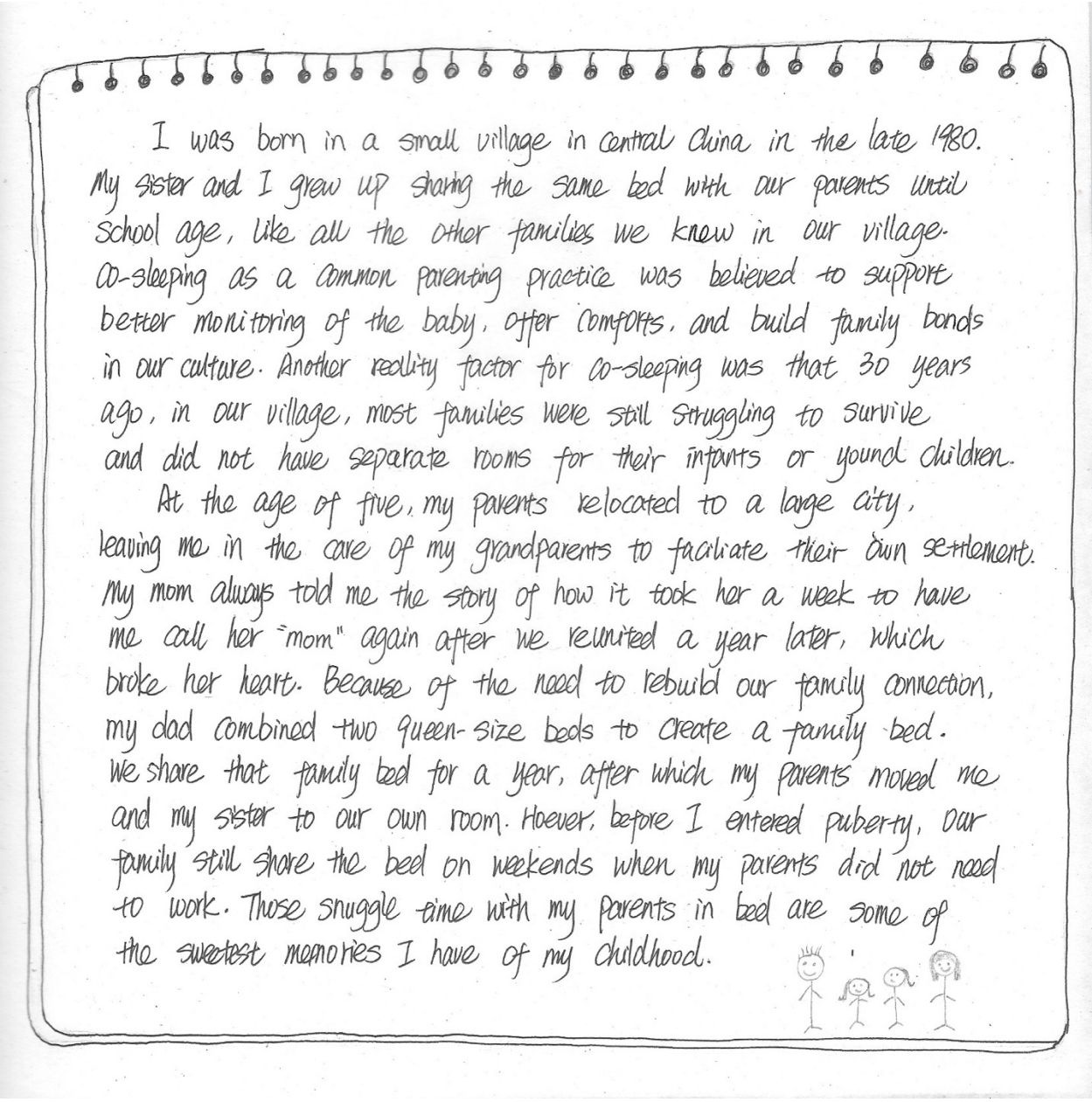
Throughout this chapter, I will present the collected data using writing as a method of inquiry (Richardson, 1994) as outlined in my methodology chapter. Specifically, I will employ reflective narratives to share my personal story, complemented with relevant photos. The writing of reflective narratives was done after collecting the data, and it evolved ongoing editing and revision as the writing process unfolded. I will present my reflective narratives using a scan of my handwritten text instead of typing. By incorporating handwritten narratives into my presentation, I add a richness to this research and foster a deeper connection with the reader. Unlike typed text, handwritten narratives carry a sense of authenticity and intimacy, lending a personal touch to the story. They reflect the unique handwriting style and individuality of the researcher (Srihari et al., 2002), adding a layer of genuineness to the storytelling. Furthermore, handwritten narratives offer a canvas for creativity and self-expression, allowing me to experiment with various writing styles, fonts, and artistic elements. This creative freedom enhances my lived experiences, making it more compelling and evocative for the audience, thus facilitating a richer understanding of my journey as a new immigrant mother.

In this study, I will adopt a zoom in and zoom out approach, as proposed by Chang (2008), which involves shifting between individual experiences and the broader societal context. The reflective narratives and pictures presented in this chapter help me to zoom in on the story, focusing on the details of my lived experiences when co-sleeping with my child. In the subsequent chapter, I will integrate the BMHD to zoom out and offer a more structured analysis of my experiences within a broader social and cultural context. Through the autoethnographic approach, I aim to offer insights into the interplay between cultural backgrounds and prevailing societal discourses, shedding light on their effects on parental decision-making in the realm of child-rearing practices.

Narrative One: Growing up - Room as a Symbol of Wealth

In my first narrative, I will share how Chinese culture and my upbringing have influenced my perspective on co-sleeping. During my childhood in China, it was common for infants and young children to share their parent's bed or room for sleeping. This practice, commonly known as co-sleeping, was deeply ingrained in the country's traditions (Huang et al. 2010). I grew up experiencing co-sleeping firsthand and witnessed its widespread adoption within my community. However, when families faced space constraints, like what I had experienced in my adolescence, co-sleeping could become a passive option rather than an active choice.

My Childhood Experience


I was born in a small village in central China in the late 1980. My sister and I grew up sharing the same bed with our parents until school age, like all the other families we knew in our village. Co-sleeping as a common parenting practice was believed to support better monitoring of the baby, offer comforts, and build family bonds in our culture. Another reality factor for co-sleeping was that 30 years ago, in our village, most families were still struggling to survive and did not have separate rooms for their infants or yound children.

