

**GRANDPARENTING IN ZAMBIA: PREVALENCE, BELIEFS ABOUT
SENSITIVE CARE AND QUALITY OF CHILDCARE**

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DECLARATION

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ABSTRACT

The main purpose of this study was to investigate the prevalence and predictors of grandparental involvement, predictors of intergenerational transmission and quality of childcare by grandparents in Zambia. Grandparents are an important part of kin relationships participating in care of children. However, there have been very few studies that have investigated grandparental involvement in childcare in Zambia, sensitive parenting beliefs and quality of care offered by grandmothers. This study was conducted in three phases. It was hypothesised that Zambian grandparents provide more care for their grandchildren compared to their Dutch counterparts. Secondly, it was hypothesised that increased grandparental involvement in child care is associated with more child attachment security to their grandparent. It was also hypothesised that there is a positive relation between the extent to which grandmothers and mothers view the ideal mother as a sensitive mother. Further, it was hypothesised that more favourable socio-economic characteristics of both the grandmother and the mother predict maternal parenting beliefs favouring sensitive parenting.

Self-report measures, maternal behaviour Q-sort and observational video data were used to assess grandparental involvement, grandmaternal and maternal beliefs about sensitive parenting, intergenerational transmission and quality of care. Results revealed a high prevalence of grandparental involvement in childcare in both Zambia and the Netherlands. There were significant differences between the Dutch and Zambian maternal grandparents in terms of total care-giving $t(6.20) = 278, p < .01$.

Comparisons in specific care domains revealed that Zambian grandparents performed more toilet training, protection from accidents and care during illness while Dutch grandparents did more of playing with their grandchildren. Specifically, grandparental involvement was strongly predicted by attachment. However, socio-economic status did not predict grandparental involvement in childcare. Secondly, our findings revealed that mothers' description of the ideal mother were closer to criterion descriptions of the sensitive mother when she had fewer siblings and when her mother had a higher socio-economic position in terms of more home possessions and facilities. The study also found that the intergenerational transmission of sensitivity beliefs was moderated by maternal educational level, revealing a strong positive association between grandmaternal and maternal sensitivity beliefs only in the mothers with a lower educational level. The study also revealed that grandmothers with more children and those who enjoyed the grandparenting tasks more, showed more sensitive interactions with their grandchildren.

Unexpectedly, parenting beliefs favouring sensitive parenting predicted lower observed sensitivity in grandmothers. Further, grandmothers with a more individualistic cultural orientation were more intrusive towards their grandchildren. In conclusion, grandparental involvement in childcare is existent in both Zambia and the Netherlands. The study also provides evidence that mothers' sensitivity beliefs are predicted by grandmother characteristics. The results further underscore the importance of sensitive parenting among grandmothers.

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TABLE OF CONTENTS

ABSTRACT.....	iv
ACKNOWLEDGEMENTS.....	vi
LIST OF FIGURES.....	xiii
LIST OF TABLES.....	xiv
LIST OF ACRONYMS.....	xv
OPERATIONAL DEFINITIONS.....	xvi
CHAPTER 1:.....	1
INTRODUCTION.....	1
1.1 Overview.....	1
1.2 Grandparents and intergenerational transmission.....	1
1.3 Background.....	3
1.4 Grandparents’ Involvement in Childcare in Africa.....	7
1.5 Statement of the Problem.....	12
1.6 Rationale of the Study.....	14
1.7 Aims of this Thesis.....	15
1.8 Hypotheses.....	16
CHAPTER 2:.....	18
LITERATURE REVIEW.....	18
2.1 Overview.....	18
2.2 Theoretical Review.....	18
2.3 Dominant Theories.....	19
2.3.1 Attachment Theory.....	19
2.3.2 Social Learning Theory.....	21
2.3.3 Evolutionary Grandmother Hypothesis.....	21

2.4	Quality of Care and Attachment	23
2.5	Maternal Beliefs and Parenting	28
2.6	Intergenerational Transmission	30
2.7	Factors Affecting Parenting and Intergenerational Transmission	35
2.8	Grandparenting and Childcare	37
2.9	Conclusion	41
2.9.1	Understanding Grandparenting	41
CHAPTER 3:		43
METHODOLOGY		43
3.1	Overview	43
3.2	Research Design	44
3.3	PHASE 1	44
3.3.1	Participants	44
3.3.2	Procedure	45
3.3.3	Measures	46
3.3.4	Demographic data:	46
3.3.5	Socio-economic status (SES):	46
3.3.6	Grandparent care-giving:	47
3.3.7	Attachment style:	47
3.4	PHASE 2	48
3.4.1	Participants	48
3.4.2	Procedure	49
3.4.3	Instruments	50
3.4.4	Demographic and socio-economic characteristics:	50
3.4.5	Maternal sensitivity beliefs:	51

3.4.6	Religion in child rearing:.....	52
3.5	PHASE 3.....	53
3.5.1	Participants	53
3.5.2	Procedure.....	54
3.5.3	Instruments	54
3.5.4	Grandmothers' socio-economic characteristics.....	56
3.5.5	Participation in and feelings about grandparenting.....	56
3.5.6	The cultural values of individualism and collectivism.....	57
3.5.7	Religion in child rearing.....	58
3.5.8	Grandmothers' beliefs about sensitive parenting	58
3.6	Ethics	59
CHAPTER 4:		60
RESULTS		60
4.1	Overview.....	60
4.2	Preliminary Analyses.....	60
4.2.1	Dutch Sample:	61
4.2.2	Zambian Sample:.....	61
4.3	Results on Grandparental Involvement in Childcare in the Two Country Comparison	62
4.4	Comparisons Dutch versus Zambian Participants on Attachment Styles on the ECR Domains.....	66
4.5	Predictors of Grandparental involvement in child care	69
4.6	Grandmaternal and Maternal Ideal Beliefs about Sensitive Parenting	70
4.7	Grandparental Childcare Activities	74
4.8	Predicting the Quality of Zambian Grandmothers' Interactions with their Grandchildren.....	75

CHAPTER 5:	79
DISCUSSION	79
5.1 Overview.....	79
5.2 Prevalence of Grandparenting	80
5.3 Maternal Beliefs and Predictors of Intergenerational Transmission	85
5.4 Quality of Childcare by Grandparents in Zambia.....	88
5.5 Limitations and Future Directions	92
.....	95
CHAPTER 6:	96
SUMMARY, CONTRIBUTIONS, CONCLUSION AND RECOMMENDATIONS	96
.....	96
6.1 Introduction.....	96
6.2 Grandparenting Research Findings.....	96
6.2.1 Prevalence of Grandparenting	96
6.2.2 Maternal Beliefs and Intergenerational Transmission.....	97
6.2.3 Quality of Grandparental Childcare	97
6.3 Grandparenting Research Contributions.....	98
6.3.1 Contribution to Parenting	98
6.3.2 Contribution to Theory	99
6.4 Recommendations.....	100
6.5 Conclusion	101
REFERENCES.....	103
APPENDIX A: Questionnaire study 1 English.....	133
APPENDIX B: Questionnaire study 1 Dutch	150
APPENDIX C: Questionnaire parenting in diverse cultures	166

APPENDIX D: Maternal Behaviour Q-Sort.....	181
APPENDIX E: Participants inform consent form.....	219

LIST OF FIGURES

Figure 4-1: Comparisons of Dutch versus Zambia Samples on Grandparent Care in Specific Care Domains.....	62
Figure 4-2: Graphic representation mean scores on the ECR-RS – Avoidance and Anxiety scales for the three gender by nation groups	68
Figure 4-3: The Relation between Grandmothers’ and Mothers’ Sensitivity Beliefs is Moderated by Maternal Educational Level.....	74
Figure 5-1: Flow chart detailing the study findings	95

LIST OF TABLES

Table 3-1: Background/Demographic information For Participant Background	45
Table 4-1: Summary descriptive statistics and MANCOVA statistics table showing grandparent caregiving activities.....	65
Table 4-2: ANOVA table showing the differences domains Anxiety and Avoidance to Parents and Grandparents on the ECR Scale.....	67
Table 4-3: Hierarchical Regression predicting grandparent caregiving with various background variables and ECR scales.....	70
Table 4-4: Descriptive statistics for all grandmother and mother variables used in analyses.....	71
Table 4-5: Maternal and grandmaternal predictors of Mothers' Sensitivity Beliefs ..	72
Table 4-6: Descriptive Statistics showing demographic Study Variables	76
Table 4-7: Bivariate Correlations of Demographic, Socio-economic, Cultural Predictors of the Quality with Grandmothers' Interactions with their Grandchildren	77

LIST OF ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
CSO	- Central Statistical Office
EAS	- Emotional Availability Scale
ECR-RS	- Experiences In Close Relationships Relationship Structures
GRZ	- Government of the Republic of Zambia
HIV	-Human Immunodeficiency Virus
ICC	-Intra-class Correlation Coefficient
MBQS	-Maternal Behaviour Q-Sort
PCA	-Principal Component Analysis
SES	-Socio-Economic Status
UNICEF	-United Nations Children's Fund
ZDHS	-Zambia Demographic Health Survey

OPERATIONAL DEFINITIONS

Grandparent: Grandmother (or grandfather) who cared for a child with whom he or she has a biological tie either through the child's mother or father or both'. Grandparental care might imply caregiving tasks complementary to parental or sib care, or a replacement of such care because of the absence or loss of the parents or sibs

Maternal Responsiveness: Maternal responsiveness are caregiving behaviours that caregivers use to respond to infants' behaviour. It includes aspects of warmth, affectionate behaviours, amount of interaction, quality of interaction, and emotional synchrony between caregiver and the infant as well as caregiver response to child distress

Attachment: Attachment refers to a trusting bond between the child and caregiver.

Attachment avoidance: Fear of dependence and interpersonal intimacy, an excessive need for self-reliance, and reluctance to self-disclose.

Attachment Anxiety: Fear of interpersonal rejection or abandonment, an excessive need for approval from others, and distress when one's caregiver is unavailable or unresponsive.

Intergenerational transmission: The process through which purposely or unintendedly an earlier generation psychologically influences parenting attitudes and behaviour of the next generation

Parenting beliefs: Parenting beliefs refer to ideas about how children should be raised.

CHAPTER 1:

INTRODUCTION

1.1 Overview

This chapter provides a brief overview of intergenerational transmission of parenting. It also highlights the importance of grandparents in childcare. In addition to details about grandparental involvement in childcare, the chapter also illustrates the background of the current study, aims, rationale and the objectives.

1.2 Grandparents and intergenerational transmission

Intergenerational transmission of parenting is one of the most significant current issues in parenting literature today. When women become mothers, they typically turn to their own mothers for support (Apfel & Seitz, 1991, p. 421). Furthermore, it is assumed that patterns of family processes and patterns of child rearing are transmitted across generations (Serbin & Karp, 2003). However, most of the available studies on childcare have been limited to parents with relatively few studies on grandparents and yet recent studies have challenged the notion of a mother as the sole important person in child rearing, noting that contextual variables and culture should be considered (Barni, Knafo, Ben-Arieh & Haj-Yahia, 2014; Harkness, Super & Van Tijen, 2000). A critical determinant of parenting behaviour is the influence of earlier generations and parental upbringing on their parenting skills (Serbin & Karp, 2003). Thus, grandparents are an important part in the equation of parenting. Though worldwide there has been considerable research investigating

parenting, little is known about the role of grandparents in child care, grandmaternal predictors of intergenerational transmission of parenting beliefs and behaviour and quality of care offered by maternal grandparents.

The literature on intergenerational transmission suggests that parenting patterns can be transmitted from one generation to the next. For example, a higher-than chance concordance between two generations of parents has been found for rates of demographic trajectories (Liefbroer & Elzinga, 2012), marriage and divorce (Wolfinger, 1999) number of children (Teachman, 2002; Wolfinger, 1999), religious beliefs (Scourfield, Taylor, Moore & Gilliat-Ray, 2012), beliefs about parenting (Simons, Beaman, Conger & Chao, 1992), family violence and child maltreatment (Berzenski, Yates & Egeland, 2014; Finzi-Dottan & Harel, 2014), and warm sensitive stimulating parenting (Belsky, Jaffee, Sligo, Woodward & Silva, 2005).

Despite the fact that grandparents are involved in grandchild-care, little attention has been devoted to grandparental caregivers. First, grandparents are a heterogeneous group with different beliefs on parenting, yet no research to date as far as the literature search revealed has investigated their ideal beliefs regarding their ideal parenting style. Secondly, literature on parenting indicates that the type and quality of parenting behaviour displayed towards one's own children develops in part through experience with one's own parents in childhood. Thus, it is difficult to ignore the role that maternal grandparents play not only in intergenerational relationships but also in transmitting child rearing beliefs and practices. Chase-Lansdale, Brooks-Gunn & Zamsky (1994) recognise that grandparents can indirectly

impact the child by providing support and assistance to parents. However, in spite of this important insight, intergenerational parenting by maternal grandparents remains neglected in parenting literature, yet the intergenerational family continues to be an important context for development of familial relationships and an agent for socialisation across the lifespan (Grønhøj & Thøgersen, 2009; Putney & Bengton, 2002).

Research on grandparenting in Zambia is scanty. The goal of this thesis was to investigate prevalence and predictors of grandparental involvement, predictors of intergenerational transmission and quality of childcare by grandparents. In order to answer the thesis goal, the study was carried out in three phases. The first phase examined cross-cultural comparison between Zambia and the Netherlands on the prevalence and cross-cultural variations of grandparental care activities that grandparents perform in childcare. Second phase examined associations between grandmothers' and mothers' parenting beliefs as well as socio-economic characteristics that predict maternal beliefs about sensitive parenting in Zambia. The second phase study also assessed predictors of intergenerational transmission of parenting ideals. The third phase studied quality of grandmother - grandchild interactions in Zambia.

1.3 Background

Grandparents are an important part of the extended family. In many cultures, grandparents often perform a direct and clear role in childcare. In most traditional

societies, for example, in Africa, Asia, Latin America and the Pacific, older women; usually grandmothers, traditionally have considerable influence on maternal and child health matters at the household level (Jonasi, 2007). Studies all over the world have demonstrated that millions of children are being raised by their grandparents (Fuller-Thomson & Minkler, 2001; Glaser & Dessa, 2012; Goodman & Silverstein, 2001; Nampanya-Serpell, 2002). However, the literature is silent on the prevalence of grandparental involvement worldwide, and available statistics remain scanty, with most of the statistics being from the Western world. In the United States, an estimated 5.6 million adults are grandparents with 5.4 million children living in grandparent-headed homes (United States Census Bureau, 2011). In Europe, research shows considerable rates of grand parental care as follows: the United Kingdom (63 per cent), Germany (40.3 per cent), Sweden (50.86 per cent), Hungary (55.7 per cent) and the Netherlands (56.9 per cent) showing that a large percentage of the grandparents provide childcare (Glaser & Dessa, 2012). On the African continent, statistics are unavailable, though it is estimated that 40 per cent of adults (aged between forty and eighty-five years) in Africa take care of their grandchildren (Weichold, 2010). The estimated numbers, however, might be far higher than the actual number due to a lack of statistics in most countries. Besides, the numbers do not include grandparents who continue to provide complementary childcare even in the presence of biological parents.

The last two decades have witnessed a significant rise in research on grandparents. However, despite the recent expansion in research, relatively few studies have examined grandparenting and childcare among African families. This

situation has created a void in knowledge. It is widely recognised that parenting beliefs vary within and across cultures (Chen & Luster, 2002; Geher, 2011). Based on research, we now know that the parents' physical environment, culture, familial relationships and economic circumstances bear great influence on parenting (Kotchick & Forehand, 2002; White, Roosa, Weaver & Nair, 2009). In spite of empirical evidence that culture is important in shaping parenting (Bornstein, Putnick & Lansford, 2011; Keller & Harwood, 2009), most of the research on parenting has been based on Western samples. Thus, findings generated in Western samples cannot be automatically used to understand parenting in non-Western contexts such as Africa, where childcare typically is shared with relatives such as grandparents.

The term grandparent is not a new concept but one that is as old as humankind. Heyslip & Panek (2002) in White (2009, p. 16) define the status of grandparents as 'a tenuous role with no clear criteria or role norm; an individual experience; a developmental task of middle or late adulthood'. Turner (1982, p. 319) sees grandparenthood as 'constituting a status of social position defined by a collection of rights and duties'. On the other hand, Wood & Robertson (1976) have described grandparenthood as constituting two dimensions namely the social dimension (related to meeting societal needs) and the personal dimension in which grandparenting fulfills individuals' internal needs. But what is grandparenting? Clearly the term grandparenting lacks a specific definition in most of the studies. The definitions provided by Heyslip & Panek (2002), Turner (1982) and Wood & Robertson (1976) become problematic when trying to understand grandparenting because they list general attributes rather than define the act of grandparenting.

Hence, due to the fact that most definitions are vague, this study uses the term grandparenting in a very limited manner to mean ‘the interactions and relationships of a parent of a parent with a child of this parent. It can be grandmother or grandfather who cares for a child with whom he or she has a biological tie either through the child’s mother or father or both (Murphy, 2001)’. Grandparental care might imply care giving tasks complementary to parental or sib care, or a replacement of such care because of the absence or loss of the parents or sibs. The dynamics of these different types of grandparenting might be divergent.

Several factors have been cited to explain the large involvement of grandparents in childcare worldwide. Literature attributes parents’ incarceration, unemployment, divorce or death, mental illness and abuse as some of the reasons that necessitate grandparents’ participation in childcare (Foster, 2000; Kaptijn, Thomese, Liefbroer & Van Tilburg, 2010; Oburu & Palmerus, 2005). For example, in Africa, research attributes the increase in grand parental childcare to the weakened extended family system especially in areas where the AIDS pandemic is severe (Foster, 2000; Kangethe, 2010; Malinga & Ntshwarang, 2011). In the Western world, increase in grandparental care has been attributed to the increase in healthy longevity, drug abuse by parents and mothers working outside their homes, among others (Kaptijn, Thomese, Van Tilburg & Liefbroer, 2010). From the reasons cited, literature limits the debate on grandparental involvement in childcare as necessitated only by a crisis such as death but does not consider culture. Though this line of thought is justified, it fails to appreciate the traditional caregiver role that grandparents play even in the absence of such calamities as parental death, incarceration or imprisonment. Thus,

existing literature raises several questions about grandparenting as well as their role in complementary care.

Further, scholars have focused on the negative side of grandparents' involvement in childcare. Some scholars portray grandparents as highly susceptible to stress, as a source of stress to a parent, as unhelpful and a risk to child survival (Emick & Hayslips, 1999; Glass & Huneycutt, 2002; Neely-Barnes, Graff & Washington, 2010; Sands, Goldberg-Glen & Thornton, 2005; Strassman & Gerrard, 2011). For example, Oburu & Palmerus (2005), in their study focused on the stress that Kenyan grandparents experience as a result of participating in child care. However, recent studies suggest that there are also benefits to grandparents involvement in childcare (Tan, Buchanan, Flouri, Attar-Schwartz & Griggs, 2010; Attar-Schwartz, Tan, Buchanan, Flouri & Griggs, 2009; Mahne & Motel-Klingebiel, 2012). Jappen & Bavel (2011, p. 87) report that 'some parents prefer grandparents for child care because they perceive them as most trustworthy, providing a safe and emotionally nurturing environment that benefits their children'.