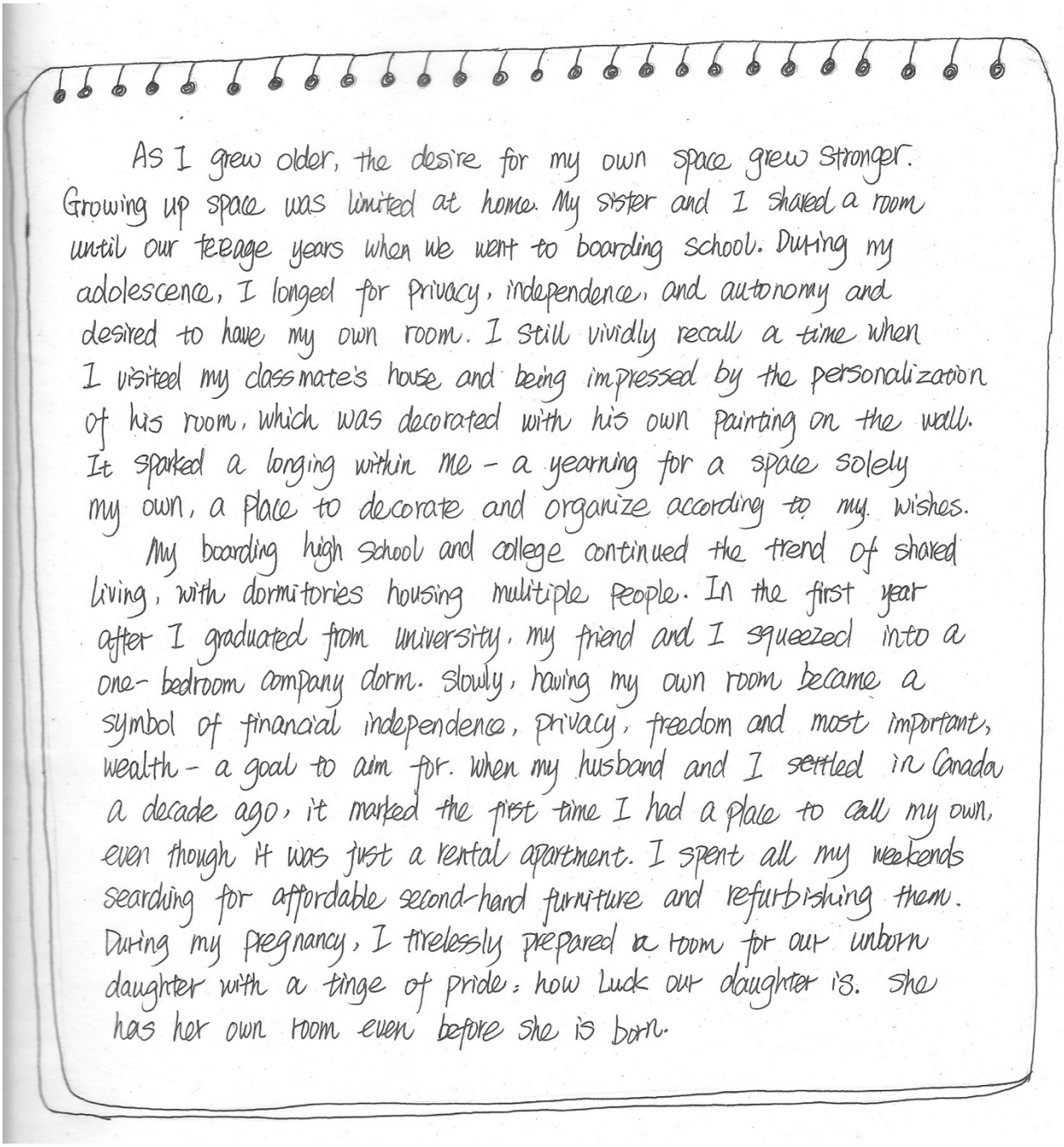
At the age of five, my parents relocated to a large city, leaving me in the care of my grandparents to facilitate their own settlement. My mom always told me the story of how it took her a week to have me call her "mom" again after we reunited a year later, which broke her heart. Because of the need to rebuild our family connection, my dad combined two queen-size beds to create a family bed. We share that family bed for a year, after which my parents moved me and my sister to our own room. Hoever, before I entered puberty, our family still share the bed on weekends when my parents did not need to work. Those snuggle time with my parents in bed are some of the sweetest memories I have of my childhood.

Figure 3 was taken with the permission of my friend who practices co-sleeping with her children. The family bed in this photo, with two mattresses combined together, is similar to what I had when my parents co-slept with me when I was a child.

Figure 3

A Family Bed

My Adolescent Experience



As I grew older, the desire for my own space grew stronger. Growing up space was limited at home. My sister and I shared a room until our teenage years when we went to boarding school. During my adolescence, I longed for privacy, independence, and autonomy and desired to have my own room. I still vividly recall a time when I visited my classmate's house and being impressed by the personalization of his room, which was decorated with his own painting on the wall. It sparked a longing within me – a yearning for a space solely my own, a place to decorate and organize according to my wishes.

My boarding high school and college continued the trend of shared living, with dormitories housing multiple people. In the first year after I graduated from university, my friend and I squeezed into a one-bedroom company dorm. Slowly, having my own room became a symbol of financial independence, privacy, freedom and most important, wealth – a goal to aim for. When my husband and I settled in Canada a decade ago, it marked the first time I had a place to call my own, even though it was just a rental apartment. I spent all my weekends searching for affordable second-hand furniture and refurbishing them. During my pregnancy, I tirelessly prepared a room for our unborn daughter with a tinge of pride: how Luck our daughter is. She has her own room even before she is born.

Narrative Two: Arriving in Canada - The Emphasis on Early Childhood Independence

Now that I have shared how Chinese culture and my upbringing have influenced my perspective on co-sleeping, I will document how my belief about co-sleeping was challenged after being exposed to the concept of solitary sleeping that is prevalent in Canada. As an immigrant, when I arrived in Canada, I experienced a lot of culture shock, and I had to navigate the challenges of cultural acculturation and adjustment. Amidst these adjustments, my work as an ECE played a critical role in shaping my beliefs regarding sleep arrangements. The early childcare environments, interactions with diverse children and families, and prevailing societal norms within these settings strongly influenced my perceptions of co-sleeping.

My Work Experience

In my early years in canad, I worked as a substitute ECE at different child care centers. I was caring for a diverse range of children, from little ones barely past their Eight-month mark to those nearing their primary years. It was an experience filled with culture shocks that often challenged some of my perspectives on social norms, especially when it came to sleeping arrangements for infants. In china, it is rare to find child care centers that care for children under three years old. Many families have their little ones stay home with parents, grand parents, or nannies, and it's usual for infants and young children to sleep with their main caregivers. But in Canada, I noticed a different norm. It is common for young children to attend child care after their parents' maternity leave, and they tend to sleep in solitary sleeping spaces in these child care settings.

At my workplace, when it came to nap time, I was trained to create a claiming atmosphere by closing the curtains, dimming the lights, and playing soft music. The childre would each settle into their individual beds, placed in different corners of the room. I was surprised to see how an eight-month-old embraced the routine and fell asleep independently without much fuss after a couple of weeks in the child care center. I started to question the co-sleeping arrangement culture in my home country: if a child can sleep independently with a little bit of training, why not?

I also quickly realized that independence is highly valued in Canadian child care facilities. As educators, we took great pride in recognizing and celebrating the milestones achieved by the children in our care. From learning to fall asleep on their own to mastering the challenge of putting on heavy winter jackets or making progress in toileting, we made sure to share this significant good news with parents during pick-up time, keeping them informed and involved in their children's progress. Back then, I envisioned a future where I'd teach my own children to be independent from an early age and I believed this approach would help them adjust better to child care centers or school later on.

Narrative Three: Being Pregnant - The Influence of Social Norms and Expectations

Now, I will discuss how North American social norms and expectations influenced my decision-making process regarding my own child's sleeping arrangements. During my work experience in Canadian child care facilities, my beliefs about the prevalent co-sleeping practices in China were challenged. However, it wasn't until a few years later when I became pregnant that my perspective on sleep arrangements for young children assimilated with North American culture. The influence of Western societal norms, promoting solitary sleeping, became particularly pronounced during my pregnancy. Whether it was centrally displayed cribs in stores, receiving specific gifts, or posing for pregnancy photos with a photographer, the weight of social norms and expectations was prominent.

The Cribs at Baby Stores

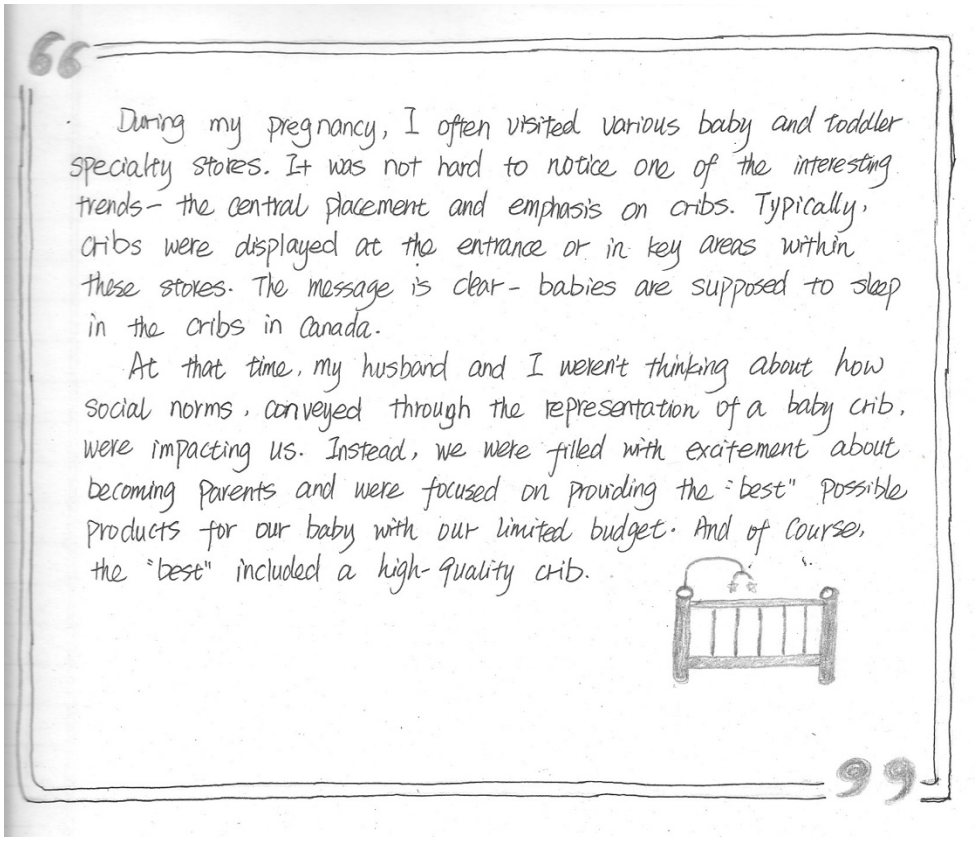
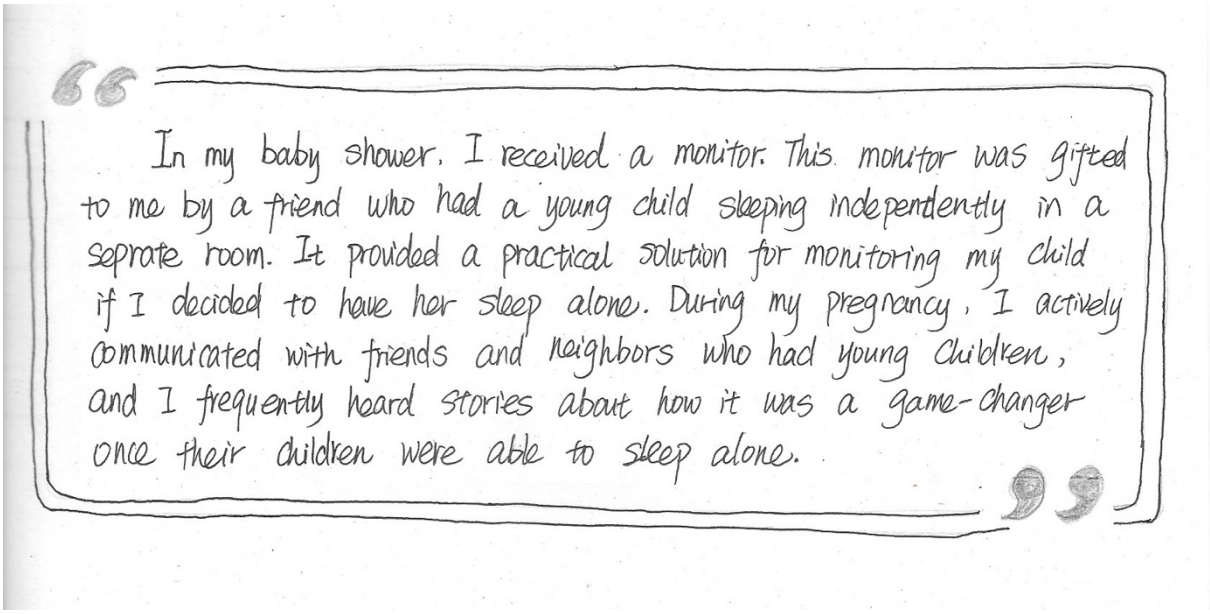


Figure 4 captures a moment from my fifth month of pregnancy, taken during a visit to a local baby store. In the photo, my husband stands beside a baby crib, surrounded by a changing table, a bookcase, and a nursing chair.

Figure 4

Shopping for a Baby Crib

A Monitor as a Gift



In Figure 5 below, it displays the gifts I received at my baby shower, symbolizing the love and care extended by my dear friends. At the bottom of the photo, a monitor is visible, used to oversee the sleep of infants and babies when parents are not present in the room.

Figure 5

Baby Shower Gifts

Children's Books

My daughter adored the book "Good night, moon" (Brown, 1947) and "Love You Forever" (Munsh, 1986), and we had read them again and again when she was young. In these books, the consistent depiction was of babies sleeping alone in their rooms. I vividly recall a moment when my child, around three years old, ask me, "why does the mom need to sneak into the room to kiss the baby? why don't they sleep together like us?" Reflecting on this, I realized that unlike my insightful three-years-old, during my pregnancy and early parenthood, I lacked the awareness and courage to challenge the dominant discourse.

Figure 7

Illustration from Love You Forever

Note. This page depicts a mother peeking over the side of the bed of her infant. From *Love You Forever* [Illustration], by Sheila McGraw, 1986. Used with permission.

Posing for Pregnancy Photos

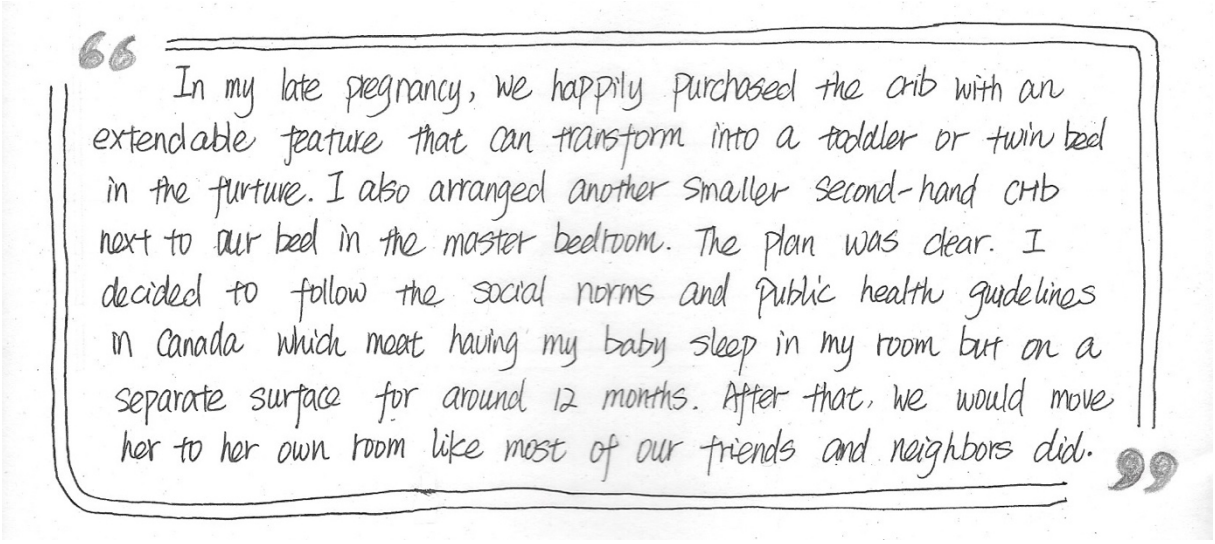
"At my late pregnancy stage, we had a photographer come over to our house and take some pictures of us to commemorate my journey of pregnancy. Following the photographer's instruction, my husband and I stood in front of the crib we bought to our daughter and shared a tender gaze. The resulting image was heartwarming, like a scence from a movie, but specifically from a Western movie where the baby was expected to sleep apart from their parents."