1.4 Grandparents' Involvement in Childcare in Africa

Multigenerational family ties, particularly grandparents, have traditionally been an important source of childcare in Africa. Nyambedha, Wandibba & Aagard-Hansen (2003) observe that child rearing in most African societies is a collective responsibility for parents, grandparents and other extended family members. Grandparents often have a direct and clear role in relation to care and nurture of

children (Jonasi, 2007). Grandparents' involvement in Africa is gendered with female grandparents shouldering most of the burden of childcare compared to their male counterparts. According to Mokomane (2013), as females in the extended family, grandmothers do not only provide infant care but they are also expected to nurse mother who has given birth.

In spite of the fact that grandparenting is an age-old tradition in Africa, it is only recently with the advent of the HIV and AIDS pandemic that grandparents involvement has come under scrutiny among parenting researchers. Thus, the advent of the HIV pandemic brought with it increased visibility of grandparental involvement in childcare. Grandparent headed households and grandparent involvement in parenting take up most of the child rearing responsibilities due to many children losing one or both parents (Mpofu, Ruhode, Mhaka-Mutepfa, January & Mapfumo, 2015; Nampanya-Serpell, 2002). Literature has shown that sub-Saharan Africa remains the epicentre of HIV and AIDS with an estimated number of orphans well above twelve million children. The HIV and AIDS pandemic has led to dramatic changes in family structure and care giving, resulting in grandparents taking a pivotal role in child care (Foster, 2004; Oburu, 2005). The absence of a social safety net and organised social institutions to buffer the risks posed by the ever increasing number of orphans, has seen grandparents bear the weight of the pandemic by caring for the orphans (Beegle, Filmer, Stokes & Tiererova, 2010; Oburu, 2005).

Like the rest of sub-Saharan Africa, Zambia has experienced an increase in the number of grandparents taking care of orphans (Namposya-Serpell, 2002; Reijer, 2013). This increase is attributable to the HIV and AIDS, which has hit hard on families. This situation has threatened the caregiving capacity of families, as communities are often hard-pressed to care for children (Nampanya-Serpell, 2002). Though traditionally, Zambian grandparents have always performed a care giving role to their grandchildren as well as offering support to mothers, (however, just like the rest of Africa) it is only recently that grandparents' involvement in childcare has become pronounced due to the advent of the HIV and AIDS pandemic. The HIV pandemic has brought about increased parental deaths, thus increasing the number of children under the care of grandparents (Nampanya-Serpell, 2002; Reijer, 2013). It should be noted however, that maternal grandparents have been a long cherished pride not only in sharing their knowledge on childcare but also providing complementary childcare even before the advent of the HIV and AIDS pandemic. According to Falola (2004), grandparents in Zambia are expected to participate in child care. Though grandparents' involvement in childcare is becoming more common in Zambia today given the HIV and AIDS context, there is no research to date done to investigate predictors of intergenerational transmission, grandmaternal beliefs and the quality of care offered by grandparents.

Though individualistic and collectivistic ideas are found to coexist in many cultures (Harkness, Super & van Tijen, 2000; Raeff, 2006), Zambia is considered a more collectivist country, with a collectivistic culture where parenting is a shared responsibility within the family (Falola, 2004). Studies have shown that cultural

belief systems on parenting differ between cultural communities. Child rearing in collectivistic settings is associated with obedience, conformity and social responsibility (Kagitcibasi, 2012; Mayer, Trommsdorff, Kagitcibasi & Mishra, 2012). Studies have found a link between parental beliefs and behaviours (Kiang, Moreno, & Robinson, 2004). For example, in one study, it was reported that differences in parenting behaviour are due, at least in part, to differences in parental values and values are related to social class (Luster, Rhoades & Haas, 1989). Similarly, parenting attitudes have been shown to be related to parenting behaviours and a product of socialisation process (Harkness & Super, 2002).

Central to the idea of quality of parenting is maternal sensitivity, which shapes caregiver-infant interaction. Maternal sensitivity is defined as the mother's ability to be aware of and interpret the infant's behavioural cues and respond to the infant in a timely and appropriate manner (Ainsworth, Blehar, Waters, & Wall, 1978). Sensitive parenting has been linked to positive child development across domains, including security of attachment (Van Ijzendoorn & Wolff, 1997), social-emotional functioning (Van der Voort, Linting Juffer & Bakermans-Kranenburg, Schoenmaker & Van Ijzendoorn, 2014) and cognitive development (Dobrova-Krol, Bakermans-Kranenburg, Van Ijzendoorn & Juffer, 2008; Riley, Scaramella & McGoron, 2014). However, studies on sensitivity have always been dominated by mothers and have not included grandparents so far. Because the quality of grandmother-child interactions has rarely been investigated, most of what we know on sensitive care giving is derived from research on mother-child interactions (Cook & Roggman, 2013; Van Ijzendoorn, 1992). Although there is some evidence that

caregiver sensitivity is beneficial to child development across cultures (e.g., Mesman, Van Ijzendoorn & Bakermans-Kranenburg, 2012), almost all studies in this area have been conducted in Western countries and very few in African countries. This, however, is against a backdrop of the fact that the notion of sensitive caregiving partly originated from Mary Ainsworth's extensive field work in Uganda (Ainsworth, 1967). In addition to sensitivity, quality of caregiving is affected by attachment- the way the caregiver relates to the child. The quality of the attachment relationship between children and their caregiver is important for children's social-emotional development (Van der Voort *et al.*, 2014). Although there is reason to assume that attachment is a universally relevant construct, research to date has not assessed the extent to which grand parental involvement is predicted by attachment.

Research also provides strong evidence that the quality of caregiver-child interactions is influenced by socio-economic variables such as parental education, income and other factors that are indicative of resource availability (Herbst & Tekin, 2008; Mesman *et al.*, 2012; Mistry, Biesanz, Chien, Howes, & Benner, 2008). According to the Family Stress Model, economic hardship within families has severe adverse consequences not only for general family functioning but also for the quality of parent-child interactions, which may lead to child neglect, anti-social and problematic children (Conger, Elder, Lorenz, Simons & Whitbeck, 1992). It could be the case that within the ambits of the family process model, SES, as a stress factor, influences not only sensitivity beliefs but also sensitive behaviours of the grandparents.

1.5 Statement of the Problem

Though traditionally, grandparents have always played a pivotal role in child care in Zambia, it is a well-known fact that the influence of globalisation and modernisation has changed the traditional landscape (Vahakangas, 2004). Globalisation and modernisation have led to changes in social values and cultural fusion due to greater connectivity between people in many parts of the world, and this has also led to differences between generations in terms of values and beliefs (Coquery-Vidrovitch, 2014). Hence, because of globalisation, family processes and particularly parenting and parenting beliefs have been rendered susceptible to change. Thus, studying childcare, sensitivity beliefs and predictors of intergenerational transmission among grandparents in Zambia is especially interesting given the global environment we are living in, but also the specific culture which traditionally promotes multi-parenting.

Also, there is no denying that the young generation in Zambia today is more educated and more urbanised compared to the older generation. Studies have shown that in the year 1964 when Zambia attained her independence, Zambia had fewer than a 100 people with a Bachelor's degree and only 1000 with secondary education (Lungu, 1985; Masaiti & Chita, 2014). Today, according to the Central Statistical Office (CSO) census report of 2010, out of thirteen million Zambians, 47.8 per cent had completed primary level, 37.3 per cent had completed secondary and 14.5 per cent have completed tertiary education. Similarly, most of the population in today's

Zambia is urbanised (Coquery-Vidrovitch, 2014), signifying a cultural transformation from traditional village to urbanised living (Keith, 2014). Given this background it is interesting to compare grandparents' and mothers' sensitivity beliefs.

Quality of care is an important ingredient of caregiver-infant interactions. Caregivers who provide consistent, sensitive and positive care, especially prompt and comforting responses to distress tend to have securely attached children, while caregivers who are inconsistent, insensitive and negative tend to have insecurely attached children (Van den Dries, Juffer, Van Ijzendoorn, & Bakermans-Kranenburg, 2009). While quality of care has been examined in mother-infant interactions, grandparent quality of care is yet to be fully explored as it is supposed to contribute to child development.

Further, despite widespread research on grandparents, very little is known about cross-cultural differences, complementary care offered by grandparents, grand parental predictors of intergenerational transmission of parenting, and about the quality of care among grandparents. In fact no research to our knowledge has examined intergenerational transmission of parenting ideals in Africa. Noteworthy, is the fact that the majority of prior studies that have investigated grandparenting have been conducted in the United States, Europe, Australia and Asia. It should be noted, that research evidence from the developed world cannot be extrapolated to Zambia given the differences in family constellation, culture and context. This study has a relevance to the larger developmental agenda of not only bridging a cultural gap in

attachment research but also understanding the generational linkages in care giving practices.

1.6 Rationale of the Study

A gap in literature exists in understanding grandparenting. Though the increase in life expectancy has heightened research on grandparenting, the majority of the literature focuses on grandparenting in Western, European and North American industrialised societies, with few studies conducted in other cultural contexts. Available research on grandparental childcare in Zambia has predominantly been conducted on grandparents taking care of orphans. Besides, there are very few systematic comparative studies on grand parental involvement in childcare. In addition, no study to date to the best of our knowledge has investigated grandmaternal beliefs on parenting, intergenerational predictors of parenting transmission and quality of childcare by grandparents. Thus, given these limitations in the literature, the present study contributes to existing research in the following ways.

Firstly, unlike previous studies that have limited their attention to grandparents caring for orphans in a context of the HIV and AIDS pandemic, this study will assess grandparental involvement in childcare as complementary to parental care. The study also, provides insights on cross-cultural variation and the extent to which attachment predicts grandparental involvement in childcare. As observed by Howes & Spieker (2008, p. 317) although ‘attachment theory recognises alternative attachment figures, attachment research has largely been conducted on

child-mother attachment relationships'. According to Kornhaber (1996) grandparent-grandchild bond is separate from the parent-child bond. Thus assessing attachment and its influence on grandparental involvement in childcare will inform and contribute to attachment theory.

Second, parenting beliefs of grandmothers and mothers will be examined and association examined with a view to finding out predictors of intergenerational transmission of parenting ideals. In addition, while the topic of grandparenting has found its way in many researches, the assessment of particular cultural contexts, especially non-Western settings, seems to lack consistency and reliability. Thus, continued cultural studies, such as this study which focusses on Zambia, is very relevant due to the increasing amount of literature suggesting the contextual nature of the parenting construct.

Third, literature has observed that 'attachment occurs within warm, intimate and continuous relationships based on sensitivity and responsiveness of the adult to the child' (Ochiltree, 2006, p. 11). Whereas past research has focused on biological parents in assessing quality of care as well as observed sensitivity, this study assesses grandparents in a collectivistic context. It should be noted that grandparents have been neglected in parenting discourse and research, yet they play a significant role in parenting in many collectivistic contexts in Africa, Asia and South America.

1.7 Aims of this Thesis

The overall aim of this thesis was to investigate prevalence and predictors of grand parental involvement, predictors of intergenerational transmission and quality

of childcare by grandparents in Zambia. In particular, the specific objectives of this study were to:

1. Investigate the prevalence of grandparenting in Zambia and the Netherlands.
2. Establish the caregiving activities that grandparents perform in Zambia and the Netherlands.
3. Examine demographic and social variables (SES, family constellation, number of siblings) associated with grandparental involvement in childcare between Zambia and the Netherlands.
4. Investigate and compare ideas about ideal parenting beliefs between mothers and grandmothers in Zambia.
5. Examine predictors of intergenerational transmission of parenting beliefs among grandmothers in Zambia.
6. Determine grandmothers' sensitivity to grandchildren in their care.

1.8 Hypotheses

The following hypotheses were tested in this study

1. Zambian grandparents provide more care for their grandchildren compared to their Dutch counterparts.
2. Increased grandparental involvement in child care is associated with more child attachment security to their grandparents.
3. Grandmothers and mothers view the ideal mother as a sensitive mother.

4. More favourable socio-economic characteristics of both the grandmother and the mother predict maternal parenting beliefs in favour of sensitive parenting.
5. Grandmothers' sensitivity, non-intrusiveness and structuring abilities in interactions with their grandchildren are associated with more favourable socio-economic circumstances and fewer children.
6. Grandmothers' sensitivity, non-intrusiveness and structuring abilities in interactions with their grandchildren are associated with higher levels of individualism and lower levels of collectivism.
7. Grandmothers' sensitivity and non-intrusiveness are associated with more favourable attitudes towards sensitive parenting and more enjoyment of the grand parental role.

CHAPTER 2:

LITERATURE REVIEW

2.1 Overview

This chapter provides the theoretical background to this study. First, the study's theoretical foundation and concepts are outlined and how these theories relate to the role of grandparenting is elucidated. Second, studies on quality of care, maternal beliefs, and intergenerational transmission with regards to parenting are reviewed. In addition, empirical research on grandparenting is presented. Lastly, an overview of the current study including rationale based on identified gaps in the literature are presented.

2.2 Theoretical Review

Grandparenting has been studied from a number of disciplines including Psychology, Sociology, Anthropology and Social Work (Belsky, Hancox, Sligo, & Poulton, 2012; Huber & Breedlove, 2007; Jamison, Cornell, Jamison, & Nakazato, 2002; Sands, Goldberg-Glen & Thornton, 2005; Swartz, 2009). Research across disciplines has grown and a variety of theories have been used to study grandparental involvement in childcare. (Jamison, Cornell, Jamison & Nakazato, 2002; Patterson, 1997; Stressman & Gerrad, 2011). While a variety of theories have informed grandparenting research, the present study uses three dominant theories that are relevant in explaining grandparents' involvement in childcare, maternal beliefs and

intergenerational transmission. These are attachment theory, social learning theory and the evolutionary grandmother hypothesis and are covered in the following sections.

2.3 Dominant Theories

2.3.1 Attachment Theory

Attachment theory holds that attachment develops within the context of early infant-mother interaction (Bowlby, 1969). The theory contends that infants are biologically predisposed to use their caregivers as havens of safety to provide comfort and protection when they are distressed and as a secure base from which to explore the world (Ainsworth in Weinfield, Sroufe, Egeland and Carlson, 2008). During the first years of life the child develops attachment relationships with specific individuals, such as parents or caregivers, who interact with the child on a regular basis (Bowlby, 1982). The theory postulates that the capacity of the caregiver (often the parent) to properly grasp, interpret, and respond to the child's emotions within a short time period contributes to the child's emotional security and acquired ability to use self-regulating behaviours to cope with distress, anxiety, and fear (Ainsworth, Blehar, Waters, and Wall, 1978). Bowlby argues that infants are motivated to engage in an organised behavioural system that ensures preferred others, usually the primary caregivers, to remain close, provide support, and function as a secure base. He proposed that the roots of psychological disorder lay in the unavailability of protective attachment figures.

Ainsworth (1967) contributed to Bowlby's theory in a naturalistic observation study of mother–infant dyads in Uganda and helped to establish both the importance of individual differences in maternal behaviour and also the applicability of attachment theory across diverse cultures. Whereas a child's parents are usually the main objects of attachment, children can also become attached to grandparents. Thus, this study uses attachment theory to investigate whether one's attachment to the grandparent predicts grandparental care.

Attachment theory also accounts for the development of internal working models which shape beliefs and behaviour in child rearing. In the attachment framework, children's experiences with their own parents are thought to serve as a blueprint or internal working model for their view of themselves and their relations with others, and these in turn will shape the nature of their own future parenting endeavors (Bretherton & Munholland, 2008). Thus, theoretical interests in parenting motivation system (caregiving behavioural system) have led to empirical attempts to assess parents' views and internal world regarding parenting. Accordingly, this study further uses attachment theory to investigate grandmothers' and mother's parenting beliefs, intergenerational transmission as well as predictors of maternal beliefs about sensitive parenting in Zambia. Studies have shown that mothers' recollection of their own attachment experiences predicts their own attachment relationships (Cook & Roggman, 2010).

2.3.2 Social Learning Theory

In addition to attachment, the family environment is also crucial for passing on parenting to mothers. The recognition of the importance of the family environment has led to researchers to examine the role of learning in parenting. Social Learning Theory is fundamentally rooted in the primacy of family socialisation for the successful transmission of parenting ideals and behaviour. From a social learning perspective, the development of behaviour in general and parenting behaviours in particular are influenced by an individual's role models (Bandura, 1977). As observed by Berlin (2005), the most enduring model of how to parent is one's own parent. Thus, social learning theory is an important source for understanding beliefs, behaviour and emotional reaction related to parenting. In a specification of the social learning perspective aimed at explaining violence, this process is described in terms of imitation and (vicarious) reinforcement that increase the likelihood that children will adopt their parents' attitudes and behavioural patterns that are then carried forward into their own lives as parents (Wareham, Boots & Chavez, 2009). Attachment theory also explicitly describes processes of intergenerational transmission, but in a less direct manner than found in social learning theories (Bowlby, 1968). The main process here is not imitation but internalisation.

2.3.3 Evolutionary Grandmother Hypothesis

Another major theory on the role of grandparenting in human development is the Evolutionary Grandmother Hypothesis. This theory was developed based on an

empirical study among the Hadza of Tanzania and evolutionary premises (Hawkes, O'Connell & Blurton Jones, 1997). The theory posits that grandmothers who are past the reproductive age invest their time and energy to support their daughter's fertility and improve their grandchildren chances of survival (Hrdy, 1999; Kachel, Premo & Hublin, 2011). According to this hypothesis, the presence of the grandmother can increase the survival chances not only of the infant but also decrease weaning age of her daughters' infant (so that mother can have another baby) by providing nutrition (Kachel *et al.*, 2011). Several studies provide support for the Evolutionary Grandmother Hypothesis for beneficial effects that grandparental childcare has on social emotional wellbeing, positive growth among grandchildren with frequent contact with their grandparents (Sear & Coall, 2011; Tanskanen & Danielsbacka, 2012). For example, Thomese & Liefbroer (2013) found that grandparental involvement in childcare increased the probability of parents to have additional children. In the same vein, another study used evolutionary theory to show that child care support from grandparents in the Netherlands increased the probability of parents to have additional children (Kaptijn, Thomese, Van Tilburg, & Liefbroer, 2010).

However, despite its merits, the Evolutionary Grandmother Hypothesis is limited in that it reduces grandmothers and mothers to fertility vessels and thus fails to take into account changes in the current modernised world where females are breadwinners, are no longer exclusively home makers, have fewer children, and have access to reliable nutritional resources, but still make extensive use of grandmothers for care. The theory also emphasises nutrition and neglects the fact that social-

emotional investment and the quality of caregiver-child interactions is important to children's healthy development (Eshel, Daelmans, Mello & Martines, 2006; Richter, 2004; Van den Dries, Juffer, Van Ijzendoorn, & Bakermans-Kranenburg, 2009). Nevertheless, the grandmother hypothesis theory provides a useful framework to understanding grandparental childcare involvement and what this care looks like.

2.4 **Quality of Care and Attachment**

Quality of care is a well-researched construct that is often of interest when attempting to account for differences in child outcomes. To date, several studies have found that quality of care between caregivers and the child is crucial for social and emotional development of the children (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2003; Bakermans-Kranenburg, Van Ijzendoorn, & Kroonenberg, 2004; Mesman *et al.*, 2012). Positive quality of care has been linked with cognitive and language development, social and emotional development while negative quality of care is associated with poor language development and incompetency in the areas of social and emotional development (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2008; Belskey *et al.*, 2014). Quality of care includes constructs such as caregiver sensitivity, responsiveness and non-intrusiveness (Mesman *et al.*, 2012). Maternal sensitivity involves caregivers' ability to be aware of and interpret the infants' behavioural cues and respond to the infant in a timely and appropriate manner (Ainsworth, Bell, & Stayton, 1974). Parental responsiveness which is a part of maternal sensitivity includes aspects of warmth, amount of interaction as well as quality of interaction and caregiver responses to child distress and cues (Evan,

Boxhill & Pinkava, 2008). Across cultures, sensitivity and caregiver responsiveness have been found to predict positive development in children. Recent evidence supports the notion that maternal sensitivity is the strongest predictor of child development. For example, in a recent study, Hastings & colleagues (2008) found that mothers and fathers who were observed to be more sensitive, supportive and less controlling with preschoolers, had children with fewer internalising behaviours. Although research has shown strong links between caregiver responsiveness and child behaviour, there is a dearth of research that has assessed quality of childcare among grandparents. In one of the rare studies conducted with grandparents on maternal sensitivity, Myers, Jarvis & Creasey (1987) examined infants' behaviour with mother and grandmothers, using the Strange Situation Procedure. The study found that infants behaved similarly towards their maternal grandmothers as to their mothers. In this study, infants used grandmothers and mothers as a base for exploration and play (Myer *et al.*, 1987). It should be noted that though the cited study did not study quality of care in detail, this study however provides insight on attachment and importance of grandparental childcare.

Another important aspect of quality of care is non-intrusiveness. Research has shown that non-intrusive parenting positively influences several aspects of child development, such as secure attachment (Bakermans-Kranenburg *et al.*, 2008). Intrusiveness is said to involve a constellation of insensitive parenting which disregards the infant's autonomy for the adult's own sake (Ainsworth *et al.*, 1978, Ispa *et al.*, 2004). One study conducted among middle-class Anglo and Puerto Rican

mothers found that emotional intimacy guides emotional support in their parenting of children (Harwood, Schoelmerich, & Schulze, 1999).

Attachment plays a key role in child development, their perception of relatedness, their concept of self and their life experiences. Weinfield, Sroufe, Egeland & Carlson (2008), assert that ‘when seeking comfort or reassurance, infants direct behaviours towards their caregivers such as approaching, crying, seeking contact and maintaining contact’(p. 79). Recent studies suggest a strong relationship between quality of care and attachment. Bakermans-Kranenburg *et al.* (2003) conducted a meta- analysis of seventy studies assessing sensitive parenting and attachment behaviour. The meta-analysis showed that improved maternal responsiveness and warmth increased child attachment security. Though, attachment theory recognises the possibility of a child having a number of attachment figures including alternate carers such as grandparents, few studies have investigated grandparents. However, over the past few decades, non-parental care has raised questions about child attachment outcomes (Caldera & Hart, 2004; Bonoit, 2004; Van Ijzendoorn, Schuengel & Bakermans-Kranenburg, 1999). Vermeer & Bakermans-Kranenburg (2008) suggest that child care experiences matter more in some contexts and that the impact of childcare and attachment on non-maternal caregivers may be larger for children who live in less optimal family environments.

Empirical research based on attachment theory has shown that infants may form different patterns of attachment (secure, ambivalent, avoidant, and disorganised) and that the nature of the affective tie and the effectiveness with which

the caregiver can be used as a source of comfort in the face of danger differs across infant-caregiver dyads (Main, Kaplan & Cassidy, 1985). For example, Patterson (1997) examined the involvement of maternal grandmothers with children of adolescent mothers. The study also measured child-grandmother attachment. The sample involved thirty-two triads grandmothers, children and mothers. The study revealed a significant relationship between attachment security and the time spent with grandmothers. The results also showed 44 per cent of children were securely attached to their mothers and 72 per cent were securely attached to their grandmother (Patterson, 1997). The study also supports the notion that children form attachments with alternate carers such as grandparents.

Security of attachment ensures good social and emotional development of the child. Literature indicates that ‘attachment security shapes emergent personality processes in infancy, which, as they mature and become consolidated, exert a continuing influence on personality growth’ (Thompson, 2008, p. 351). Secure attachment to the caregiver also liberates the child to explore his or her world with the confidence that the caregiver is available when needed (Agrawal, Gunderson, Holmes,& Lyons-Ruth , 2004). The most important factor in the development of attachment security is the attunement and quality of care.

On the other hand, insecure attachment to the caregiver during infancy has been found to lead to poor child outcomes such as poor peer relations, anger and poor behavioural self-control (Carlson & Sroufe, 1995). In other words, insecure types of attachment are not optimal for development and a wealth of research has

amassed evidence to this effect. Cross-cultural research has shown that the distribution of insecure attachment patterns (avoidant and resistant) differ across cultures (Van Ijzendoorn & Kroonenberg, 1988). According to Van Ijzendoorn & Sagi (2008) 'avoidant, secure and resistant attachments have been observed in African, Chinese, Indonesian, and Japanese studies' (p. 897). Literature has shown that insensitivity in care giving leads to an insecure attachment, and working models of caregiver as unavailable and untrustworthy (Howes & Spieker, 2008). According to Bowlby (1951), 'mother love in infancy is as important for mental health as vitamins and proteins are for physical health' (p. 240). He further suggests that an emotionally available caregiver is crucial for infants' development and mental health (Bowlby, 1951). However, a common feature of child-care, evident from studies conducted in different countries, is the lack of stable, long-term relationships with consistent caregivers (Bowlby 1951; Sloutsky, 1997). Thus, given that grandparents are consistent caregivers in most parts of Africa, it becomes vital to assess the quality of grandparental childcare.

It should be noted however, as previously stated, that there is strong evidence suggesting that the quality of caregiver-child interactions is influenced by socio-economic variables such as parental education, income, and other factors that are indicative of resource availability (Mesman *et al.*, 2012). Research on mothers suggests that demographic, socio-economic, and cultural variables predict emotional availability. However, little is known about what predicts emotional availability of grandparent-infant interactions. Literature has shown that when families are under stress for example, living in poverty, children are more likely to develop

insecure/anxious attachment relationships (Cook & Roggman, 2013; Diener, Nievar, & Wright, 2003). Poverty has also been associated with negative influence on caregiver-child relationship.

In summary, most of the research has examined mothers' caregiver quality and has not assessed grandparental caregiver quality. Despite these limitations, results have shown that positive, sensitive, responsive and non-intrusive parenting is associated with children's positive growth.

2.5 Maternal Beliefs and Parenting

Child rearing beliefs are crucial to understanding quality of childcare and caregiver child relationship. Literature however suggests that caregiver attitudes towards child rearing are multidimensional, complex and often due to differences in psychological and socio-cultural influences (Rubin *et al.*, 2006). Parenting beliefs refer to ideas about how children should be raised and the role of caregivers in this process, which have been found to vary within and across cultures (Chen & Luster, 2002; Geher, 2011). These beliefs in turn are known to guide parents' actual caregiving behaviour (e.g., Coplan, Hastings, Lagacé-Séguin, & Moulton, 2002; Kiang, Moreno, & Robinson, 2004; Kochanska, Kuczynski, & Radke-Yarrow, 1989), and as such may provide useful information about the origins of positive and negative parenting patterns.

A relationship exists between parental beliefs and behaviours (Kiang, Moreno, & Robinson, 2004). For example in one study, it was reported that differences in parenting behaviour are due, at least in part, to differences in parental

values, and values are related to social class (Luster, Rhoades, & Haas, 1989). Similarly, parenting attitudes have been shown to be related to parenting behaviours and are a product of the socialisation process (Harkness & Super, 1999). However studies on the link between beliefs and sensitive parenting remain scarce.

In a recent study conducted in the Netherlands, strong convergence was found on sensitivity beliefs between Dutch, Turkish-Dutch and Moroccan-Dutch mothers and academic experts on parenting (Emmen, Malda, Mesman, Ekmekci, & Van Ijzendoorn, 2012). Further analysis revealed strong convergence of this sample with mothers of different countries (for example Chile, Zambia and Turkey) on sensitivity beliefs. The findings of the study underscore the importance of child and maternal behaviour as valued across different groups (Emmen *et al*, 2012).

With regard to culture and beliefs, research has shown that cultural values influence both parenting beliefs and behaviour. Bornstein (1991) observed that parenting and culture are intertwined and that parenting beliefs are culturally shared values that are constructed within the broader cultural system. It should be noted that parenting is always evolving as times change, cultural practices and social norms and tradition changes. Within cross-cultural research, individualist and collectivist constructs have been found to be useful in accounting for differences in people's beliefs and practices (Cote & Bornstein, 2003). As already stated, caregivers with a non-Western cultural background tend to value child obedience more than caregivers from Western cultural background (Kagitcibasi, 2007). However, regardless of culture, children worldwide have needs that can only be fulfilled by positive caregiver behaviour and a positive caregiver-child relationship. Though literature has

shown that beliefs about secure- base behaviour of children converge across groups of mothers and experts from different cultures, no study to date has ascertained if grandmaternal beliefs would relate with those of mothers and experts. The current study used the cultural concepts of individualism and collectivisms to examine if these are predictors of intergenerational transmission of maternal belief and assessed how these relate to quality of grandparental childcare.

2.6 Intergenerational Transmission

Much of the growing body of literature acknowledges that family systems are critically important sources of support for young parents and their children (Borcherding *et al.*, 2005; Tsai, Telzer, Gonzales, & Fuligni, 2015). Grandmothers are shown to be pivotal in the provision of both tangible and emotional support to young mothers (Borcherding *et al.*, 2005) and are also integral in the transmission of knowledge on parenting. For example, in one study conducted in the United States, Raby, Lawler, Shlafer, Hesemeyer, Collins, & Sroufe (2015), used longitudinal data to demonstrate that intergenerational transmission of positive parenting is mediated by competence in subsequent relationships with peers and romantic partners. Interview-based ratings of supportive parenting were completed with a sample of 113 individuals (46 per cent male) followed from birth to age 32. The study found that supportive parenting during adulthood was predicted by observed maternal sensitivity during the first 3 years of life, even after controlling for adults' age at first childbirth and adults' socio-economic status and educational attainment at the time of the second generation parenting assessments (Raby *et al.*, 2015). Moreover, the

intergenerational association in parenting was mediated by later competence in relationships with peers and romantic partners. In particular, sensitive caregiving in infancy and early childhood predicted teachers' rankings of children's social competence with peers during childhood and adolescence. The study also showed that sensitive caregiving in infancy predicted supportive parenting in adulthood (Raby *et al.*, 2015).

Similarly, in another study, Kretchmar & Jacobvitz (2002), examined mothers' current relationships with their own mothers (grandmother) in their relationships with their infants. The study sample included maternal grandmothers, mothers, and infants drawn from middle white-class families (N= 55). This study found that mothers who enjoyed highly balanced relationships with their own mothers and remembered being accepted by their mothers as children were more sensitive and less intrusive with their 9 months old infants (Kretchmar & Jacobvitz, 2002).

Regarding cultural socialisation and behaviour in parenting, studies have shown significant positive relations. In their study, Tsai, Telzer, Gonzales, & Fuligni, (2015) used survey and diary methodologies to examine how parents' cultural socialisation efforts contribute to adolescents' family obligation values and behaviours and how these processes may depend upon the relational climate at home. The study involved 428 Mexican-American adolescents (50 per cent males; *Mean age* = 15 years) and their parents (83 per cent mothers; *Mean age* = 42 years). Results of this study showed that parental cultural socialisation was associated with

adolescents' family obligation values and behaviours when parent–child relationships were low in conflict and high in support (Tsai *et al.*, 2015). Furthermore, transmission of cultural values and practices was found to be best facilitated through positive parent–child relationships.

Similarly, Schofield, Conger, & Neppl (2014) found that personal resources and one's own history (background) of positive parenting appear to play a part in promoting a positive parenting environment for the next generation of children. This study used a multigenerational data set involving 290 families, and evaluated two potential moderators of intergenerational continuity in positive parenting. Results indicated that personal resources of the second-generation (G2) parent interacted with G1 positive parenting to predict G2 parenting behaviour. Another important finding was that beliefs about parental efficacy and active coping both compensated for low levels of G1 positive parenting by promoting G2 positive parenting when G1 parents were comparatively low on positive parenting (Schofield *et al.*, 2014).

One recent study on intergenerational transmission of parenting found strong intergenerational linkages (Klarin, Proroković, & Šimunić, 2014). The purpose of this study was to explore intergenerational continuity of parenting through three generations and its influence on the social relationships of male and female adolescents. The study analysed data of 898 adolescents (378 male and 520 female) from Croatia, Bosnia and Macedonia obtained via self-report measures. In order to measure intergenerational transmission, data was collected on the relationship of mother/father with grandparents, the Perception of Family Interactions Scale, the

Friendship Quality Scale, and the Social Loneliness Scale. Results showed that mother's parental style had a greater impact on friendship quality and social loneliness for girls than for boys (Klarin *et al.*, 2014).

In another study, Belsky, Hancox, Sligo, & Poulton, (2012) tested the hypothesis that deferring parenting would weaken links between rearing experiences in the family of origin and parenting in the family of procreation. To test this assumption the study repeated analyses reported by Belsky, Jaffee, Sligo, Woodward, & Silva (2005) on 227 parents averaging 23 years of age linking rearing experiences repeatedly measured from 3 to 15 years of age with observed parenting in adulthood. In addition to this earlier sample, they added 273 participants who became parents at older ages than did those in the original sample. This study showed that rearing history predicted mothering practices. Further, the study showed that parental age generally failed to moderate the intergenerational transmission of parenting (Belsky *et al.*, 2012).

In the same vein, Hofferth, Pleck, & Vesely (2012) examined the extent to which parenting practices of fathers and mothers were associated with their sons' parenting behaviours as young adults, and whether adolescents' behaviour explained this association. In this study 409 young men were interviewed. The study found a direct effect of association with men whose fathers were positively involved with them when growing up reporting more positive parenting of their own children. This study concluded with a call for more studies to examine mediation mechanisms for intergenerational transmission of parenting (Hofferth *et al.*, 2012).

In another three-generation study 57 single mothers, 21 co-resident grandmothers and infants were studied. Chase-Lansdale, Brooks-Gunn, & Zamsky (1994) assessed mothers' parenting behaviours and children's secure base behaviour. The study revealed that infant attachment was influenced by mother's responsiveness, which in turn, was thought to be based on her own history of attachment. Mothers and grandmothers did not differ in terms of quality of care (Chase-Lansdale *et al.*, 1994).

It is clear from literature cited, that grandparents are a significant part of the equation of parenting and intergenerational transmission. Ironically, despite the significance of grandparents, very few studies to date have examined their role in intergenerational transmission of parenting beliefs. In particular, there is a dearth of knowledge on intergenerational transmission of parenting beliefs in Zambia. Besides very few studies have examined association in sensitivity beliefs of grandmothers with those of their biological daughters using the Maternal Behaviour Q Sort (MBQS). As noted by Mead (1974), '*...somehow we have to get the older people, grandparents...back close to growing children if we are to restore a sense of community, a knowledge of the past, and a sense of the future to today's children*' (p. 245). Similarly, Bengtson (2001) predicts that multigenerational bonds will rise to importance within families during the 21st century and in some cases may even replace the nuclear family structure as the primary emotional support system. Thus, given this understanding, the study of attachment, maternal sensitivity and parenting beliefs would be incomplete without studying the role of maternal grandparents in influencing parenting beliefs, perceptions and practices.

2.7 Factors Affecting Parenting and Intergenerational Transmission

Socio-economic status has been shown to be associated with quality of childcare and child outcomes. It should also be noted, that in addition to the direct intergenerational transmission of parenting beliefs, an individual's beliefs can also be shaped by intergenerational aspects of the socio-economic context in terms of income, material wealth, and educational level. Research indeed shows clear links between socio-economic status and parenting, with poverty and disadvantage relating to less optimal parenting beliefs (Clément & Chamberland, 2009; Emmen *et al.*, 2012; Pinderhughes, Bates, Dodge, Pettit, & Zelli, 2000), and behaviours (e.g., Jansen *et al.*, 2012; Mesman *et al.*, 2012; Mistry, Biesanz, Chien, Hoews, & Benner, 2008).

Socio-economic status has also been found to affect intergenerational transmission of attachment. Cook & Roggman (2013) observed that grandmothers' influence is not limited only to transmission through mothers' attachment or parenting but may influence child's security of attachment as well. The unfavourable parenting outcomes of low socio-economic status have also been confirmed in several non-Western cultural contexts (e.g., Cárcamo, Vermeer, van der Veer & van Ijzendoorn, 2014; Mesman *et al.*, 2012). Given evidence of correlations between these variables and parenting, this study assessed the influence of background variables such as socio-economic status on grandparenting, their parenting belief and quality of childcare.

Another factor often associated with lower socio-economic status is family size, as a higher number of children generally pose an increased strain on financial and material resources and is known to increase parental stress (Furman & Lanthier, 2002). Indeed, having more children has been found to relate to less favourable parenting patterns (Euser, Van Ijzendoorn, Prinzie, & Bakermans-Kranenburg, 2009; Stith *et al.*, 2009). Considering that family units are much larger in Zambia than families in Western countries (Falola, 2004) and Zambia being a Christian nation (Cheyeka, Hinfelaar & Udelhoven, 2014), it is cardinal to assess how family size and religiosity influence parenting sensitivity beliefs and intergenerational transmission. From an intergenerational transmission perspective, it is important to not only examine the socio-economic context of current family life, but to also look at the socio-economic characteristics of the previous generation. For example, having grown up in a large family and having a mother with few socio-economic resources may also influence beliefs about parenting in that these factors relate to childhood experiences that are relevant to parenting. These then reflect intergenerational predictors of parenting beliefs.

Although the intergenerational transmission and predictors of parenting has received considerable research attention, very few studies have focused on populations outside of the Western cultural context. This is especially surprising given that multi-generational parenting is far more common in non-Western contexts than in Western contexts. Thus, the sample for the current study was based in Zambia so as to test the predictors of intergenerational transmission. Zambia represents an interdependent cultural context where extended family ties are

important in child care. Traditionally, intergenerational networks have been the glue in child rearing in Zambia, and grandparents have always performed a caregiving role to their grandchildren as well as offering support to the grandchildren's parents (Falola, 2004).

2.8 Grandparenting and Childcare

It is a well-established fact, that grandparenting exists and occupies a significant part in childcare globally. Though grandparenting is a universal feature of human society (Euler, 2011), there has been very few systematic cross cultural studies on grandparents' involvement in childcare. Research indicates differences in grandparental investment between countries and cultures (Huber & Breedlove, 2007). Kornbacher and Woodward (1981) identified several roles that grandparents play such as historian, role model, nurture/great parent, hero and spiritual guide to their grandchildren. Similarly, Falola (2004) saw grandparents as teachers. This finding is also supported by Davies (2002) who found that in the United States of America, grandparents shared child rearing roles with children's parents. These roles included but were not limited to teaching children values, family history, entertaining them and listening to their problems. In another study, Beise & Voland (2002) analysed data from the historic population of the Krummhörn in Germany, to assess the effects of grandparents in general and grandmothers in particular on child mortality. Multilevel event-history models were used to test how the survival of grandparents in general influenced the survival of the children. The results of the study revealed that maternal grandmothers improved child survival (Beise & Voland,

2002). Similarly, Tan, Buchanan, Flouri, Attar-Schwartz, & Griggs (2010) highlighted the importance of grandparents in the lives of adolescents in England and South Wales. This study was based on a representative sample of 1478 students aged 11-16. Results showed that a wider ecology factors of children, their parents, grandparents and the community influenced grandparents' involvement. The study also recommended greater recognition of grandparental childcare based on its finding that grandparents were fulfilling the parenting gap for hard working parents (Tan *et al.*, 2010).