In Figure 8, my husband and I were standing in front of the crib which was placed in the room we prepared our unborn baby.

Figure 8

A Pregnancy Photo

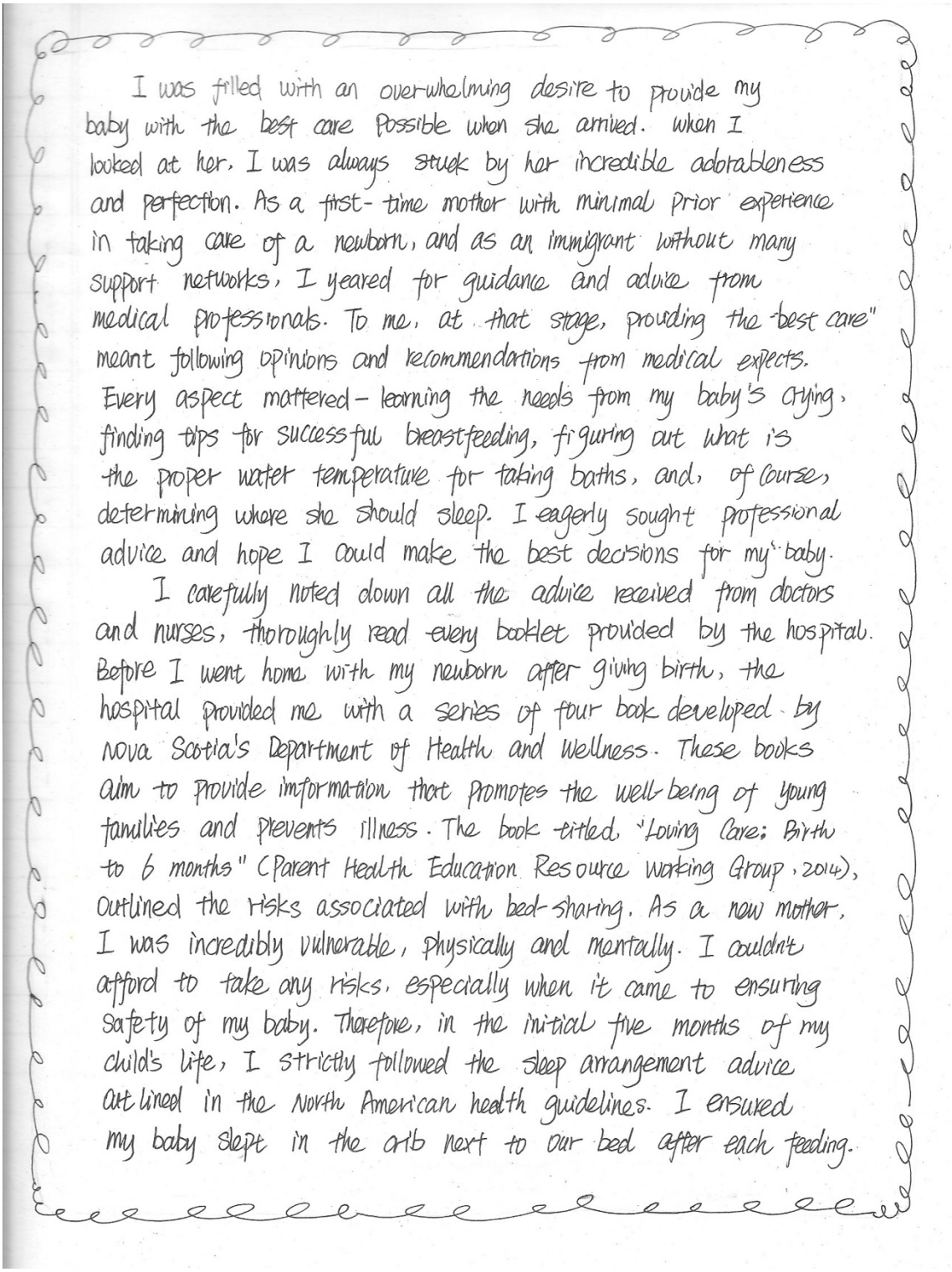
The Sleep Arrangement Plan



Narrative Four: Being a New Mom - The Weight of Public Health Messages

In this reflection, I'll delve into my journey as a new parent, spanning from the birth of my child until she reached six months of age. Initially, we strictly adhered to Canada's guidelines advocating for separate sleeping surfaces. However, as we navigated the challenges of parenthood and responded to our child's needs, our practices evolved. Eventually, we transitioned to bed-sharing with our infant. This period of transition and adaptation highlighted the tension between public health messages and the practicalities of daily life.