Theories of kin selection predict stronger involvement in childcare by maternal grandparents (Tanskanen & Jokela, 2011). Scholars in this field of research widely argue that paternity uncertainty make paternal grandparents less involved in childcare. Consistent with this argument, in one study, Euler and Meitzel (1996) found that maternal grandmothers were more involved in childcare, followed by maternal grandfathers while paternal grandparents were least involved in childcare. In the Netherlands, Thomese & Liefbroer (2013) found that maternal grandparents were more likely to provide care than paternal grandparents

Though the influence of gender on grandparental involvement in childcare has been a subject of great research in Psychology, Sociology, Anthropology and Biology, research however, has centred on who is most beneficial between grandmaternal and grandpaternal grandparents. Gibson & Mace (2005) conducted a study in Ethiopia, found that maternal grandmothers had a more beneficial effect on child height, while paternal grandmothers were less beneficial (Gibson & Mace,

2005). This study also showed that grandmothers continued to visit their daughter's households, irrespective of the post marital residence, where they relieved their daughters of heavy domestic tasks rather than helping with direct grandchild care (Gibson & Mace, 2005). Leonetti, Nath, Hemam & Neill (2005) in a study among the Khasi in North-east India, whose results showed that children whose maternal grandmothers were alive but not co-resident with them had lower chances of dying before the age of 10.

In contrast, other studies have documented negative effects of grandparental involvement in childcare. Strassman (2011) conducted a study among the Dogon people of Mali, West Africa. In this study Strassman discounted the importance of grandparents and instead underscored the importance of the mother in child survival. Her study found that children were four times likely to die by the age of five if the mother died. A meta-analysis showed that grandparents who lived with their grandchildren did not have a beneficial effect on child's survival (Strassman & Gerrard, 2011). However, grandparents who did not live with the grandchildren sometimes did have a positive effect because they were not competing for scarce resources (Strassman & Gerrard, 2011). Similarly, in Malawi, Sear (2006) found little evidence that matrilineal kin are beneficial to children. Results showed that child mortality rates appeared to be higher in the presence of maternal grandmothers and maternal aunts.

As previously observed, literature attributes grandparental involvement in childcare to increased life expectancy and crisis such as parental death. However, the

exact mechanisms that dictate grandparental involvement in childcare are not clear. Research has shown that emotional closeness, psychological and physiological resemblance (Tanskanen & Jokela, 2011), geographical distance between grandparent and grandchild (Hank & Buber, 2004), number of children and grandchildren that the grandparent has (Smith, 1991) influence grandparental involvement in childcare. In addition, age, health and educational level might also influence grandparent involvement in childcare. For example, in a cross-national study of 10 European countries, Hank & Bank (2004) found strong involvement of grandparents in childcare across all countries however, with notable differences in prevalence and intensity among geographic line. In another study, Grouts (2009) examined the relationship between grand children and their grandparents across early childhood in the Netherlands. The study found that contact between grandparents and grandchildren was not affected by parents' employment status, partner and parenthood status (Gourts, 2009). In yet another study, Coall, Meier, Hertwig, Wänke, & Höpflinger (2009) used data from 658 Swiss grandchildren and 591 of their grandparents to investigate whether grandparents' reproductive scheduling and family size influence the amount of investment grandparents make in a focal grandchild. Results showed that having more children or grandchildren was associated with reduced levels of grandparental investment. On the other hand, Oburu (2005) in a study in Kenya compared levels of caregiving stress among 115 biological mothers and 134 grandmothers raising their orphaned grandchildren. The study found that full-time caregiving grandmothers reported elevated levels of stress more than did the biological mothers. Caregivers' experienced stress was linked to

advanced age and extensive, new adoptive roles now occupied by grandmothers (Oburu, 2005).

Interestingly, in spite of grandparental involvement in child care being very prominent, very few studies have examined grandparental involvement in complementary childcare in Africa. Although previous studies have examined grandparental care in Africa, these studies have concentrated on grandparents taking care of orphaned children (Freeman & Nkomo, 2006; Seeley *et al.*, 2009; Skovdal, 2010). For example, Reijer (2013) found that, in Zambia, studies on grandparenting limited their attention on grandparental headed households. Moreover, few studies have assessed grandparenting cross-culturally and the majority of available studies have neglected the examination of cross-cultural differences.

2.9 Conclusion

2.9.1 Understanding Grandparenting

As can be noted from the literature review, there are several reasons why grandparenting needs attention. First, the majority of parenting literature on grandparenting focuses on individuals in the Western world, with few studies conducted in other cultural contexts especially, contexts that engage in multiple caregiver such as Zambia. It has also been observed that even when parenting research has been conducted in multiple caregiver contexts, the influence of grandparents on mothers has been disregarded; and hypotheses have not been contextually based despite the realisation that parenting is deeply rooted within a social, familial and cultural context.

Secondly, the most common methods of assessing childcare quality, intergenerational transmission among grandparents have been surveys, and questionnaires. To date very few studies as evidenced in the literature review have used observational methods and no study to date has used the Maternal Behaviour Q-Sort (MBQS) to assess grandparental parenting beliefs about ideal mothering. The inclusion of observational measures in the present study helped to overcome the disadvantages associated with using only self-report measures.

Thirdly, though cross-cultural research has revealed differences in parenting across cultures, little is known about parenting in Zambia and relatively little is known about parenting beliefs of grandmothers and their daughters (mothers). Thus the extent to which grandmothers and mothers agree or disagree about sensitive parenting is relatively unknown.

Further, there is limited research in attachment literature examining grandparents' involvement in childcare. As noted by Ochiltree (2006), there is a great deal of significance attached to the bonding of mother and child but little attention is paid to grandmothers. Lastly, the contribution of grandparents to childcare is often overlooked due to the emphasis on health consequences that come with childcare responsibilities.

CHAPTER 3:

METHODOLOGY

3.1 Overview

The study was carried out in 3 phases in order to answer the research objectives. Thus, the methodology is divided into three phases in line with the study. In Phase 1, prevalence, cross-cultural differences and predictors of grandparental involvement in childcare was assessed using university students from the University of Zambia and Leiden University, Netherlands as respondents. Self-report measures were used to collect data for this study. The objective of this study was to find out the scale of grandparenting in two different contexts. Thus, the study was conducted in Zambia and the Netherlands because the two countries differ drastically, socially and culturally. Zambia represents an interdependent context where traditionally extended family ties are important in child care, while the Netherlands represents a more independent context with emphasis on the nuclear family as a primary domain of child care (Harkness, Super, & Van Tijen, 2000). Phase 2 of the study extended the methodological approach of Phase 1 by not only including experimental observations to investigate grandparenting but by also including grandmothers themselves and mothers and infants as respondents and participants. The study also examined intergenerational transmission of parenting and parenting beliefs between mothers and grandmothers. The third phase investigated quality of care as well as

predictors of the quality of grandmother-grandchild interactions in Zambia. In phase 3, quality of grandparental childcare was tested experimentally using observational methods by video recording free play interaction between the grandmothers and their grandchildren.

3.2 Research Design

In order to answer the central questions, the study employed an explorative retrospective design in the first phase of the study. The first phase of data collection involved university students who responded to survey questionnaires on grandparental involvement in childcare. Following the testing of the initial propositions on grandparental involvement in childcare, the second and third phase of the study employed a cross-sectional non- experimental design using observational measures.

3.3 PHASE 1

3.3.1 Participants

The study sample consisted of 411 undergraduate students (age range 17 to 37 years, $M = 20.21$, $SD = 1.70$) from the University of Zambia and University of Leiden. Of the 411 respondents, a total of 174 were Dutch students from the Centre of Child and Family Studies, 160 females and 14 males . Two hundred and thirty seven Zambian students were included, of whom 158 were female and were 78 males. The minimum age for Dutch students was 17 years and the maximum age was 37 years, while for the Zambian sample, the minimum age was 18 and maximum age

was 30 respectively. The mean age was not significantly different across the two nationalities: mean age of the Zambian sample was $M = 20.30$ ($SD = 1.66$) and of the Dutch sample ($M = 20.10$; $SD = 1.75$) : $t(408) = 1.17$; $p = .24$ (two tailed). Out of 411 students, forty-four of them reported having no grandparents, ninety had one grandparent; 122 had two grandparents, seventy-six had three grandparents and sixty-eight reported having four grandparents while eleven students did not indicate whether or not their grandparents were alive when they were growing up. Table 3-1 shows participants demographic information.

Table 3-1: Background/Demographic information For Participant Background

	Zambian		Dutch		t	df	P
	N	%	N	%			
Mother	184	79.00	171	99.40	-7.47	253.66	<.01
Father	157	67.70	164	94.80	-7.72	349.10	<.01
Mother Working	142	61.20	142	81.00	-4.53	401.95	<.01
Father Working	193	82.20	172	98.90	-6.05	279.45	<.01
Contact G.P	170	73.00	146	84.40	-6.83	402.91	<.01
G.P Alive					-4.19	398	<.01
0	30	13.20	14	8.10			
1	64	28.20	26	15.00			
2	73	32.20	49	28.30			
3	27	11.90	49	28.30			
4	33	14.50	35	20.20			
# G.P growing-up					-4.92	405	<.01
0	7	3.00	2	1.10			
1	84	36.10	19	10.90			
2	109	46.80	116	66.70			
3	18	7.70	14	8.00			
4	15	6.40	23	13.20			

NOTE: G.P= GRANDPARENTS

3.3.2 Procedure

For the Zambian sample, questionnaires were distributed to students during tutorials. A cover letter was attached to the questionnaire explaining the purpose of

the study. For the Dutch sample the questionnaire was completed by second year students of child and family studies at Leiden University. The Zambian sample completed the English version of the questionnaire while the Dutch sample completed an equivalent version of the questionnaire translated into Dutch. The Dutch questionnaire was translated from English into Dutch, and then back-translated and checked for accuracy. After handing out the questionnaire, the researcher reminded the students not to fill in their names to ensure their anonymity. In both cases, the questionnaire took between twenty to twenty-five minutes to complete.

3.3.3 Measures

The four questionnaires included questions on grandparental care activities, family composition and the ECR Scales (See appendix A) adopted from Fraley, Heffernan, Vicary, & Brumbaugh (2011).

3.3.4 Demographic data:

In order to assess participants' childhood context, several socio-demographic variables as well as family composition during childhood were asked. Participants were asked about their age; gender; nationality, and number of grandparents who were alive, number of grandparents while growing up and family composition.

3.3.5 Socio-economic status (SES):

Socio-economic status for the Zambian sample was assessed using the *Home Possessions Index* (HPI). This scale has 11 items and it contains items like 'Do

you have electricity at your home; Do you have a flushable toilet at home?; Do you have a car at home?’. Participants respond either ‘yes’ (1) or ‘no’ (0) to the items (See Appendix A). Two items were deleted on account of a ceiling effect as almost all of the respondents answered these items affirmatively (*do you have at least 2 sets of clothes* and *do you have at least a bed/mat to sleep on*). SES for the Dutch sample was assessed using parental educational level. A global SES measure was computed by standardising, averaging and merging both the items on the Zambian and the Dutch SES measures, Cronbach’s $\alpha = .83$

3.3.6 Grandparent care-giving:

Grandparental care-giving was assessed using the Grandparent-Care Checklist (GCC) (See appendix A). The checklist asked participants whether or not their grandparents participated in a range of child-caregiving activities including *feeding, playing with, bathing, comforting, transporting, carrying the baby, toilet training, protection, setting limits and discipline*. A total caregiving scale was developed from the items of the scale. The coefficient alpha reliability was Cronbach’s $\alpha = .77$.

3.3.7 Attachment style:

Attachment was assessed by having participants complete the *Experiences in Close Relationships – Relationship Structures (ECR-RS)* questionnaire (Fraley *et al.*, 2011). The ECR-RS is a self-report instrument designed to assess individual differences with respect to attachment related anxiety and attachment related avoidance in a variety of close relationships. Based on the ECR-RS eight sub-scales were created

ECR mother anxiety scale (Cronbach's $\alpha = .71$); ECR mother avoidance scale (Cronbach's $\alpha = .76$); ECR father anxiety scale (Cronbach's $\alpha = .82$); ECR mother avoidance scale (Cronbach's $\alpha = .84$); ECR grandmother anxiety scale (Cronbach's $\alpha = .73$); ECR grandmother avoidance scale (Cronbach's $\alpha = .79$); ECR grandfather anxiety scale (Cronbach's $\alpha = .79$); and ECR grandfather avoidance scale (Cronbach's $\alpha = .60$).

3.4 PHASE 2

3.4.1 Participants

The sample was recruited in the context of a study on multi-generational caregiving of young children in Zambia, and was based on the following inclusion criteria: (1) mother has a biological child aged between twelve months and sixteen months at first enrolment; (2) mother's biological mother (infant's grandmother) participates in care giving towards the target child; (3) neither mother nor child have a severe mental or physical disability. The sample consisted of 68 dyads of grandmothers and mothers (daughters of the grandmothers), who were both caregivers to the same infant. The age range was 40 to 81 years for grandmothers ($M = 53.16$, $SD = 8.20$), mother ($M = 29.75$, $SD = 5.01$), and 12 to 24 months for infants ($M = 17.82$, $SD = 4.06$). Participants were drawn from low-income areas of Ng'ombe and Chazanga townships in Lusaka, Zambia. In terms of ethnicity the sample consisted of Bemba's (23.8%), Chewas' (18.1%), Ngoni, and (10.5%)

Nsenga (10.5%), Tumbuka (4.8%), Tonga (7.6%), Soli (3.8%), Lamba (1%) and Lozi, Mambwe, Namwanga (each 1.9%).

3.4.2 Procedure

Community leaders in the Community centres in Lusaka (the capital city of Zambia) were contacted to help in the recruitment of the participants. Brochures with information about the study and eligibility criteria were distributed to all the recruiters. The researchers also organised meetings with all recruiters to answer questions they had about the study and its procedures. Zambia is a multi-lingual society in which an individual will normally speak more than one language fluently, mostly including English (Benson, 2014; Serpell, 2014). All the research assistants were fluent in English and at least two local languages including Bemba and Nyanja, two of the languages that are widely spoken within the local context. Mothers and grandmothers could speak at least one of the languages fluently and in most times spoke more than one language fluently.

Because we anticipated that some participants would be illiterate, research assistants helped with completing the questionnaires for every participant, regardless of their literacy level. These assistants were thoroughly trained by the researcher, prior to the data collection, in anticipation of any questions and field challenges. The data collection process was piloted in Kalingalinga a community similar to the target community and the outcomes of a process evaluation proved satisfactory.

The study procedure comprised of three home visits. During the first visit to the participants' homes, families were screened for eligibility by the researchers. If

the family met the inclusion criteria, families were informed about the study procedures and asked to participate and written consent was obtained from all mothers and grandmothers. During this visit, mothers and grandmothers filled in questionnaires with the help of research assistants about background variables and family characteristics (e.g. age, education, ethnicity etc.). During the second visit to the home, the Maternal Behaviour Q-Sort was administered (See Appendix D). The third visit involved 10 minutes video recording of grandmother- infant interactions to assess quality of grandmother-infant interactions.

3.4.3 Instruments

Grandmothers and mothers completed the same questionnaires, assessing demographic and socio-economic characteristics and parenting beliefs (See appendix C).

3.4.4 Demographic and socio-economic characteristics:

Mothers and grandmothers self-reported on background variables like age, ethnicity and number of children that they have. Grandmother and mothers' educational level was assessed on a 4-point scale from 0 to 3: *none* (0); *Primary school* (1); *Secondary school* (2); and *Tertiary education* (3). Annual income for the family was measured on a continuous scale. Annual Income was assessed by asking grandmothers and mothers on their monthly income in *Zambian Kwacha* (with 6.34 ZMK = 1USD). In addition to assessing educational level and income, participants filled in the *Home Possessions Index* (HPI), assessing the availability of basic facilities in the household. This scale has 11 items scale and it contains items like

‘Do you have electricity at your home? Do you have a flushable toilet at home? Do you have a car at home?’ Participants respond either ‘yes’ (1) or ‘no’ (0) to the items. Two items were deleted on account of a ceiling effect as almost all of the respondents answered these items affirmatively (*do you have at least two sets of clothes and do you have at least a bed/mat to sleep on*). The seven remaining items were used to create the two scales, HPI grandparent (Cronbach’s $\alpha = .63$) and HPI Mother (Cronbach’s $\alpha = .80$).

3.4.5 Maternal sensitivity beliefs:

Maternal sensitivity beliefs were measured with the Maternal Behaviour Q-Sort (MBQS; Pederson, Moran, & Bento, 1999). The MBQS was originally designed to observe maternal sensitivity and has been used cross-culturally (Mesman *et al.*, 2013). The MBQS is a set of 90 cards, with descriptions of maternal interactive behaviour founded on the Q-sorting technique (For the sorts see appendix D). It comprises of descriptions about child care, maternal affect, attentiveness, interaction styles and communication skills of the mother. The MBQS consists of 90 cards with statements about maternal behaviours that the mothers and grandmothers sorted into 9 stacks from ‘*least descriptive*’ (1) to ‘*most descriptive*’ (9) of the ideal mother. About half of the items refer to behaviours that relate to (in) sensitive parenting (i.e., signal perception, appropriate responding) and attachment-related parenting (i.e., behaviours related to exploration and proximity). Other items refer to (lack of) positive affect, cognitive stimulation, social stimulation, and the home environment. Because the original items were designed to be evaluated by professionals rather than

mothers, the behavioural descriptions were simplified for the present study to make them more understandable for (low educated) mothers. For example, the item 'Provides B with little opportunity to contribute to the interaction' was simplified into 'Gives her child little opportunity to play along or to respond'.

Participants were first asked to sort the cards into 3 stacks from 'do not fit the ideal mother at all' to 'fit the ideal mother really well' (Mesman *et al.*, 2012). Both mothers and grandmothers were explicitly told that there are no correct or wrong answers and that it was not about their own parenting behaviour, but about what the ideal mother should or should not do. Any question they had concerning the meaning of an item was answered according to the item explanations in the protocol. When the participants distributed the cards across the three stacks, they were asked to sort each stack into 3 smaller stacks. After they distributed all cards across 9 stacks, they were asked to evenly distribute the cards across the stacks until each stack consisted of 10 cards. *Sensitivity belief scores* were derived by correlating the resulting profiles with the criterion sort reflecting the highly sensitive mother provided by the authors of the MBQS (Pederson, *et al.*, 1999), because this is the standard criterion sort that has been used in previous research.

3.4.6 Religion in child rearing:

To measure the extent to which participants used religion as a guide in child rearing, a four item questionnaire was used (Emmen, *et al.*, 2012). On a five-point scale participants rated their agreement or disagreement with four statements on a Likert scale ranging from (0) totally disagree to (4) totally agree. An example of an

item in this scale is 'My religion helps me to rear my child'. The Cronbach's α were .80 for grandmother and .90 for mothers.

3.5 PHASE 3

3.5.1 Participants

The sample was drawn from low-income areas of the Ng'ombe and Chazanga townships in Lusaka (the capital of Zambia) and recruited in the context of a study on multi-generational care giving of young children in Zambia, and based on the following inclusion criteria: (1) mother has her own biological child aged between 12 months and 6 years at first enrolment; (2) mothers' biological mother (the infant's maternal grandmother) participates in care giving towards the target child; (3) neither grandmother, mother or child have a severe mental or physical disability. The full sample consisted of 80 grandmothers. Video data were available from forty-six grandmothers aged between 41 and 80 years ($M = 54.30$, $SD = 8.59$). The grandchildren were aged of 12 months and 24 ($M = 17.68$ months, $SD = 3.91$). Table 3.7 shows the demographic characteristics of the sample. The majority of the grandmothers (69%) had completed no more than primary formal education. According to the 2010 Zambian Census Report (CSO, 2010) pattern educational attainment in Lusaka are Primary level (27.2); Secondary level (41.6%) and Tertiary level (23.2%). This trend is also evident in other urban areas (CSO, 2010). A comparison of the 46 grandmothers with video data for this study and the other grandmothers from the total data set showed that non-response was not selective with regard to the study variables, including age, $t(78) = 1.83$, $p = .08$, number of

children, $t(78) = 0.98, p = .33$, income $t(77) = 0.99, p = .34$, Home Possessions Index, $t(78) = 0.87, p = .39$.

3.5.2 Procedure

In Phase 3, the same procedure as described in Phase 2 applied in the recruitment and administration of data collection measures.

3.5.3 Instruments

The quality of grandmother-infant interactions was assessed during a 10-minute session of free play using the Sensitivity, Non-intrusiveness, and Structuring scales of the fourth edition of the Emotional Availability Scales (EAS; Biringen, 2008). The scale includes behaviours such as scaffolding, taking on a guiding adult role, and setting clear boundaries. Each dimension is divided into seven subscales; the first two subscales are coded on a 7-point Likert scale and the other subscales are coded using a 3-point Likert scale (potential score range 7-29). For every subscale a global rating was given for the entire free play session.

An expert coder, who is an experienced coder of parent-child interactions, completed the online training provided by Zeney & Biringen and then trained a team of coders. During the team training, some subscales led to persistent interpretation problems and some alterations were made to improve inter-coder agreement. Three types of alterations were made. First, subjective criteria were removed, for example 'a healthy and secure connection' was removed from the subscale Affect of the Sensitivity dimension. Second, the scoring of some subscales was changed to make

them more linear. For example, on the subscale Affect of the Sensitivity dimension the difference in behavioural descriptions between scores 6 (bland, neutral affect most of the time) and 7 (balanced, genuine, congruent, relaxed, low-keyed, gentle, soft spoken OR animated in appropriate ways, clear enjoyment of child) was much bigger than the differences between other scores on this subscale. We changed the descriptions so that score 6 refers to behaviour that is similar as for score 7, but somewhat more neutral or less positive. Third, overlap between the dimensions was removed to improve their independence. For example, we dropped the criterion that a high score on Non-intrusiveness could only be given when the adult let the child lead and followed the child, because this suggests both non-intrusiveness and sensitivity, whereas a very passive parent can be highly nonintrusive while not very sensitive.

Three Zambian coders were trained by an expert coder and coded the videotapes on the EAS dimensions, and the expert coder double-coded all of the videotapes. Coder reliabilities for the three Zambian coders with the expert coder were calculated using the mean intra-class correlation coefficient (ICC absolute agreement). The ICC for Sensitivity was .67 (range .62 to .71), for Structuring .62 (range .50 to .70), and for Non-intrusiveness .51 (.23 - .70). If there was more than a 3-point difference between the Zambian coder and the expert coder on a rating, the videotape was discussed by the three coders and a consensus score was established. The final database consists of the scores provided by the Zambian coders, and for cases with discrepancies the consensus scores.

3.5.4 Grandmothers' socio-economic characteristics

Grandmothers reported on background variables like age, ethnicity and number of children. Grandmothers' educational level was assessed on a 4-point scale from 0 to 3: (0) *None*; (1) *school*; (2) *Secondary school*; and (3) *Tertiary education*. Annual income for the grandmother was categorised into four categories: (1) K 0 – K2, 000; (2) K 2, 001 – K 5, 000; (3) K 5, 001 – K 8, 000 and (4) above K 8, 000 (with 6.34 ZMK = 1USD). In addition to measuring educational level and income as indicators of participants' social-economic status, grandmothers also filled in the *Home Possessions Index* (HPI), which as already noted, is an eleven item scale with questions that assess the availability of basic facilities/services in the household. The HPI has been shown to display a higher discriminant validity among low SES samples compared to middle and high SES samples and has been used in low-income samples in Zambia (ZDHS, 2013). Participants respond either 'yes' (1) or 'no' (0) to the items. An example of items on the HPI include 'do you have a television in your home?' or 'do you have a stove in your home?' A total score was computed by summing item scores for all the items, except two (*do you have at least two sets of clothes*; *do you have at least a bed/mat to sleep on*) to which all participants responded to the affirmative. The Cronbach's alpha for this scale for grandmothers was (Cronbach's $\alpha = .63$).

3.5.5 Participation in and feelings about grandparenting

Grand maternal care giving activities and *associated affect* was assessed by having participants complete the grandparental-care checklist. The checklist asked

participants whether or not they participated in a range of infant-care giving activities which included *feeding, playing with, bathing, comforting, transporting, carrying the baby, toilet training, protection, setting limits and discipline* and how they felt in performing those activities. Grandmothers responded 'yes' or 'no' to indicate which activities they were most active in and also rated their emotion positive, negative or neutral. The ten items were used to create two scales Sum care scale (Cronbach's alpha .64) and Sum affect scale (Cronbach's alpha. 74).

3.5.6 The cultural values of individualism and collectivism

Cultural values of individualism and collectivism were assessed with a 16-item short version of the Cultural Value Scale (Singelis *et al.*, 1995; Triandis & Gelfand, 1998), a questionnaire reflecting the dimensions collectivism versus individualism (See Appendix C). These dimensions emphasise a specific cultural orientation. Individualism emphasises uniqueness and being distinct from the group and distinction in the hierarchy, in the form of status. Collectivism focuses on similarities and common goals with others and sacrificing personal goals for the group. The items were rated on a 7-point Likert scale ranging from strongly disagree (0) to strongly agree (6). Preliminary analyses revealed that some of the items on the scales affected the reliability of the scale. Therefore, a Principal Component Analysis (PCA) was conducted and summed those items that loaded highly on the two dimensions which could be labeled collectivism and individualism. The final collectivism scale includes the following 5 items: *I feel good when I cooperate with others; parents and children must stay together as much as possible; it is my duty to*

take care of my family, even when I have to sacrifice what I want; family members should always stick together, no matter what sacrifices are required; and it is important to me that I respect the decisions made by my groups. These items were standardised and summed, with Cronbach's alpha = .71. There were four items that were used in the final individualism scale and these included items: I'd rather depend on myself than others; I rely on myself most of the time; I rarely rely on others; I often do 'my own thing'; and winning is everything. Cronbach's alpha for the Individualism scale was .60.

3.5.7 Religion in child rearing

To measure the extent to which participants used religion as a guide in child rearing, a four item questionnaire was used (Emmen, *et al.*, 2012). On a five-point scale participants rated their agreement or disagreement with four statements on a Likert scale ranging from (0) totally disagree to (4) totally agree. An example of an item in this scale is 'My religion helps me to rear my grandchild'. Cronbach's $\alpha = .80$ for grandmother.

3.5.8 Grandmothers' beliefs about sensitive parenting

Grandmothers' beliefs about sensitive parenting were measured with the Maternal Behaviour Q-Sort (MBQS; Pederson, Moran & Bento, 1999). The MBQS was originally designed to observe maternal sensitivity and has been used cross-culturally (Mesman *et al.*, 2013). For a more comprehensive explanation regarding this measure please refer to Phase 2 above.

3.6 Ethics

The study was conducted in accordance with ethical standards as approved by the University of Zambia, School of Humanities Research Ethics committee. The ethical approval number IBR 00006464 and IORG: 000376 respectively. Consent forms, approved by the School of Humanities Research Ethics committee were signed by participants prior to participation (See appendix E). Written and oral information about the study were given to the individuals before they agreed to participate, including the possibility to withdraw from the study without giving any reasons. Before a participant's inclusion, informed consent was obtained and confidentiality was guaranteed. In case of minors (infants) the consent forms were signed by their parents. For video observations, all the participants were informed prior to the study that interactions between grandmother and the infant were to be recorded. Participants were asked to provide consent and indicate that they understood and agree to be recorded. To ensure confidentiality and privacy, participant were also informed that only the research team would have access to the videos.

CHAPTER 4:

RESULTS

4.1 Overview

The results are presented in three parts. First, results on Zambia and Netherlands comparison in terms of grandparental involvement in childcare are presented followed by gender differences as well as predictors of grandparental involvement. Second, results on maternal beliefs are presented. Associations between grandmothers and mothers beliefs to examine intergenerational transmission are also presented. Finally, results on quality of care of grandmothers are presented

4.2 Preliminary Analyses

Preliminary analysis of data involved examination for missing data, kurtosis, skewness and outliers. The examination of the ECR scales revealed skewness on the ECR anxiety scales. The scales were later log transformed. Further analyses also revealed outliers ($z > |3.29|$, $p = .001$, cf. Tabachnick & Fidell, 1996) on maternal MBQ sensitivity belief score (in total 3 cases), collectivism grandmaternal (2 cases), and maternal religion in parenting (2 cases). These values were winsorised to bring these values closer to the rest of the distribution within the relevant groups (Tabachnick & Fidell, 1996). Missing values were present on some of the predictor variables, and were replaced with the within-group means for income (5 cases), number of children grandmaternal and maternal (5 cases each missing values),

grandmaternal and maternal age (5 cases each missing values), and religion in parenting (3 cases).

4.2.1 Dutch Sample:

In the Dutch sample, out of the 174 participants 173 (94.4%) reported that their *grandparent were alive* at the time when they were children. On the question: ‘which of the grandparents was most involved in their care’, of the 174 participants, 95 (54.6%) reported that *maternal grandparents* were most involved in their care while 45 (25.9%) reported that *paternal grandparents* were the most involved. 25 (14.4%) reported that both maternal and paternal grandparents were involved in their care. On the question ‘do you still have contact with your grandparents,’ 4 (2.3%) reported no contact while 146 (84.4%) reported having contact, and 23(13.3%) did not indicate whether or not they were in contact with their grandparents.

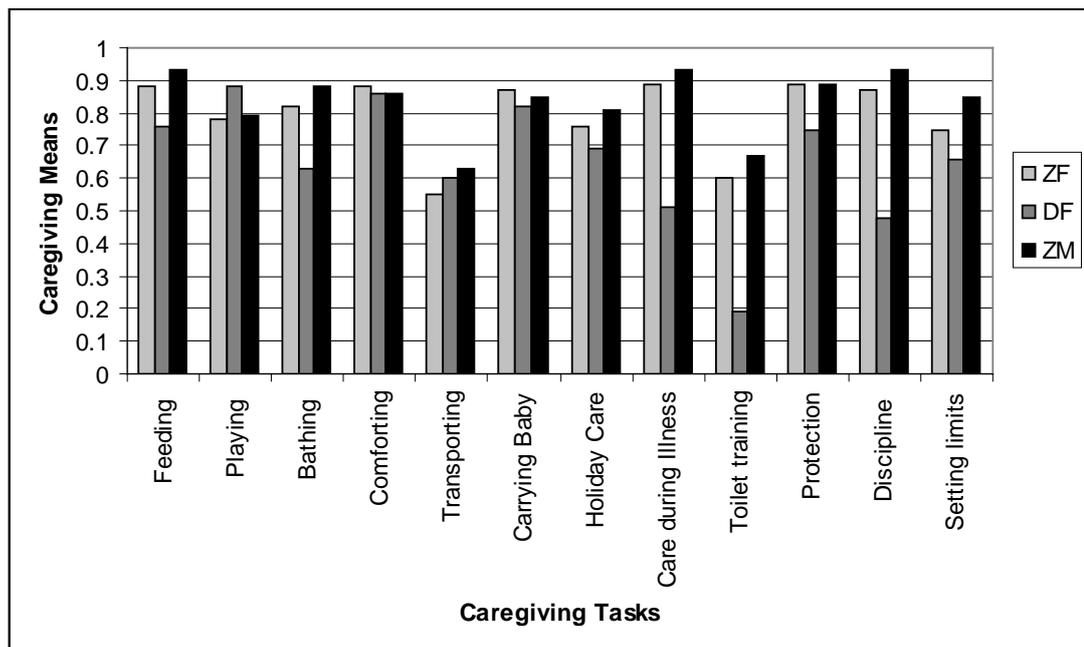
4.2.2 Zambian Sample:

The Zambian sample consisted of 237 participants. Of these 227 (95.8%) reported that their grandparents were alive while the remaining 10 (4.2%) participants did not indicate whether their grandparents were alive or not. In terms of contact with their grandparents, 53 (22.7%) reported that they did not have contact while 170 (73%) reported having contact with their grandparents. As opposed to the Dutch questionnaire which asked participants to indicate which grandparent (maternal or paternal) is most involved in child care, the Zambian students were not asked this question.

4.3 Results on Grandparental Involvement in Childcare in the Two Country Comparison

In order to find out the prevalence of grandparental involvement in childcare in the two countries, preliminary analysis were performed using grandparental care activities as a measure. All the participants reported that their grandparents had provided some kind of care to them when they were children. The care-giving activity performed included *playing, bathing, transporting baby, toilet training, protection from accidents, discipline and setting limits*.

Figure 4-1: Comparisons of Dutch versus Zambia participants on Grandparental Childcare in Specific Care Domains



Note: ZF=Zambian Females; DF= Dutch Female; ZM= Zambian Male

To test the hypothesised differences between the two cultural samples, an independent samples t-test was performed comparing nationality and the sum score of care-giving activities between Zambian and Dutch grandparents. As predicted Zambian grandparents scored a much higher mean ($M = 9.69$; $SD=2.40$) compared to their Dutch counterparts ($M = 7.80$; $SD=3.31$). The results revealed statistically significant differences between the Dutch and Zambian maternal grandparents in terms of total care-giving $t(6.20)= 278, p <.01(2-$ tailed.)

To test the differences between *gender* and grandparent sum care giving, four groups of gender by nationality were created (*Zambian females, Zambian males, Dutch females and Dutch males*). However, the number of *Dutch males* ($n=14$) was too low to warrant comparison with other groups. Thus, only three groups were created for analysis (*Zambian females, Zambian males, Dutch females*). A one way ANOVA also revealed a statistically significant difference in sum caregiving activities provided by grandparents among the three groups $F(2,374)=21,38, p <.01$. Tamhane's post-hoc test showed that Zambian grandparents performed significantly more care giving than the Dutch grandparents in specific caregiving domains like *feeding, bathing, toilet training, holiday care, caring during illness, protection and limit setting*

Based on the literature review, it was assumed that perhaps Zambian grandparents performed more tasks because some of the participants' parents were not alive at the time when they were growing up. So we controlled for parents being

alive and tested if the differences could be a result of Zambian respondents having no parents (being orphaned). We tested the influence of parents being alive on the sum caregiving activities by running a MANCOVA. When we controlled for the covariate there was no significant effect of the covariate on the amount of care provided by grandparents, *Wilks' $\lambda = .91$, $F(12,360)=1.20$; $p = .28$* . The results suggest that grandparental involvement in childcare is not dictated by the presence or absence of the parents.

It was also hypothesised that perhaps the differences between the 3 groups could have been due to the fact that parents were in employment. The MANCOVA revealed a non-significant main effect for parents working, *Wilks' $\lambda = .91$, $F(12,360)=1.28$; $p = .23$* . The covariate was not significant. However, the MANCOVA revealed a significant multivariate main effect of gender in the three groups, *Wilks' $\lambda = .61$, $F(24,742) P < .01$* even after controlling for *parents being alive*. Zambian grandparents did generally more care giving compared to their Dutch counterparts. As can be noted from Table 4-1, Zambian grandparents did more of *feeding, bathing, holiday care, caring during illness, toilet training, protection and limit setting*. However, the Dutch grandparents did more in the specific domain of *playing* with their grandchildren compared to their Zambian counterparts. Interestingly, there were no significant differences on *comforting, transporting child and pushing baby/carrying baby* on the back.

Table 4-1: Summary descriptive statistics and MANCOVA statistics table showing grandparent caregiving activities

Activity	Zambian (Females)	Dutch (Females)	Zambian (Male)	MANCOVA		
	M (SD)	M (SD)	M (SD)	df	F	p
Feeding	.88 (.32) ^a	.76 (.43) ^b	.93 (.26) ^a	2,377	6.48**	<.01
Playing	.78 (.41) ^a	.88 (.33) ^b	.79 (.41) ^a	2,377	3.83**	.02
Bathing	.82 (.39) ^a	.63 (.48) ^b	.88 (.33) ^a	2,377	8.43**	<.01
Comforting	.88 (.33)	.86 (.35)	.86 (.35)	2,377	.34	.71
Transporting	.55 (.49)	.60 (.49)	.63 (.49)	2,377	.65	.52
Carrying baby	.87 (.38)	.82 (.43)	.85 (.46)	2,377	.49	.62
Holiday care	.76 (.43)	.69 (.46)	.81 (.40)	2,377	1.53	.22
Caring during illness	.89 (.31) ^a	.51 (.50) ^b	.93 (.26) ^a	2,377	39.66**	<.01
Toilet training	.60(.49) ^a	.19 (.39) ^b	.67 (.47) ^a	2,377	31.92**	<.01
Protection	.89(.31) ^a	.75 (.43) ^b	.89 (.31) ^a	2,377	5.98**	<.01
Discipline	.87(.33) ^a	.48 (.50) ^b	.93 (.26) ^a	2,377	29.60**	<.01
Setting Limits	.75(.44) ^a	.66 (.47) ^b	.85 (.36) ^c	2,377	3.13	.04

Note: ** $p < .01$; * $p < .05$; 372 < n < 394

To test the differences between 3 groups (*Zambian female, Zambian males, Dutch females*) on attachment to grandparent, a one way ANOVA was conducted. The results as evident in the Table 4-2, revealed significant differences between the three groups on attachment. The three groups showed significant differences on the ECR Mother avoidance $F(2,385) = 13.44, p < .01$; ECR Father Avoidance $F(2,386) = 10.32, p < .01$, and the ECR Anxiety grandfather $F(2,371) = 3.77, p < .05$ respectively.

4.4 Comparisons Dutch versus Zambian Participants on Attachment Styles on the ECR Domains

We conducted post hoc tests to see where the overall difference among the three groups was coming from. Post hoc tests showed no significant differences on ECR Father avoidance between Zambian males and Zambian females as shown in Table 4-2. However, there was a significant difference between Zambian females and Dutch females on ECR father avoidance $t(305) = 3.25, p < .01$. Similarly, on ECR mother avoidance, no significant difference was found between Zambian females and Dutch females. However, there was a significant difference between Zambian females and Zambian males $t(385) = -3.42, p < .01$. On the ECR anxiety scale for grandfather, post hoc.