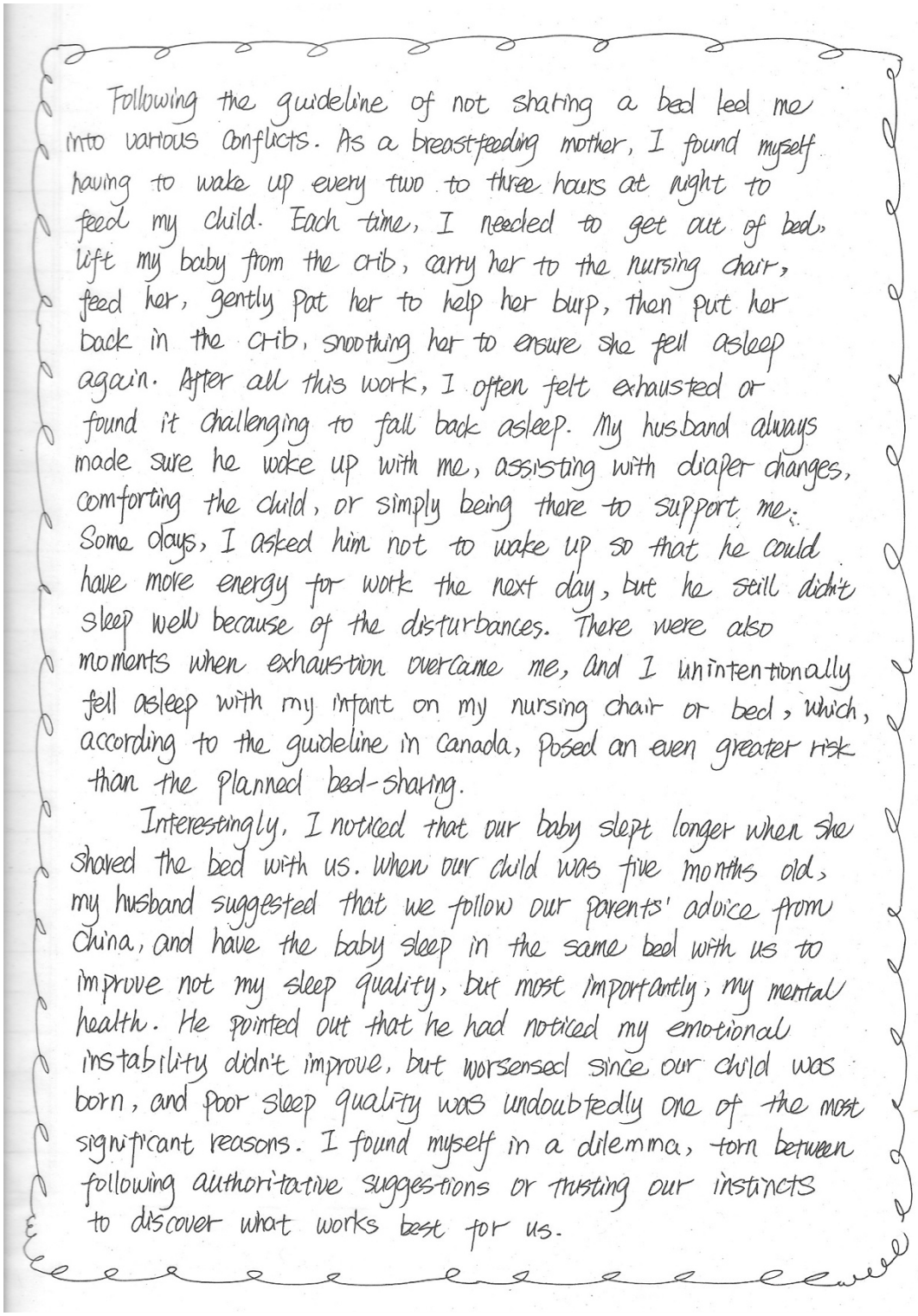
The "Best" Care



I was filled with an overwhelming desire to provide my baby with the best care possible when she arrived. When I looked at her, I was always struck by her incredible adorableness and perfection. As a first-time mother with minimal prior experience in taking care of a newborn, and as an immigrant without many support networks, I yearned for guidance and advice from medical professionals. To me, at that stage, providing the "best care" meant following opinions and recommendations from medical experts. Every aspect mattered – learning the needs from my baby's crying, finding tips for successful breastfeeding, figuring out what is the proper water temperature for taking baths, and, of course, determining where she should sleep. I eagerly sought professional advice and hope I could make the best decisions for my baby.

I carefully noted down all the advice received from doctors and nurses, thoroughly read every booklet provided by the hospital. Before I went home with my newborn after giving birth, the hospital provided me with a series of four book developed by Nova Scotia's Department of Health and Wellness. These books aim to provide information that promotes the well-being of young families and prevents illness. The book titled, "Loving Care: Birth to 6 months" (Parent Health Education Resource Working Group, 2014), outlined the risks associated with bed-sharing. As a new mother, I was incredibly vulnerable, physically and mentally. I couldn't afford to take any risks, especially when it came to ensuring safety of my baby. Therefore, in the initial five months of my child's life, I strictly followed the sleep arrangement advice outlined in the North American health guidelines. I ensured my baby slept in the crib next to our bed after each feeding.

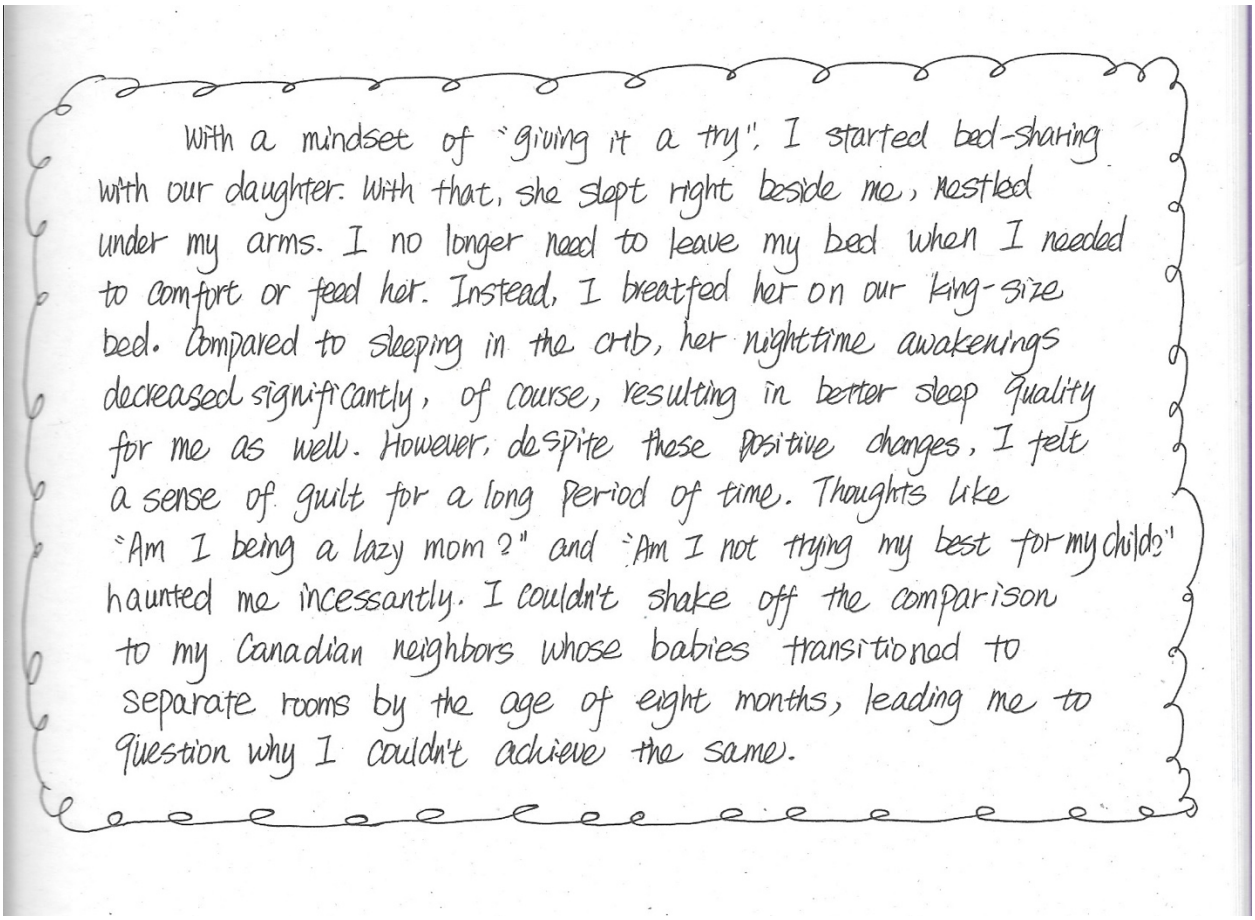
The Day-to-Day Struggles



Following the guideline of not sharing a bed led me into various conflicts. As a breastfeeding mother, I found myself having to wake up every two to three hours at night to feed my child. Each time, I needed to get out of bed, lift my baby from the crib, carry her to the nursing chair, feed her, gently pat her to help her burp, then put her back in the crib, soothing her to ensure she fell asleep again. After all this work, I often felt exhausted or found it challenging to fall back asleep. My husband always made sure he woke up with me, assisting with diaper changes, comforting the child, or simply being there to support me. Some days, I asked him not to wake up so that he could have more energy for work the next day, but he still didn't sleep well because of the disturbances. There were also moments when exhaustion overcame me, and I unintentionally fell asleep with my infant on my nursing chair or bed, which, according to the guideline in Canada, posed an even greater risk than the planned bed-sharing.