Table 4-2: ANOVA table showing the differences domains Anxiety and Avoidance to Parents and Grandparents on the ECR Scale

		Zambian Females		Dutch Females		Zambian Males		
		M	(SD)	M	(SD)	M	(SD)	F(df)
Mother	Avoidance	2.25 ^a	1.22	1.97 ^a	0.96	2.79 ^b	1.25	13.44(2.4)**
	AnxietyLG	1.58	1.21	1.68	0.97	1.95	1.66	2.10 (2.4)
Father	Avoidance	3.24 ^a	1.51	2.71 ^b	1.35	3.56 ^a	1.46	10.32(2.4)**
	AnxietyLG	1.98 ^a	1.67	1.71 ^a	1.09	2.28 ^a	1.92	1.63(2.4)
Grandmother	Avoidance	3.55	1.57	3.30	1.19	3.25	1.36	1.79 (2.4)
	AnxietyLG	1.95	1.27	1.69	0.80	1.87	1.35	.67(2.4)
Grandfather	Avoidance	3.91	1.45	3.85	1.37	3.66	1.37	.80 (2.4)
	AnxietyLG	2.29 ^a	1.54	1.97 ^a	1.02	2.69 ^b	1.72	3.77(2.4)**

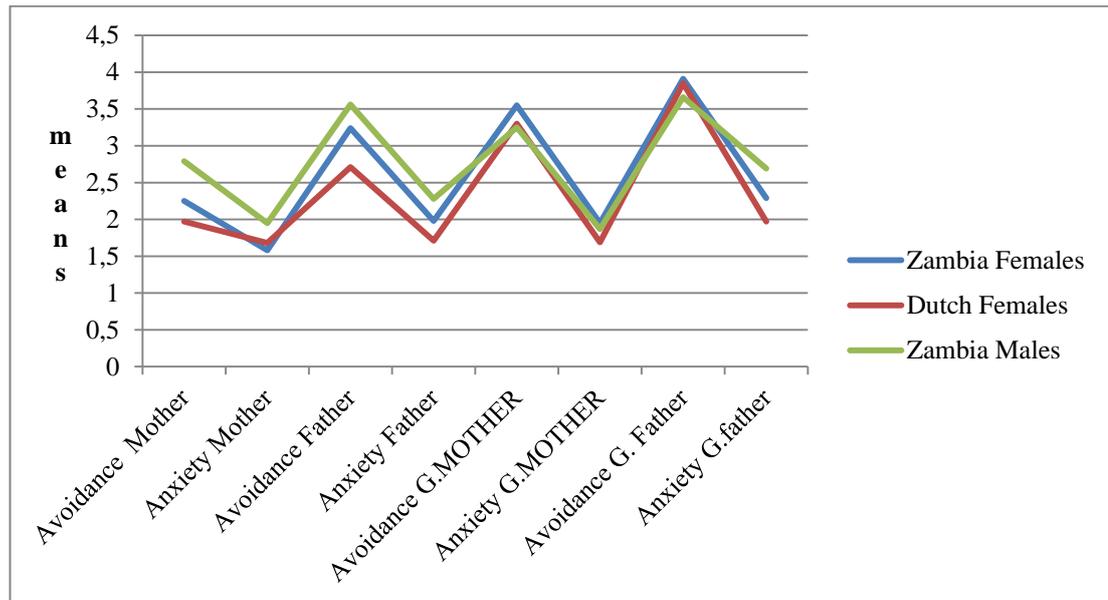
Note: ** $p < .01$; * $p < .05$; $372 < n < 394$; LG = log transformed variable

results revealed a significant difference between Zambian males and Dutch females $t(371) = -2.64, p < .01$.

Comparing *Zambian females* and *Dutch females*, means show that Zambian participants generally reported higher levels of *avoidance* and *anxiety* on the ECR

compared to their Dutch peers on seven domains of the ECR. However, post hoc results revealed that Zambian males generally recorded higher means on all the ECR domains compared to Zambian females.

Figure 4-2: Graphic representation mean scores on the ECR-RS – Avoidance and Anxiety scales for the three gender by nation groups



As can be noted from Figure 4-2 above, On the ECR scale the Dutch female participants scored lower on ‘avoidance mother’, ‘avoidance father’, ‘anxiety father’, ‘avoidance grand mother’, ‘anxiety grandmother’ , ‘avoidance grandfather’ and ‘anxiety grandfather’. In constrast, the Zambian females were lower on the mother anxiety domain only.

A one way ANOVA was used to test differences among the three groups on the ECR Scale. The ANOVA model showed significant differences between the three

groups on mother avoidance, father avoidance, father anxiety and grandfather anxiety domain of the ECR. However, there were no differences among the three groups on the mother anxiety, grandmother avoidance, grandmother anxiety and grandfather avoidance respectively. Comparisons between Zambian males and Zambian females showed that Zambian males scored higher on the 7 domains of the ECR Scale with the exception of the 'avoidance mother' scale where the Zambian females scored relatively higher.

4.5 Predictors of Grandparental involvement in child care

A hierarchical regression analysis was used to investigate predictors of grandparental involvement in child care. In the first step of the hierarchical regression, two predictors; *gender* and *SES* were entered. This model was statistically significant $F(2,339) = 3.93, p < .05$ and accounted for $R^2 = 2.3\%$ of the variation in sum caregiving. Gender contributed significantly to the regression model. After entry of background variables; *nationality*, *family size*, *number of grandparents* and *parents working* in the second model, the total variance in sum caregiving among grandparents predicted was 10.8%. The introduction of *nationality*, *family size* and *number of grandparents* explained an additional 8.5% of the variation and the change in $F(6,335) = 6.77, p < .01$. In the final model, only three predictors (*nationality*, *ECR grandmother avoidance* and *ECR grandfather avoidance*) out of the 13 were statistically significant, as shown in Table 4-3. The addition of the ECR scales explained an additional 13.4% of the variation and this change in R^2 square was significant at $F(14,327) = 7.79, p < .01$. Together, the 14 independent variables

accounted for 25% of the variation in sum care giving with nationality recording a high beta value ($\beta = -.36$) followed by ECR grandmother avoidance ($\beta = -.31$) and ECR grandfather avoidance ($\beta = -.13$). Consistent with our second hypothesis increased grand parental involvement in childcare was associated with more child attachment security.

Table 4-3: Hierarchical Regression predicting grandparent caregiving with various background variables and ECR scales

Variables	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Gender	1.06	.40	.14*	.58	.40	.08	.34	.38	.05
SES	.30	.21	.07	.17	.21	.05	.18	.20	.05
Nationality				-1.85	.34	-.32**	-2.09	.32	-.36**
Family Size				-.01	.08	-.00	-.03	.08	-.02
Number of Grandparents				.26	.18	.08	.18	.17	.05
Parents Working				.18	.30	.03	.50	.29	.10
ECR Avoidance (M)							-.01	.15	-.00
ECR AnxietyLG (M)							.86	.82	.07
ECR Avoidance (F)							.13	.12	.07
ECR AnxietyLG (F)							-.60	.75	-.05
ECR Avoidance (GM)							-.64	.13	-.31**
ECR AnxietyLG (GM)							-.58	.80	-.04
ECR Avoidance (GF)							-.27	.12	-.13*
ECR AnxietyLG (GF)							-.03	.73	-.00
R ²		.023*			.108**			.250**	
ΔR^2		.023			.086			.142	
F for change R ²		3.925			8.031			7.731	

Note: * $p < .05$; ** $p < .01$. β = standardized regression coefficient. SES = Socio-economic Status; LG = log transformed variable; M = Mother; F = Father; GM = Grandmother; GF = Grandfather

4.6 Grandmaternal and Maternal Ideal Beliefs about Sensitive Parenting

The purpose of the second study was to examine grandmother and mother ideal beliefs on sensitive parenting. In order to examine this, paired sample t-tests were performed to assess mean-level differences between grandmothers' and

mothers' demographic and socio-economic characteristics, as well as cultural values and maternal sensitivity beliefs. Results showed significant differences in the two groups on educational level $t(67) = -6.05$, $p < .01$ (mothers higher than grandmothers), number of children $t(67) = -10.40$, $p < .01$ (mothers lower than grandmothers). No significant differences were found between grandmothers' and mothers' regarding collectivism, *individualism*, and *religion* in child rearing and *maternal sensitivity*, as shown in Table 4-4.

Table 4-4: Descriptive statistics for all grandmother and mother variables used in analyses

Values and Parenting Beliefs for Grandmothers and Mothers ($N= 68$)

	Grandmothers		Mothers		GM vs M
	M	(SD)	M	(SD)	
Education level	1.10	(.60)	1.63	(.60)	GM < M**
Income	5.15	(4.79)	9.00	(21.79)	GM = M
HPI	5.60	(1.76)	5.80	(1.87)	GM = M
Number of children	6.60	(2.10)	3.40	(1.52)	GM > M**
Religion childrearing	14.75	(1.67)	14.18	(2.37)	GM = M
Collectivism	27.56	2.50	27.42	(2.08)	GM = M
Individualism	18.44	4.34	17.43	(4.3)	GM = M
Sensitivity beliefs	.53	(.10)	.56	(.11)	GM = M

Note: * $p < .05$; ** $p < .01$. Income in Zambian Kwacha (ZMK ,000) [6.34 ZMK = 1USD]

In order to examine maternal and grandmaternal predictors of mothers' sensitivity beliefs, a multiple regression analysis was computed. Further, each of the EA scales were significantly interrelated: sensitivity with structuring, $r(46) = .76$, $p <$

.01, sensitivity with nonintrusiveness, $r(46) = .30, p < .05$, and structuring with non intrusiveness, $r(46) = .34, p < .05$. Table 4-5 shows the maternal and grandmaternal correlates of maternal sensitivity beliefs.

Table 4-5: Maternal and grandmaternal predictors of Mothers' Sensitivity Beliefs

	Maternal sensitivity beliefs	
<i>Block 1: Maternal predictors</i>	<i>(r)</i>	<i>β</i>
Maternal education	.11	.19
Maternal income	.07	-.00
Maternal HPI	.04	-.17
Number of children	.02	.14
<i>Block 2: Grandmaternal predictors</i>	<i>(r)</i>	<i>β</i>
Grandmothers' Education	.13	.15
Grandmothers' income	-.08	-.07
Grandmothers' HPI	.23+	.32*
Grandmothers' Number children	-.36**	-.43**
Grandmaternal Sensitivity beliefs	.01	-.46**
<i>Block 3:</i>		
Criterion_C_GM_CenteredMBQS*GM'	_	-.59**
Education LH		-.61*
		$R^2 = .30^*$

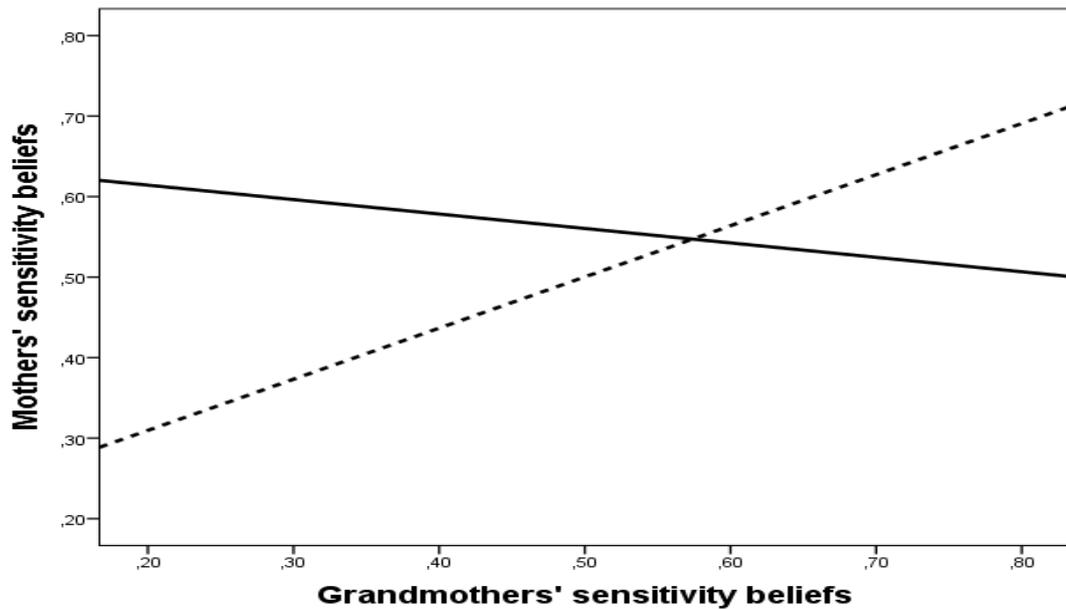
Note: + = $p < .10$, * $p < .05$; ** $p < .01$.

In order to test the two hypotheses that grandmothers and mothers view the ideal mother as a sensitive mother and that favourable socio-economic characteristics predict maternal parenting beliefs, a hierarchical linear regression was computed to investigate the independent contribution of the predictors of maternal sensitivity beliefs. For this analysis, three blocks of independent variables were entered into the equation as predictors of maternal sensitivity beliefs. In block one, none of the maternal variables were significantly related to maternal sensitivity beliefs. A higher number of grandmothers' children (i.e., mother and her siblings) was related to lower levels of maternal sensitivity beliefs in block 2. Further, there was a non-significant trend of higher grandmaternal HPI scores relating to higher maternal sensitivity beliefs. The final model was statistically significant and accounted for 30% of the variation. Grandmother HPI ($\beta = -.42, p < .05$) and number of children ($\beta = .31, p < .05$) contributed significantly to the prediction of maternal sensitivity beliefs.

Surprisingly, there was no significant relationship between maternal sensitivity and grandmaternal sensitivity beliefs. However, dividing the sample into groups based on maternal educational level showed that maternal and grandmaternal sensitivity beliefs were significantly related in the lower-educated group with no or only primary education, $r(28) = .50, p = .01$, but not the higher educated group with secondary or tertiary education, $r(45) = -.16, p = .29$. To formally test moderation, a multiple linear regression model was conducted with grandmaternal sensitivity beliefs and maternal education as main effects in the first block and their interaction (multiplication of centred main effects) in the second block, predicting maternal sensitivity beliefs. The model showed a significant interaction between maternal

education and grandmaternal sensitivity beliefs ($\beta = .59, p < .05$). Figure 4-3 illustrates this interaction effect.

Figure 4-3: The Relationship between Grandmothers' and Mothers' Sensitivity Beliefs is Moderated by Maternal Educational Level.



4.7 Grandparental Childcare Activities

In order to examine grandparental care activities, simple descriptive statistics were conducted. The child care activities performed by almost all grandparents included *playing, feeding, dressing, toilet training, disciplining, protection from accidents and comforting* their grandchild when distressed. However, 97.6% of the grandparents reported *bathing* their grandchild; 95.2% reported *carrying their grandchild on their back*; 97.6% reported that they provide *care during illness* while 78.9% reported *setting limits* respectively. Further descriptive analysis was conducted to determine which of the grandparents was mostly involved in

childcare. Out of the 80 mothers, 55 (68.8%) reported that maternal grandparents were most involved in childcare while 3(3.8%) reported that paternal grandparents were the mostly involved. Six (7.5%) reported that both maternal and paternal grandparents were involved in childcare. On the question of frequency of contact between grandparents and their grandchildren, 64 (80%) of the mothers reported that their children had more than four times contact in a month with their grandparents.

4.8 Predicting the Quality of Zambian Grandmothers' Interactions with their Grandchildren

In order to ascertain the validity of the EA scales, correlations were computed for the EA scales with each other. As expected each of the EA scales were significantly interrelated: sensitivity with structuring, $r(46) = .76, p < .01$, sensitivity with non-intrusiveness, $r(46) = .30, p < .05$, and structuring with non-intrusiveness, $r(46) = .34, p < .05$.

Table 4-6: Descriptive Statistics showing demographic Study Variables for grandmothers

	M	(SD)	Range
Age	54.23	(8.66)	40-80
Number of children	6.89	(2.30)	2-13
Income (4-point scale)	5.60	(5.50)	0.2-28.8
Education	1.14	(0.60)	0-2
Home Possessions Index	5.70	(1.82)	2-10
Involvement in childcare	5.70	(1.82)	1-3
Positive feelings about childcare	8.46	(9.96)	1-3
Collectivist cultural values	27.35	(2.36)	21-30
Individualistic cultural values	18.00	(4.40)	9-24
Religion in childrearing	14.74	(1.54)	11-16
Sensitivity beliefs	0.56	(0.10)	.26-.71
Observed sensitivity	20.46	(4.00)	11-28
Observed structuring	19.33	(5.21)	8-29
Observed Nonintrusiveness	16.33	(5.61)	8-27

Note: * $p < .05$; ** $p < .01$. Income in Zambian Kwacha (ZMK ,000)

Table 4-6 shows the bivariate correlations between predictors and the three grandmaternal EA scales (sensitivity, structuring, and non-intrusiveness). More sensitive grandmaternal behaviours towards the grandchild was significantly and positively related to number of children and positive feelings about their tasks as a

grandparent. Further, more sensitive grandparenting was related to grandmaternal beliefs about the ideal mother that converged less with the notion of a sensitive mother. Non-intrusiveness was only significantly correlated with individualistic values: less individualism was associated with more non-intrusiveness. None of the predictor variables were significantly related to grandmaternal structuring, as shown in Table 4-7.

Table 4-7: Bivariate Correlations of Demographic, Socioeconomic, Cultural Predictors of the Quality with Grandmothers' Interactions with their Grandchildren

	Sensitivity	Structuring	Non- intrusiveness
	<i>r</i>	<i>r</i>	<i>r</i>
Age	.14	.06	-.12
Number of children	-.31*	-.15	-.10
Income	-.08	-.07	.13
Education	-.15	.10	.07
Home Possessions Index	-.13	-.08	-.06
Involvement in childcare	.13	-.10	-.18
Positive feelings about childcare	.33*	.07	.07
Collectivist cultural values	.13	-.01	.16
Individualistic cultural values	-.00	-.01	-.36
Religion in childrearing	.06	-.04	-.13
Sensitivity beliefs	-.32*	..26	-.17

Note: * $p < .05$; ** $p < .01$. $N = 41 - 44$.

To examine whether the significant bivariate correlations would survive a multivariate test we conducted regression analyses with backward elimination of variables. Backward regression starts with inclusion of all variables in the equation and successively removes non-significant predictors from the equation. The advantage above stepwise or forward regression is that a sub-set of variables might be significant whereas individual variables remain below threshold. The multiple regression on EAS sensitivity resulted in a significant overall equation, $F(3, 37) = 6.13, p < .01, R^2 = .28$. Three predictors survived the backward elimination procedure, supporting the bivariate analysis. Significant beta weights were found for grandmother's number of children ($\beta = -.32, p < .05$), their positive feelings about grandparenting ($\beta = .34, p < .05$), and the extent to which grand maternal beliefs about the ideal mother converge with the notion of the sensitive mother ($\beta = -.39, p < .01$). The final model of the multiple regression for non-intrusiveness was also significant, $F(1, 39) = 5.89, p < .05, R^2 = .11$. Only individualism remained as a significant predictor ($\beta = -.36, p < .05$). For structuring none of the variables entered were significant predictors in the multivariate selection procedure.

CHAPTER 5:

DISCUSSION

5.1 Overview

The current study had three major aims: The thesis investigated prevalence and predictors of grandparental involvement, predictors of intergenerational transmission of parenting and quality of childcare by grandparents in Zambia. The first phase of the study examined the prevalence and cross-cultural variations of grandparent involvement in childcare in Zambia and the Netherlands. As predicted, Zambian grandparents were found to provide more care for their grandchildren compared to their Dutch counterparts. The results also showed that social variables (parental employment, presence of parents, social economic status) did not predict grandparents' involvement in childcare in either country. Similarly, family size was also found not to be associated with grandparents' involvement in childcare. Lastly, this study revealed that attachment was a predictor of grandparents' involvement in childcare. Avoidance to grandmother was associated with less grandparental care as reported by the participants and the same was true for feelings of avoidance to the grandfather.

The second phase of the study investigated the intergenerational transmission and predictors of parenting beliefs in Zambia. Contrary to our hypothesis, the current study did not reveal a significant relationship between grandmothers' and mothers' beliefs about sensitive parenting. However, the intergenerational relationship

between grandmothers and mothers sensitivity beliefs was moderated by maternal educational level, revealing a strong positive association between grandmaternal and maternal sensitivity beliefs only in the mothers with a lower educational level.

The third phase of the study investigated predictors of the quality of grandmother-grandchild interactions in Zambia. The findings revealed that grandmothers with more children and those who enjoyed the grandparenting tasks more also showed more sensitive interactions with their grandchildren. Unexpectedly, parenting beliefs favouring sensitive parenting predicted lower observed sensitivity in grandmothers. Further, grandmothers with a more individualistic cultural orientation were more intrusive towards their grandchildren. The study did not find any significant predictors of grandmaternal structuring. In the current chapter, these findings and their theoretical and practical implications are discussed, and limitations of the studies and suggestions for future research are addressed.

5.2 Prevalence of Grandparenting

Clearly, from the results above, grandparenting is prominent in both Zambia and the Netherlands. Grandparents may play an important role in childcare regardless of country or cultural background. As evident from the results, grandparents provide care in several important child care domains such as playing, bathing, feeding, protection, toilet training, being carried, transporting, disciplining and limit setting respectively. In addition, these findings clearly attest to the fact that grandparenting is neither a Western nor an African but a cross-cultural phenomenon. This

consolidates the findings in other studies that grandparenting is very prevalent (Fergusson *et al.*, 2008; Mahne & Klingebiel, 2011; Tan *et al.*, 2010). The results of this study also support the evolutionary grandmother hypothesis (Hawkes, O'Connell & Blurton Jones, 1997) on the importance of kin support and the role of grandparents in childcare.

However, although grandparenting was found to be a common feature in both countries, this study also confirmed differences in the type of activities performed between Zambian grandparents and Dutch grandparents. There were significant differences between the two nationalities in grandparental involvement in childcare with Zambian grandparents generally performing more care than their Dutch counterparts. As can be noted from the results above, Zambian grandparents did more of feeding, bathing, holiday care, caring during illness, toilet training, protection and limit setting. In contrast, the Dutch grandparents did more in the specific domain of playing with their grandchildren compared to their Zambian counterparts. These findings highlight the variations between the two countries. Similarities were also noted, as there were no significant differences in comforting, transporting the baby and pushing or carrying the baby. This finding provides clear evidence that grandparenting supplements the parenting role in both countries. The results are consistent with previous research that found that grandparents play an important part in childcare (Gibson, & Mace, 2005; Settles, Zhao, Mancini, Rich, Pierre, & Oduor, 2009). These results also challenge the findings of Strassman (2011) that grandparents are inimical to the development of the grandchild. Clearly, the Strassman finding limits the debate on grandparenting to a struggle for very

scarce resources in extreme poverty but is unable to explain why grandparenting is visible in high- and low-resource settings and in the face of resource availability as well as scarcity. It could well be that there are many socio-cultural underpinnings beyond material resources that account for grandparental involvement in childcare. Social cultural variables such as sense of family, cultural patterns and beliefs on child rearing may also account for grandparental involvement in childcare.

Based on the literature, for example (Monasch, & Boerma, 2004; Nyambedha, Wandibba, & Aagaard-Hansen, 2003), it was assumed that perhaps Zambian grandparents performed more tasks because many of the children may have been orphans at the time when they were growing up. So we controlled for parents being alive and tested if these differences could be because in the Zambian sample most participants may have to care for orphans. However, even after controlling for this, it was found that Zambian grandparents did generally more caregiving than their Dutch counterparts. The finding that Zambian grandparents performed more tasks in specific domains such as holiday care is consistent with the Zambian cultural attitudes that promote participation of grandparents in child care. As noted by Falola (2004, p.292), 'Zambian parents pressurise their children to visit their grandparents, hence this helps maintain important connections to Zambian traditions, local language, culture and family heritage'.

Evidence from the literature also shows that social variables such as parental employment, SES and parent presence are associated with grandparenting (Burton, 1992; Geurts, van Tilburg, Poortman & Dykstra, 2015). In line with this

understanding, this study examined whether social variables were associated with grandparenting. However, social variables were found not to be significant predictors of grandparenting. Thus, it was concluded based on the findings, that it does not matter whether parents are in employment or alive or (rich or poor) for grandparents to provide childcare. This finding is important because it attests to the fact that grandparenting is not always predicted by scarce resources (SES), crisis or a challenge such as death of a parent as alluded to in the literature. These findings also suggest that socio-economic status and demographic factors might not play a role in influencing grandparental involvement in childcare. The fact that SES was not predictive of grandparenting could point to the fact that perhaps grandparenting knows no economic strata. It permeates social economic hierarchy and knows no context- both resourceful and resource deprived contexts benefit from grandparenting. Clearly, in our study the Netherlands can be assumed to be a rich country considering that it has child care facilities but yet grandparenting is prevalent as evident in our findings. Nevertheless, from this study it remains difficult to imply a cause – effect relationship between grandparenting and social variables. It might well be that other social factors than parental working, parental absence or SES dictate grandparents involvement in child care.

These results also point to the complementary nature of grandparenting. It reminds us that grandparenting does not substitute parental parenting but is rather an adjunct to it. Unfortunately, most of available literature on grandparenting in Africa ignores the complementarities of grandparent care. Most of the studies concentrate more on grandparent headed households where a grandparent is the head of the

household in absence of a parent either through incarceration or death as is the case in HIV and AIDS research in Africa where grandparents take up or replace the parent due to death or sickness.

In this study, it was also hypothesised that increased grandparental involvement in child care is associated with child attachment security to their grandparent. In order to examine this we tested the association of different attachment dimensions on grandparenting. We examined gender, SES, parents being alive, nationality, parental employment and attachment as predictors for grandparental involvement in childcare. The study found that besides nationality only attachment avoidance grandmother and attachment avoidance grandfather were significant. Thus, attachment was found to be a predictor of grandparent care. This means that the more avoidance to grandmother the less care the participants reported to have received and the same was true for the grandfather. It appears based on this finding that avoidant individuals may feel uncomfortable about being close to their grandparents and receiving care from them. Thus, it can be concluded that attachment avoidance to grandparents is associated with reduced amount of grandparenting. However, less caregiving might also lead to more avoidance, or to the report of more avoidance. Additional investigations on attachment patterns of grandchildren to their grandparents are needed, preferably with independent assessment of attachment and grand parental care giving.

Another important finding is the impact of nationality as a predictor of grandparenting. Even after controlling for parents being alive, SES and family

constellation, nationality still emerged as a strong predictor of grand parenting. Thus, this finding might point to cross-cultural differences between the two countries. There is something about culture that could actually account for the systematic differences in grandparenting observed between Zambia and the Netherlands. Thus since we are not sure exactly what is within the Zambian culture that is not in the Dutch culture which can account for this difference, we can only speculate that the strong extended family ties in the Zambian culture might be responsible for the differences observed between the two countries. In Zambia the extended family is very strong hence it is not uncommon for families to ask grandparents to help in the care of grandchildren whereas in the Netherlands the nuclear family is stronger and more important. However, future research is needed to see what cultural variables may account for the differences between the two countries.

5.3 Maternal Beliefs and Predictors of Intergenerational Transmission

Research on intergenerational continuity of parenting has shown that parents tend to use similar parenting of their parents (Van IJzendoorn, 1992). What we know from existing research on parenting is grounded in cultural patterns and beliefs. These cultural patterns and beliefs are transmitted through generations (Chen & Kaplan, 2001) and acquired by learning, imitating, other form of interaction (Klarin, Proroković & Šimunić, 2014), observations and participation. In exploring intergenerational transmission between mothers and grandmothers, the study found no relationship between maternal sensitivity and grandmaternal sensitivity beliefs contrary to our prediction of a match. A possible reason for not finding a match

between mothers' and grandmothers' ideals may reflect the differences in roles of mothers and grandmothers. Culturally, grandparents are advisors (Wood & Robertson, 1976), storytellers (Jimenez, 2002), caregivers and nurturers (Barnett, 2008). This culturally embedded expectation on the part of grandmothers may provide some insights into how they view their role versus parents which in a way can account for the observed absence of a relation in terms of ideals.

The finding that intergenerational transmission of parenting beliefs was only present in mothers with a low educational level adds to previous reports on the link between education and intergeneration transmission (Scourfield *et al.*, 2012). This finding suggests that mothers with a lower educational level depend more on their mothers in their parenting ideas than mothers with higher educational levels. Lower educational levels tend to be associated with conservatism, which relates to more contact with and deference to the older generation as role models, which in turn could explain the strong intergenerational transmission of parenting beliefs in this group. Conversely, higher educated individuals have bigger networks and more sources of information to get their ideas from hence, rely less on their mothers as sources of parenting ideas and, therefore, less intergenerational transmission. In addition, higher educated individuals may have less contact with the older generation or at least see them less as role models. Further, grandmothers may feel less motivated or even less welcome to transmit their parenting values to daughters who are clearly leading a different lifestyle than they themselves led when they were active parents. This finding supports previous literature's assertions that mothers with higher education were more likely to change their ideals.

In line with the literature, we argued that home possessions and number of children on the part of grandmothers were strong predictors of ideal maternal parenting beliefs. Mothers' description of the ideal parent were closer to criterion descriptions of the sensitive mother when she had fewer siblings and when her mother had a higher socio-economic status in terms of material home possessions and facilities. This finding shows that material possessions and number of siblings are important determinants of intergenerational transmission of ideal parenting beliefs. Our results also reveal that the daughters of grandmothers with more material possessions and facilities had beliefs about ideal parenting that were closer to the notion of sensitive parenting than daughters of grandmothers with fewer material resources. We can speculate from this finding that less material resources imply higher stress levels on grandmothers which is related to decreased transmission and less ideal maternal beliefs.

Further, another proxy for stressful rearing circumstances is number of siblings. Our findings indicate that a higher number of siblings is not only related to less intergenerational transmission but is also indicative of less sensitivity parenting beliefs. This finding is consistent with studies that found that large family size is associated with low emotional support (Euser, Van Ijzendoorn, Prinzie, & Bakermans-Kranenburg, 2009). The negative relationship for the number of children substantiates the hypothesis that the higher the number of children for grandmothers, the lower is the transmission of beliefs hence the bigger the differences between grandmothers and mothers. The fact that mothers' sensitivity beliefs are predicted by grandmother characteristics says something about the

potential stressfulness of their mother's home environment. Perhaps this finding points to the fact that the higher the number of children the more grandmothers experienced higher stress levels and showed lower maternal sensitivity beliefs than mothers.

The study also investigated the involvement of both paternal and maternal in childcare. We found that maternal grandparents are more involved grandparents in childcare compared to paternal grandparents. This finding suggests that care of children in Zambia follows the matrilineal line, mostly undertaken by maternal grandparents. This is consistent with previous studies which showed that maternal grandparents were more likely to provide care than paternal grandparents. This finding also supports evolutionary theory which argues that maternal grandparents are mostly involved in childcare. However, this finding is contrary to the finding in Northern Malawi where paternal grandparents have a more powerful role in childcare (Sear & Coall, 2011).

5.4 Quality of Childcare by Grandparents in Zambia

The fifth hypothesis that the quality of grandmother-grandchild interactions would be higher when grandmothers had a higher socio-economic status and fewer children was only supported for the latter predictor, and only in relation to sensitivity. This finding indicates that grandmothers who had many children showed less sensitivity in response to the needs of their grandchild during free play, whereas those with fewer children were generally more responsive to their grandchildren's signals and needs during free play. We speculate that the number of children is a

proxy measure for grandmothers' past and potentially also current stress levels. There is evidence that larger family size is related to more stress in parents, and in a cultural context in which grandmaternal care is common. Having more children potentially also means more (grand) parental responsibilities when all the children are adults. The Family Stress Model focuses on caregiver stress due to economic strains (Conger *et al.*, 1992; Conger & Donellan, 2007), but it could be that having more children (and potentially more grandchildren to take care of) is also a strain on an individual's resources, both material and psychological, that may in turn adversely influence their ability to show positive care giving.

Contrary to the fifth hypothesis, grandmothers' socio-economic circumstances in terms of educational level, income and home possessions was not related to the quality of their interactions with their grandchildren. This may be due in part to low variability, at least in educational level, with the majority of grandmothers having either no education, or only primary education. Further, in Zambia, educational level is not necessarily an indicator of socio-economic status, especially in the older generation, whose educational careers were influenced by need for human resources and not educational level.

The hypothesis that the quality of grandmothers' interactions with their grandchildren would be predicted by their cultural orientation was only confirmed for non-intrusiveness, and in the opposite direction. The findings show that individualism was negatively related to non-intrusiveness, implying that less individualism was associated with more non-intrusiveness. Thus grandmothers who

scored high on individualism tended to overwhelm their grandchild by either interrupting the child's initiative or failing to give the grandchild space to explore or they provided excessive stimulation while grandparents who were low on individualism tended to give the child space to play and provided balanced stimulation. Perhaps these findings point to individualism in this sample as being related to (individual) achievement orientation. It could well be that maybe these grandmothers wanted their grandchildren to perform and were therefore, intrusive to make that happen.

Our seventh hypothesis that the quality of grandmothers' interactions with their grandchildren would be predicted by more favourable attitudes towards sensitive parenting and more enjoyment of their grandmaternal tasks was partly confirmed. Grandmothers who enjoyed their task more showed sensitivity towards their grandchild during the play sessions than those grandmothers who did not enjoy their tasks. Contrary to the seventh hypothesis, grandmothers' more favourable attitudes towards sensitivity predicted *lower* sensitivity in interactions with their grandchildren. The relation between sensitivity beliefs and sensitive behaviours was such that grandmothers who scored highly on sensitivity beliefs showed lower levels of actual sensitivity in their interactions with their grandchildren. Ideally, we would expect grandmothers who scored highly on sensitivity beliefs to show higher levels of actual sensitivity in their interactions. Previous research on the link between attitudes and behaviours has shown contradictory results. A weak relationship has been found between attitudes and behaviours in parenting in most of the studies (Dagget, O'Brien, Zanolli, & Peyton, 2000; Kiang *et al.*, 2004). In contrast, Van

Zeijl *et al.*, (2006) found no relationship between attitudes and behaviour. Surprisingly our study showed an attitude - behaviour gap that grandmothers whose description of the ideal mother were closer to criterion descriptions of the sensitive mother were negatively related to observed sensitivity during play. Meaning that those grandmothers whose beliefs were closer to criterion descriptions of the sensitive mother showed less sensitivity during play. A possible reason for this finding could be that sensitivity beliefs and behaviours are two different constructs. Beliefs are based on thought while behaviours are based on practice thus, in reality though grandmothers understand who a sensitive ideal parent is, behaviourally it was difficult to behave sensitively considering that parenting is difficult to self-monitor. Secondly, the sensitivity beliefs measure asks about the ideal mother, not the ideal grandmother. It is possible that grandmothers believe that mothers and grandmothers have different roles in children's lives, and that their attitudes about sensitive mothering does not map onto their attitudes about sensitive grandmothereing. Related, when sorting the Q-set, grandmothers may also have thought back to when they themselves were active parents with young children, which would be a very different experience from their current situations as grandparents.

Contrary to our expectations, we found no predictors of structuring, which may be attributed to the fact that in this study we used a free play activity rather than a more structured task like a puzzle or problem-solving activity. Thus, teaching and guidance were not necessarily required or part of the observed interactions, which may have hampered the appraisal of grandmothers' abilities to structure their grandchildren's activities.

5.5 Limitations and Future Directions

Despite the interesting patterns and insights regarding grandparenting, maternal beliefs and quality of grandparental childcare, some limitations of this study should be noted. The first is that in order to examine cross-cultural differences in grandparental childcare, the study used undergraduate students drawn from only one university in each country. Thus, the findings of the study might not be generalisable to all individuals or even to all same-age peers. However, in order to find out the prevalence and cross cultural variations in grandparenting we felt that college students were most comparable across countries. It should be noted also that many cross cultural studies have compared low status rural African communities with urban middle class populations from the Western world. Thus, to avoid this pitfall evident in previous research we felt that the student samples were a better choice.

Secondly, the study on quality of grandparental care was limited by a relatively small sample size, which may have decreased statistical power to detect significant predictors of caregiving quality. In addition, the sample was drawn from an urban densely populated low social economic setting, thereby limiting the generalisability of the findings to the general population particularly to grandmothers-grandchild dyads from the middle and higher socio-economic bracket. Thus, further research is warranted to determine if these findings from a sample of forty-six grandmaternal-grandchild dyads would be present within a larger sample. Also, replication with larger samples drawn from a wide array of socio-economic brackets and contexts is needed to ascertain the quality of care and maternal

sensitivity of grandparents. It should be noted however, in considering the inclusion criteria for this study, that our sampling method was the best suited to ensure that only mothers of mothers (grandmother) and mothers with infants were included in the study. As a result only lower SES group met our criteria on account that the majority of grandmothers and mothers within this socio-economic bracket live within the same neighbourhood or within reasonable distances of 40km if they lived in a different locality. Further, this study only measured the current socio-economic status and parenting beliefs of grandmothers, which do not map onto their status and beliefs when they themselves were active mothers and their daughters were children growing up. Furthermore, parenting beliefs may change over time when women move from a mother role into a grandmother role with fewer primary responsibilities in caregiving. However, there is reason to believe that the socio-economic characteristics of the grandmothers would not change so much in the span between being an active parent and being a grandparent within this sample.

Thirdly, though the MBQS measure has been used cross-culturally to measure ideal parenting beliefs of sensitive mothering, there is a question of whether MBQS can clearly tap into grandparental beliefs and whether it contains all relevant items for different cultures. In this study, this was never tested thus this is still a big question. As observed in the discussion, the sensitivity beliefs measure asks about the ideal mother, not the ideal grandmother. Perhaps future research should validate the MBQS by doing more studies with grandparents in different cultures and with items specifically addressing grandparental roles and tasks.

Lastly, more proximal predictors of caregiving quality in grandmothers may be important to investigate in the future, such as grandmothers' daily stress levels, the quality of their relationship with the grandchild's parents, and the extent of her responsibilities towards potential other grandchildren. Such factors may help us to understand more about individual variations in the quality of grandmothers' caregiving patterns and ultimately her potential influence on children's development. Figure 5-1 is a flow chart detailing the study's findings.