Interestingly, I noticed that our baby slept longer when she shared the bed with us. When our child was five months old, my husband suggested that we follow our parents' advice from China, and have the baby sleep in the same bed with us to improve not my sleep quality, but most importantly, my mental health. He pointed out that he had noticed my emotional instability didn't improve, but worsened since our child was born, and poor sleep quality was undoubtedly one of the most significant reasons. I found myself in a dilemma, torn between following authoritative suggestions or trusting our instincts to discover what works best for us.

The Guilt of Being a "Bad" Mom



Narrative Five: Being Different - The Clash Between the Cultures of Home Country and Immigrant Country

When my child was six months old, something significant happened. Taking advantage of my maternity leave, I took my newborn to China to visit my family, and we stayed there for nearly six months. Before I visited China, even though I had started bed-sharing with my child, I still felt the guilt of not following the Canadian medical guidelines. However, when I departed from the North American dominant practice of solitary sleeping and entered a society where co-sleeping was more prevalent, the conflict between my native culture and my immigrant country became pronounced, leaving me feeling contradictory again. In this narrative, I'll share why I decided to embrace co-sleeping and how I developed a deep understanding and appreciation for the varied choices made by different families. The phase from my child's birth until she turned two was a crucial period, marked by numerous adjustments, learnings, and evolving perspectives as a parent navigating between cultural traditions and authoritative health recommendations.

Visiting China

When I returned to China, I still held onto the hope that my child would soon be able to sleep independently. However, considering the impact of the new environment and the presence of unfamiliar people, I intentionally kept her sleeping with me on the same bed to ensure her sense of security. At the same time, I asked my mom borrow a crib from her friend, contemplating the possibility that once things settled she could sleep in the crib. Then, when we returned to Canada, she could start sleeping in her own room as we had planned before.

Nevertheless, overtime, the desire to push for early independent sleep for my child began to fade. While in China, I was increasingly exposed to the traditional parenting practice of co-sleeping with infants and young children. I remember chatting with my high school friend; She believe that arranging a one-year-old child to sleep in a separate room was quite cruel. She thought that establishing a strong sense of security in children during their early years more important than pushing for early independence. Her three-year-old child still slept in her room, which was quite normal in China. I also recall purchasing a chinese Picture book at a local bookstore, decpicting a Chinese New Year's story. Unlike western picture books advocating for solitary sleep, this one imaged parent and young children sleeping together on a bed.

Embracing Co-sleeping

Six months later, I returned to work shortly after coming back to Canada which means I had to put my child into child care center when she was barely one and half years old. The first time she had to leave me and got used to a group setting environment, and she was frequetly ill due to her developing immuse system. What was worse, she began displaying signs of anxiety. Every time I left her line of sight, she would let out loud, distressed cries. She often cried in her sleep and woke up at night to ensure I was close by which never happened before. It was at that point that I truly began to enjoy and appreciate co-sleeping with my child. It offered me a chance to compensate for the time I couldn't spend with her during the day, fostered a sense of closeness between us, and, most importantly, provided her with a sense of security that she needed at a difficult time for her.

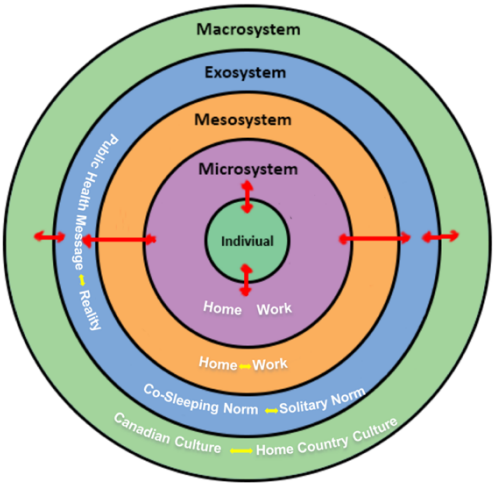
I moved the double bed form our guest room and incorporated it with our king-size bed in the master room to create a family bed. This way, my husband, my child, and I could have enough space to be comfortable when we sleep, while still enjoying the closeness. On weekends, when my husband and I didn't need to wake up early, we would spend more than half hour in our family bed, cuddling, reading, or just being silly, much like my parents did with me when I was a child.

Chapter Five: The Examination And Analysis of My Co-Sleeping Experience Within the Framework of the Bioecological Model of Human Development

In the previous chapter, I utilized a reflective narrative supplemented with visual pictures to provide an intimate exploration of my personal co-sleeping journey. In this chapter, my focus shifts to analyzing and examining my co-sleeping experiences through the lens of the BMHD. By applying the BMHD framework, I aim to explore the various factors that shaped and influenced my co-sleeping decisions and experiences and explore how these factors interact with one another. The visual representation in Figure 10 acts as a guide, illustrating the dynamic interplay of the microsystem, mesosystem, exosystem, and macrosystem. Through the analysis of the BMHD and relevant literature, I seek to connect my individual experiences to the broader social and cultural context.

Figure 10

Factors That Influenced My Sleep Arrangement Decisions Through the BMHD



Note. Adapted from *Urie Bronfenbrenner's Bioecological Model* [Graphic], by X-IT, n.d., Psychology Wiki, (https://psychology.fandom.com/wiki/Bioecological_model). CC-BY-SA

Microsystem: The Upbring Experience

In narrative one, I shared how Chinese culture and my upbringing have shaped my perspective on co-sleeping. My childhood co-sleeping practices with my family in China fall within the microsystem within BMHD (see Figure 10), referring to the specific face-to-face environment where an individual encounters activities, social roles, and patterns of interpersonal relationships (Bronfenbrenner, 2005). Co-sleeping, fostered a sense of closeness and security when I was a child, contributing to my positive perspective on this practice. Those memories of snuggling with my parents and sharing the family bed during my early years created some of the most cherished moments of my childhood. Bonding or attachment is one of the most common reasons for co-sleeping families (Ward, 2015). In fact, co-sleeping practices are rooted in attachment theory and are informed by evolutionary biology and anthropological research (Bartick et al., 2014; McKenna & Gettler, 2016). Researchers stress the importance of physical contact and touch in the nighttime caretaking microenvironment (Barry, 2019), further supporting co-sleeping.

Chinese family values and the cultural emphasis on family bonds and interpersonal interdependence (Huang et al., 2010; Yang,1995). In Chinese culture, the family unit is highly valued, and there is a strong emphasis on maintaining close relationships and fostering harmony within the family. Co-sleeping is viewed as a way to strengthen these bonds by promoting physical closeness and emotional connection between family members, particularly parents and children. In my story, my parents' decision to create a family bed when I was five years old, after a year of separation, reflects the importance placed on family bonds.

However, my cherished memories of cozy co-sleeping from my childhood began to clash with my emerging desire for independence and autonomy as I entered adolescence and adulthood

due to limited space in our household. I had to share a room with my sister during my teenage years. Environmental factor is another common reason for infant-parent bed-sharing especially in less developed countries (Barry & McKenna, 2022; Ward, 2015). Co-sleeping could be a passive choice when constrained living conditions and housing structures are limited.

In short, my upbringing experiences has led to the development of two distinct voices in my mind. On one hand, the warmth and closeness associated with co-sleeping created a positive perspective. On the other hand, the significance of having my own room becomes symbolic of independence and wealth. Experiencing a lack of personal space during my teenage years instilled in me a yearning for independence prompting me to embrace the independent culture prevalent in North America later in life.

Mesosystem: The Tension Between My Home and My Work

In narrative two, I examined the evolution of my perspectives on co-sleeping after being exposed to the predominant practice of solitary sleeping in Canada. In the BMHD, my experience as an early childhood educator within these centers forms a significant microsystem (see Figure 10). Just like my home in China, my workplace was an environment that directly shaped my experiences and development. The emphasis on early independence and the promotion of solitary sleep within the Canadian child care environment posed a challenge to my existing beliefs about co-sleeping arrangements.

My experiences working in child care centers exposed me to a different cultural perspective on sleep arrangements, one that prioritizes early independence and agency for children. Over the past century, solitary sleep has become the most common sleep arrangement for children in Western countries (Richardson, 2013). Western cultures often emphasize the

independence and autonomy of children (Kitayama et al., 2010; Richardson, 2013), aligning naturally with the idea of independent sleep arrangements for infants. This cultural framework assumes that infants should have the ability to fall asleep and stay asleep on their own (Barry, 2021).

Within this cultural context, parents and caregivers are encouraged to foster independence in their children from an early age, promoting self-soothing skills and encouraging them to regulate their sleep patterns independently. The emphasis on independent sleep arrangements reflects broader cultural values surrounding individualism and autonomy. Parents and caregivers in Western cultures may perceive independent sleep as an important aspect of child development, equipping children with the skills needed to become self-sufficient individuals (Morelli et al., 1992). Another reason for the emphasis on children's early independence in Western contexts is that it helps mothers reclaim their own independence (Howson, 2018). Early independence approaches such as solitary sleep provide mothers with more time and energy for individual achievement, which is often valued by Western society and seen as a positive reflection of their capabilities.

However, solitary sleep contrasted with the familial and communal sleeping practices I had grown up in China. The tensions between these two practices prompted me to critically examine my beliefs about co-sleeping. The tension arising from the disparate co-sleeping practices at home and the solitary sleeping norms in Canadian child care settings represents a dynamic within my mesosystem (see Figure 10). In this context, the home environment, where co-sleeping was the norm, and the Canadian child care settings, where solitary sleeping prevailed, form components of the mesosystem. The interaction and conflict between these two

settings contribute to my overall tension experienced in navigating between different cultural practices and societal norms.

Exosystem: Different Social Norms

In narrative three, I investigated the profound influence of North American social norms and expectations on my decision-making process concerning my child's sleeping arrangements. During my pregnancy, the exosystem, an indirect setting within the BMHD, emerged as a significant influencer in shaping my decisions regarding infant sleep arrangements. This exosystem encompasses social norms, cultural expectations, and broader societal influences that impact individual behaviors and decisions (Bronfenbrenner, 2005).

Throughout my pregnancy journey, I encountered various subtle cues and messages from the social environment that shaped my perceptions and attitudes toward infant sleep practices. For example, when browsing through stores, cribs and other sleep-related products were prominently displayed, reinforcing the cultural norm of infants sleeping independently in their own cribs. Additionally, receiving a baby monitor as a gift from friends further reinforced the expectation of monitoring an infant’s sleep from a separate room. Furthermore, the children’s books, gifted by my Canadian friends, illustrated babies sleeping alone in their own rooms, reflecting the prevailing cultural narrative surrounding infant sleep practices in Western settings. Even seemingly innocuous actions, such as posing for pregnancy photos with a professional photographer, subtly reinforced societal expectations of raising an independent child who sleeps alone.

The solitary sleep norms in my immigrant country, Canada, conflict with the co-sleeping norms in my upbringing country, China (see Figure 10). In the debate between co-sleeping and

solitary sleep, supporters of solitary sleep argue that, compared to co-sleeping, a solitary sleep arrangement is safer and reduces the risk of SIDS (Moon et al., 2022). They also believe that it promotes children's sense of independence and overall autonomy (Morelli et al., 1992), as discussed previously dissertation. Apart from safety and independence considerations, supporters of solitary sleep also emphasize its potential benefits for parents' well-being and relationships (Howson, 2018). For instance, it can help reduce postpartum depression and improve maternal mental health (Hiscock & Fisher, 2015) by providing parents with their own space for rest and relaxation. Furthermore, compared to co-sleeping, solitary sleep is less likely to be associated with marital and co-parenting distress, as it allows parents to maintain their relationship by having private time and space (Teti et al., 2016).

It is evident that solitary sleep, as a social norm in North America, aligns with its cultural values that emphasize independence, individualism, and privacy over children's needs and interests. Within the framework of BMHD, the interaction between different systems can be observed. The exosystem, representing North American social norms and expectations, interacts with the microsystem (my workplace) and the macrosystem (North American culture). This interconnectedness highlights how societal beliefs and cultural values influence individual behaviors and practices, such as sleep arrangements for children.

Exosystem: The Struggles Between Public Health Guidelines and Practical Reality

In narrative four, I shared my experience as a new parent, from the birth of my child until she turned six months old, a period during which we began by following Canada's guidelines of separate sleeping arrangements and concluded with bed-sharing with our child. Throughout my pregnancy, the decisions regarding my sleeping arrangements for my child were heavily

influenced by societal norms and expectations. However, upon becoming a parent, the public health information played a more influential role in shaping my experience. Even thought I was aware that the Canadian health guidelines against bed-sharing due to the risk of SIDS when I was working in child care centers, it wasn't until I entered motherhood that I truly comprehended the significant impact of the dominant medical advice. Becoming a mother provided me with a firsthand understanding of the weight carried by such authoritative medical discourses, especially for someone navigating parenthood for the first time.

The public health messages fall into the exosystem in the BMHD in my story. My early parenting experience highlights the conflict between following public health guidelines and the practical realities of caregiving (see Figure 10). As a first-time parent, I endeavored to provide "the best" for my baby. In those early days of motherhood, I believed that "the best" meant trusting science and following medical advice from authorities (Howson, 2018). This naturally included following public health guidelines regarding the ideal sleep arrangement following Western health guidelines. However, I found that the linear and one-size-fits-all no-bedsharing guidelines in North American left me struggling to balance conflicts in my day-to-day life. My efforts to follow the no-bed-sharing guidelines led to exhausting routines, difficult breastfeeding (McKenna & Gettler, 2016), sleep disturbances, and subsequent concerns about my mental health and overall well-being. Ultimately, my decision to bed-sharing aiming to address these challenges and find a practical solution that best suited our family's needs.

Moreover, little information is provided on how to safe bed-sharing or advice on children over 1 year old when the risk of SIDS is no longer a primary concern (Moon et al., 2022). Even when my child turned one, I hesitated to openly share that she slept with me, feeling a sense of shame about what I perceived as a "failure" or "difference." This reluctance stemmed from

societal expectations and the culturally exclusive guidelines prevalent in North America, which promote separate sleeping arrangements and contribute to the stigma surrounding co-sleeping practices. The medically driven and culturally exclusive guidelines in North America, combined with the influence of my workplace and the prevailing norms of solitary sleep, as well as the emphasis on independence and individualism rooted in Western culture, all contributed significantly to my feelings of guilt when I chose to bedshare with my baby.

Macrosystem: The Tension Between Different Cultures

In narrative five, I recount my co-sleeping journey with my toddler, reflecting on how a visit to China prompted me to reconsider the practice of solitary sleep. Both the cultures of China and Canada, which shaped my macrosystem (the broad cultural context), had a significant impact on my co-sleeping experience (see Figure 10). The tensions between the collectivist values in China, emphasizing familial closeness (Huang et al., 2010), and the individualistic values in Canada, prioritizing independence, and autonomy (Morelli et al., 1992), became the central struggle that shaped my parenting decisions. In China, co-sleeping is embraced as a natural expression of familial closeness and harmony, reflecting the cultural emphasis on collective bonds and social connections. Conversely, in Canada, solitary sleeping arrangements are valued for promoting individual autonomy and self-reliance, in line with the cultural emphasis on personal space and independence. During this ongoing conflict, I had to navigate the complexities of both my home country's cultural values and beliefs, as well as the cultural norms and parenting practices of my immigrant country.

When I visited my family in China, where co-sleeping is deeply ingrained in cultural practices, I confronted a different cultural norm than in Canada. This experience prompted a critical re-evaluation of the dominant cultural practices I had adopted in Canada. For example, my friend's perspective, which emphasized the importance of security over early independence, reflected broader cultural norms in China, where familial closeness takes precedence. The Chinese picture book depicting parents and children sleeping together on a bed exemplified the influence of cultural narratives within the macrosystem. In contrast to Western counterparts advocating for solitary sleep, this visual representation aligned with prevalent cultural practices in China, contributing to the shaping of social norms regarding child-rearing.

When I returned to Canada and had to face the transition back to work, co-sleeping emerged as a source of comfort, fostering a strong emotional bond (Barry, 2019), and providing much-needed security for my child during this challenging period. As a consequence, instead of feeling guilty about not being able to achieve solitary sleep, I began to enjoy co-sleeping with my child. My final decision to engage in co-sleeping also reflects the prevalence of this practice among immigrant communities. Despite Canada's stance advocating against bed-sharing, bed-sharing remains prevalent, especially among immigrant populations (Dennis et al., 2020; Song, 2010).

The intricate interplay of cultural values and parenting experiences within the BMHD underscores the dynamic nature of co-sleeping decisions in a multicultural context. This dynamic interplay of cultural values and parenting experiences aligns with the concept of the chronosystem in the BMHD, which considers the dimension of time and its influence on development (Bronfenbrenner, 2005). My perspective on solitary sleep and co-sleeping evolved

over time, shaped by my upbringing, work, pregnancy, and parenting experiences, illustrating the dynamic nature of co-sleeping decisions within a multicultural context.

It's important to note that Canada, as a multicultural country, should avoid framing Eastern and Western cultures, such as co-sleeping and solitary sleeping, as binary opposites. Instead of viewing them as competing ideologies, we should focus on promoting inclusivity, which allows parents to appreciate the strengths of each method and make informed choices based on their family's unique needs and circumstances. This inclusive approach could foster mutual understanding, encourage collaboration, and ultimately enhance the well-being of both parents and children within the broader community.

Chapter Six: Conclusion

As I near the end of this thesis, it's a moment to look back on the wealth of insights uncovered during my exploration of co-sleeping practices within the context of cultural adaptation. Throughout this study, I've navigated through a complex mix of personal stories, theoretical frameworks, and socio-cultural dynamics, shedding light on the intricate nature of co-sleeping experiences among immigrant mothers in Canada. In this final chapter, I'll revisit my key findings and implications, emphasizing the importance of a multi-dimensional approach to safe sleeping guidelines that honors diverse cultural perspectives while prioritizing safety and well-being. Additionally, I'll outline potential directions for future research and advocacy, aimed at fostering a more inclusive and culturally sensitive dialogue on parenting practices in multicultural societies.

Summary

This thesis is an autoethnographic exploration of the intricate topic of co-sleeping practices through the lens of the researcher’s experiences as a new immigrant mother in Canada. I began by introducing the topic of co-sleeping and its prevalence in various cultures, highlighting the contrasting perspectives between collectivist cultures, such as China, and individualistic cultures, like Canada. Through the lens of the BMHD, I examined how the cultural, social, interpersonal, and individual narratives informed my co-sleeping decisions and experiences as a new Chinese immigrant mother in Nova Scotia, Canada. Using an autoethnographic approach, I explored my personal experiences, navigating the contradictions between the co-sleeping practices ingrained in my Chinese upbringing and the solitary sleep norms prevalent in Canadian contexts. This conflict was further exacerbated with the birth of my

child, as I found myself diverging from the established public health messages in Canada, resulting in a sense of guilt for being a “bad mom” who “failed” to adhere to the professional guidelines. However, over time, I successfully found a balance between different cultures, social norms, public health guidelines, and my own personal situation, ultimately embracing co-sleeping as a meaningful and enriching practice with my child. My study underscores the dynamic interplay between cultural influences, social norms, and personal choices, highlighting the necessity of promoting a more culturally inclusive approach regarding the sleep arrangements for infants and young children.

Implications

The implications drawn from this study highlight the crucial need to recognize and respect cultural diversity in healthcare practices, public health messaging, and policy development related to sleep arrangements for infants and young children. The findings of this study are consistent with previous research stressing the importance of recognizing socio-cultural differences in the realm of child care (Dennis et al., 2020; Song, 2010). One study that stood out the most was conducted by Aslam et al. (2009), who delved into the decisions and beliefs of five Indian-born women in Australia regarding co-sleeping as a risk for SIDS. Aslam et al. (2009) emphasize the profound impact of socio-cultural factors on parental decisions and behaviors, stressing the need to consider broader ideological influences affecting both immigrant and the home country.

Specifically, this study suggests that public health guidelines should move beyond merely cautioning against bed-sharing and instead acknowledge the diversity of sleep practices among families and communities in Canada. The approach taken for guidelines in the UK (NICE 2021),

which prioritizes safe engagement in bed-sharing rather than solely emphasizing the risks of SIDS, serves as a model for promoting safer sleep practices while respecting cultural diversity. The safer bed-sharing approach recognizes that bed-sharing may be a cultural practice for many families and aims to provide practical suggestions to minimize the potential risks of SIDS. Additionally, supplemental documents about both the risk of co-sleeping and potential benefits should be provided for the public's reference. This comprehensive approach ensures that parents receive balanced information, empowering them to make informed decisions about sleep arrangements for their children while considering both cultural beliefs and safety considerations.

Moreover, to better support parents and families, providing health professionals with relevant training, resources, and effective communication strategies to enhance their cultural competence (Betancourt, 2002) is suggested. This approach equips professionals with the necessary tools to support families from different cultural backgrounds. As highlighted by UNICEF UK (2019), health professionals should engage in discussions about safe sleep practices with parents, as merely advising against bed-sharing or remaining silent about it is not a safe or effective approach. Comprehensive training and resources for professionals will not only empower them to navigate cultural differences sensitively and effectively when working with infants, young children, and families but will also contribute to reducing the stigma related to co-sleeping.

Limitations and Future Directions

Considering the scope of this research, it is essential to acknowledge its limitations. This study, as an autoethnography, primarily focuses on individual experiences and perspectives, which naturally leads to limited generalizability. While autoethnography provides a deeply

personal and insightful lens for exploring phenomena, it inherently presents a singular perspective that may not fully capture the richness and diversity of experiences within immigrant communities in Canada. Furthermore, autoethnography relies heavily on the researcher's personal experiences, perspectives, and interpretations. Despite efforts to incorporate structured analysis using the framework of BMHD and to draw upon literature to support analysis and interpretation, there remains the potential for subjectivity and biases to be introduced into the research process.

Future research could expand upon my perspective by incorporating a broader range of voices and methodologies. For instance, conducting interviews or focus groups with a diverse array of immigrant parents could offer a more comprehensive understanding of the complexities surrounding co-sleeping practices. Additionally, complementing quantitative data or comparative analyses across different cultural groups, such as immigrant groups and Indigenous communities, could enrich our understanding and mitigate the limitations inherent in a single perspective. This approach would allow for a more nuanced exploration of the cultural, social, and contextual factors influencing co-sleeping practices within diverse communities. By amplifying diverse voices and centering marginalized perspectives, researchers can contribute to a more inclusive and equitable representation of human experiences, challenging dominant narratives and fostering greater empathy, understanding, and social change.

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