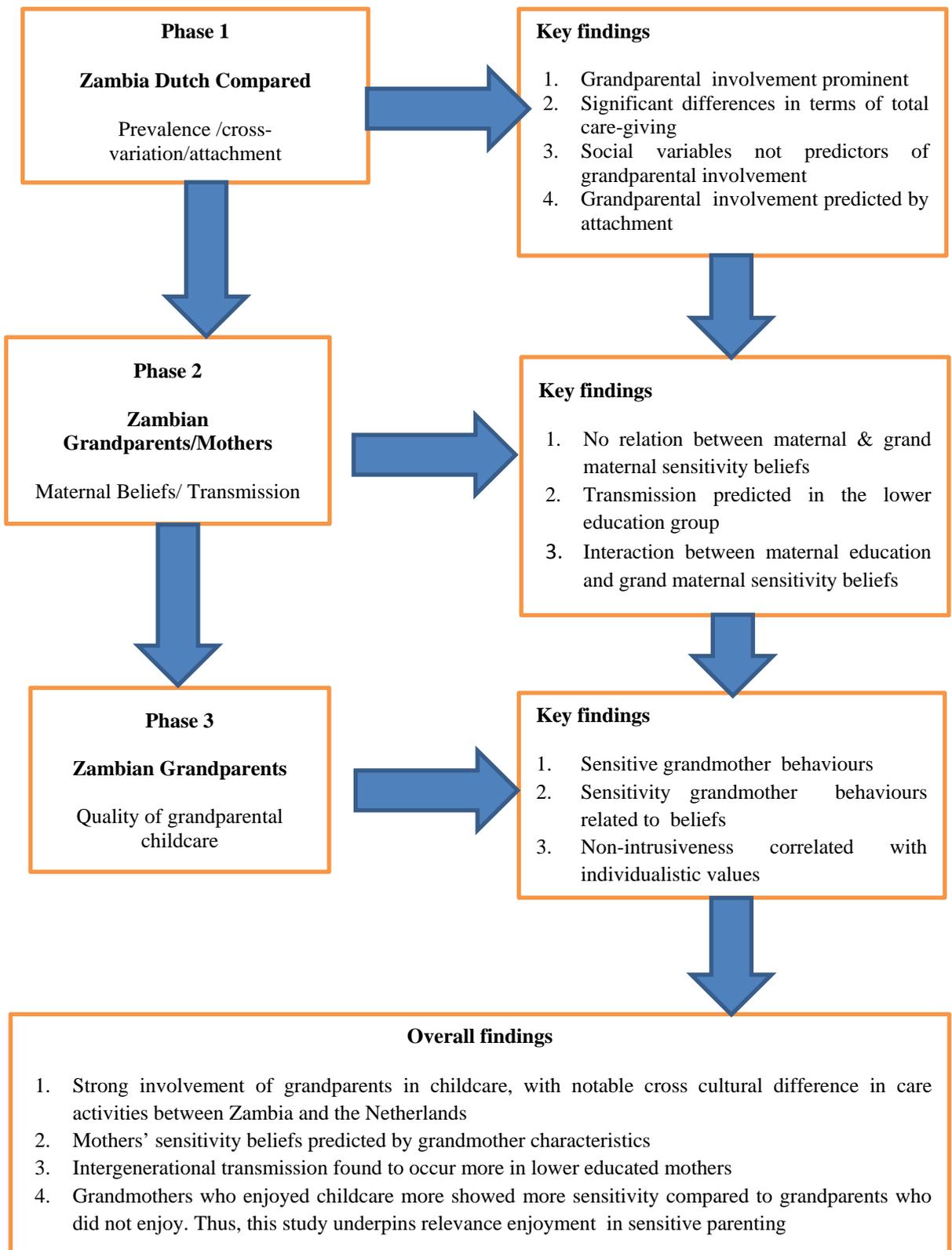


Figure 5-1:Flow chart detailing the study findings

CHAPTER 6:

SUMMARY, CONTRIBUTIONS, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The main objective of this thesis was to investigate the prevalence and predictors of grandparental involvement in childcare, predictors of intergenerational transmission and quality of childcare by grandparents in Zambia. There have been many grandparent focused investigations that have examined grandparental involvement in childcare; fewer studies have attempted to examine grandparental involvement in complementary childcare, sensitivity parenting beliefs, intergenerational transmission of parenting and quality of childcare among African grandparents. Furthermore, most of the studies have concentrated more on grandparental involvement in childcare in the era of the HIV and AIDS pandemic. Thus, the findings of these studies give an impression that grandparenting is only prevalent in a crisis situation. Therefore, in line with the three main objectives this study presents a summary of key contributions, conclusion and recommendations.

6.2 Grandparenting Research Findings

6.2.1 Prevalence of Grandparenting

This study makes a number of important contributions to our understanding of the prevalence and cross cultural variations of grandparenting between Zambia

and the Netherlands. First of all, this study addresses a number of limitations of previous studies in the area of grandparenting by focusing on complementarities of grandparent childcare rather than on replacement as is the case with many studies carried out so far. Secondly, this study bridges the gap in grandparent research by bringing out caregiving tasks performed by grandparents in the course of providing care to their grandchildren. Zambia represents an interdependent context where extended family ties are important in childcare, while the Netherlands represents a more independent context with emphasis on the nuclear family as primary domain of childcare. Overall these findings add to the theoretical conceptualisation of grandparenting in a novel way by adding to the literature evidence on Zambia and comparisons with the Netherlands.

6.2.2 Maternal Beliefs and Intergenerational Transmission

This study also provides evidence that mothers' sensitivity beliefs are predicted by grandmother characteristics. Further, intergenerational transmission of parenting beliefs was found to occur more in lower educated mothers, suggesting more conservatism and less influence of outside sources on the development of maternal beliefs about parenting in this group. Our findings suggest that ideal parenting beliefs are transmissible between generations and thus, this study provides evidence into intergenerational parenting in Zambia.

6.2.3 Quality of Grandparental Childcare

In the past two decades, grandparenting has become an important policy agenda especially in Africa because of the HIV pandemic. This study underpins the

relevance of sensitive parenting. This is the first study to conduct standardised observations of grandmother-grandchild interactions in an African country and uncovered meaningful, albeit few predictors of the quality of these interactions in the context of normative grandmaternal care that is a salient part of children's daily experiences. Further, the fact that this study was conducted in Zambia is an important strength given the paucity of empirical research on childcare in Zambia in general.

6.3 Grandparenting Research Contributions

6.3.1 Contribution to Parenting

No study to date has examined grand parental quality of care in a Zambian context. This study provided a more detailed assessment of grand parental involvement in childcare, by assessing not only their care activities but also assessing sensitivity, non-intrusiveness and structuring. Also cross-cultural differences in caregiving domain are highlighted between Zambia and the Netherlands. In addition, demographic variables and family size and the influence on grand parental involvement, maternal beliefs and quality of care were assessed.

Secondly, the current study is unique as it provides insight on intergenerational parenting processes in a developing country like Zambia, that represents a region and cultural group that is very much underrepresented in the literature, whereas the topic may be particularly salient given the customs of multigenerational parenting.

6.3.2 Contribution to Theory

Firstly, this study makes theoretical and empirical contributions to research on grand parenting, parenting and attachment. The current study was grounded in three theoretical frameworks namely: attachment theory, social learning theory and the evolutionary grandmother hypothesis. Consistent with the attachment theory, in the current study, attachment was found to be a predictor of grand parental involvement in childcare. Bowlby's attachment theory emphasises attachment as an important ingredient in childcare and underscores the importance of attachment relationships between caregivers and the child. The theory also talks of the development of internal working models. The finding that attachment influences grandparental involvement is important to parenting researchers, attachment researchers and parents themselves considering that attachment styles of children might be influenced by one's attachment to their caregiver. Further, by assessing parenting ideals of mothers and grandmothers the study taps into the internal working models as suggested by the attachment theory.

Secondly, the study also provides support consistent with the social learning theory. The social learning theory, suggests that the development of behaviour in general and parenting behaviours in particular are formed by an individual's role models and family socialisation. Thus, the fact that study results revealed a strong positive association between grandmaternal and maternal sensitivity beliefs only in the mothers with a lower educational level, suggests that mothers who depend more on their mothers (grandmaternal mothers as role models) in their parenting ideas. This finding also may signify an aspect of learning through modeling between the

two generations. Thus, this can in part explain the strong intergenerational transmission of parenting beliefs in this group.

Thirdly, as evident from the results, grandparents provided care in several important child care domains such as playing, bathing, feeding, protection, toilet training, being carried, transporting, discipline and limit setting respectively. This finding is consistent with the evolutionary grandmother hypothesis. In addition, the finding that that maternal grandparents are more involved in childcare compared to paternal counterparts provides further support to this hypothesis. According to the grandmother hypothesis, grandmothers who are past the reproductive age invest their time and energy to support their daughter's fertility and improve their grandchildren chances of survival if they are sure of their biological ties. Clearly, by performing childcare activities such as care during illness, feeding, protection and bathing, grandparents indeed support their daughters' fertility and improve their grandchildren chances of survival in line with the evolutionary grandmother hypothesis.

6.4 Recommendations

Firstly, given the prevalence of grandparenting, community members, grandparents and parents should be helped to understand the importance and benefits of quality of grandparental care. It is the considered view of the author, that it is only when people understand the benefits associated with quality of care (sensitive, non-intrusive and structured care) will they be in a position to invest more in the quality

of interaction but also act in the best interest of the child when placing children under kin support.

Secondly, in order to bridge the gap between ideals and behaviour as evidenced in our results, it is recommended that research on ideals and practice of parenting should be conducted consistently to examine actual sensitivity of grandparents and other kin carers. Perhaps an implication for practice is that parenting interventions need to move beyond emphasis on nutrition and meeting physical needs of children by promoting sensitive parenting. Rather than concentrate more on whether grandparents meet physical and nutritional needs of children under their care, government, policy makers and researchers should emphasise more quality of care. This will help ensure a healthy development of children.

6.5 Conclusion

The main goal of this thesis was to investigate prevalence and predictors of grandparental involvement, predictors of intergenerational transmission and quality of childcare by grandparents in Zambia and has been achieved successfully.

Results revealed that grandparents are an important part of childcare in Zambia and the Netherlands. The importance of grandparents can be contextualised in a quote of Senegalese proverb that says ‘the things that grandmothers can see while sitting on the ground, younger people cannot see even if they climb to the top of the tree’ (Aubel, 2006).

No evidence was found for an association between grandmothers’ and mothers’ beliefs about sensitive parenting. However, sensitivity beliefs were

moderated by maternal educational level. Contrary to the study's predicted expectation, parenting beliefs favouring sensitive parenting predicted lower observed sensitivity in grandparents.

Overall the current thesis contributes to literature on cross-cultural research on grandparenting, attachment research and parenting in general. Research on complementary childcare by grandparents, their ideal beliefs about parenting and quality of care should be taken more seriously in order to understand parenting and its effect on child development in a global world.

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APPENDIX A: Questionnaire study 1 English

Dear Respondent,

You are being invited to participate in a research project which aims to understand care giving in Zambia. Through your participation I hope to understand grandparents' participation in care giving. The data generated from this study are for academic purposes and will be treated with maximum confidentiality. I will not share any information that identifies you with anyone outside my research group. Your participation is voluntary and if you have any questions or concerns about the study please, feel free to contact the persons mentioned below.

Kindly fill in this questionnaire, following the example below, where appropriate. It will take you approximately 15 minutes to complete.

For example

Computer number	13042388					
Age	24					
Tribe	Tonga					
Gender	Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>		
Where did you grow up?	City	<input type="checkbox"/>	Town	<input checked="" type="checkbox"/>	Village	<input type="checkbox"/>

Name of area	Choma
--------------	--------------

Please note that you are free not to participate in this exercise. Nevertheless, your participation will be highly appreciated. If you have any questions or need additional information, you can contact the following faculty members:

F.Sichimba -Psychology Department
Department

Email: francis.sichimba@unza.zm

Mobile: 0978 697664

Dr. Imasiku Mwiya – Psychology

Email: mwiya.imasiku@unza.zm

Mobile: 0977396176

DEMOGRAPHICS

Computer number	
Age	

Tribe						
Gender	Male		Female			
Where did you grow up?	City		Town		Village	
Name of area						
Number of grandparents that you currently have and are still alive?						

SECTION 1

Below is a list of activities that *maternal* grandparents normally do to help take care of their grandchildren. Please mark/answer where appropriate (as shown in the example on the cover page). **As you try to answer please try to think back to what your grandmother did at the time when you were a child**

ACTIVITY	Yes	No	How your grandparents felt about doing these things
			6.6

6.7	6.8	6.9	Positive	Negative	Neutral
Feeding	6.10	6.11	6.12	6.13	6.14
Playing	6.15	6.16	6.17	6.18	6.19
Bathing	6.20	6.21	6.22	6.23	6.24
Comforting child when distressed	6.25	6.26	6.27	6.28	6.29
Transporting baby	6.30	6.31	6.32	6.33	6.34
Carrying child on the back	6.35	6.36	6.37	6.38	6.39
Holiday care	6.40	6.41	6.42	6.43	6.44
Caring during illness	6.45	6.46	6.47	6.48	6.49
Toilet training	6.50	6.51	6.52	6.53	6.54
Protection from accidents	6.55	6.56	6.57	6.58	6.59
Discipline	6.60	6.61	6.62	6.63	6.64

Setting Limits	6.65	6.66	6.67	6.68	6.69
-----------------------	------	------	------	------	------

2. Do you still have contact with your grandparents?

Yes	
No	
Other, specify	

SECTION 2

FAMILY COMPOSITION

How many people lived in your family (under the same roof) at that time when your grandparents were taking care of you?

Person	# of people
---------------	--------------------

Mother	
--------	--

Father	
Grandmother	
Grandfather	
Older sisters	
Younger sisters	
Older brothers	
Younger brothers	
Person	# of people

Uncles	
Aunts	
Older cousins	
Younger cousins	
Nieces	
Nephews	
Maids/Baby sitters	
Other relations	

Think again of the time you were young (primary school) and answer/mark (×) the following questions.

At the time, was your father working	Yes		No	
Type of employment?	Part time		Full time	

At the time, was your mother working?	Yes		No	
Type of employment?	Part time		Full time	
How many grandmothers did you have at that time?				
How many times in a month did you meet your grandparents?				
What were your sleeping arrangements	Shared a bed			
	Shared a room (not in the same bed)			
	Slept in separate rooms			
Was there a time when your grandparents protected you and your younger sibling(s) from accidents/danger from death?	Yes		No	
Did your parents ever tell your grandparents that you were not taking	Yes		No	

good care of ?						
How often did they tell your grandparents that?	Very often		Quite often		Sometimes	Almost never
Did your parents get bothered living with your grandparents?	Yes			No		Not applicable
How did you feel being taken care of by your grandparents?	Happy		Not sure			Sad

SECTION 3 A

This part of the questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your grandparents. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following questions about your grandmother or a grandmother-like figure

1. It helps to turn to this person in times of need.
 Strongly disagree 1 2 3 4 5 6 7 Strongly agree

2. I usually discuss my problems and concerns with this person.
 Strongly disagree 1 2 3 4 5 6 7 Strongly agree

3. I talk things over with this person.
 Strongly disagree 1 2 3 4 5 6 7 Strongly agree

4. I find it easy to depend on this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
5. I don't feel comfortable opening up to this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
6. I prefer not to show this person how I feel deep down.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
7. I often worry that this person doesn't really care for me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
8. I'm afraid that this person may abandon me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
9. I worry that this person won't care about me as much as I care about him or her.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

Please answer the following questions about your grandfather or a grandfather-like figure

1. It helps to turn to this person in times of need.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
2. I usually discuss my problems and concerns with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
3. I talk things over with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
4. I find it easy to depend on this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
5. I don't feel comfortable opening up to this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
6. I prefer not to show this person how I feel deep down.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

7. I often worry that this person doesn't really care for me.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

8. I'm afraid that this person may abandon me.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

9. I worry that this person won't care about me as much as I care about him or her.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

SECTION 3 B

This part of the questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your parents. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

Please answer the following questions about your mother or a mother-like figure

1. It helps to turn to this person in times of need.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

2. I usually discuss my problems and concerns with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
3. I talk things over with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
4. I find it easy to depend on this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
5. I don't feel comfortable opening up to this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
6. I prefer not to show this person how I feel deep down.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
7. I often worry that this person doesn't really care for me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
8. I'm afraid that this person may abandon me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
9. I worry that this person won't care about me as much as I care about him or her.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

Please answer the following questions about your father or a father-like figure

1. It helps to turn to this person in times of need.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
2. I usually discuss my problems and concerns with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
3. I talk things over with this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
4. I find it easy to depend on this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree
5. I don't feel comfortable opening up to this person.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

6. I prefer not to show this person how I feel deep down.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

7. I often worry that this person doesn't really care for me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

8. I'm afraid that this person may abandon me.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

9. I worry that this person won't care about me as much as I care about him or her.
Strongly disagree 1 2 3 4 5 6 7 Strongly agree

SECTION 4

Below is a checklist of things/items that are sometimes found in people's homes. Thinking back to the time you were young (primary school) please mark in the appropriate box.

HP1	Did you have a television in your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
-----	---	--

HP2	Did you have a stove at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 3	Did you have electricity at home? <i>(Including solar electricity)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 4	Did you have running water, from any source, at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 5	Did you have a flushable toilet?	<input type="checkbox"/> No <input type="checkbox"/> Yes

		<input type="checkbox"/> Don't know
HP 6	Did you have a car at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 7	Did you have at least two sets of clothes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 8	Did you have at least one pair of shoes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know

HP 9	Did the household own a radio?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 10	Did you have a bed or mat to sleep on?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
HP 11	Did you have cement or tiled floors in your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know

*******THANK YOU VERY MUCH FOR YOUR PARTICIPATION AND**
TIME*****

APPENDIX B: Questionnaire study 1 Dutch

Beste student,

We willen je vriendelijk vragen om mee te doen in een onderzoek waarin we kijken naar de rol van grootouders in de opvoeding. De vragenlijst is ook afgenomen onder Zambiaanse studenten en jouw deelname helpt ons de verschillen te begrijpen in de rollen die grootouders kunnen spelen in de opvoeding in verschillende culturen. Ook wanneer je momenteel geen grootouders meer hebt, kun je de vragenlijst invullen. De verzamelde gegevens zijn alleen bestemd voor wetenschappelijke doeleinden en zullen vertrouwelijk worden behandeld.

We willen je vragen deze vragenlijst in te vullen zoals is aangegeven in het voorbeeld hieronder. Het invullen van de complete vragenlijst zal ongeveer 15 minuten duren.

Voorbeeld

Leeftijd	22			
Ethniciteit	Nederlander			
Geslacht	Man	<input checked="" type="checkbox"/>	Vrouw	<input type="checkbox"/>
Waar ben je opgegroeid?	Stad	<input checked="" type="checkbox"/>	Dorp	<input type="checkbox"/>

Naam van stad of dorp waar je opgroeide	Delft
---	--------------

Voel je niet verplicht om deze vragenlijst in te vullen. Echter, je deelname wordt erg op prijs gesteld! Voor vragen kun je contact opnemen met:

F.Sichimba

Email: francis.sichimba@unza.zm

ALGEMENE GEGEVENS

Leeftijd				
Ethniciteit				
Geslacht	Man	<input type="checkbox"/>	Vrouw	<input type="checkbox"/>

Waar ben je opgegroeid?	Stad		Dorp	
Naam van stad of dorp waar je opgroeide				
Hoeveel grootouders zijn op dit moment nog in leven?				

DEEL 1

Hieronder staat een lijst met taken die *grootmoeders* kunnen doen om te helpen met de verzorging/ opvoeding van hun kleinkinderen. Kruis aan wat van toepassing is (zie het voorbeeld op pagina 1) en **denk hierbij terug aan wat je grootmoeder deed toen je een kind was.**

ACTIVITEIT	JA	NEE	Hoe denk je dat je grootmoeder het uitvoeren van deze taken ervoer?		
			Positief	Negatief	Neutraal
8.1	8.2	8.3			
Voeden	8.4	8.5	8.6	8.7	8.8
Samen spelen	8.9	8.10	8.11	8.12	8.13

In bad doen	8.14	8.15	8.16	8.17	8.18
Troosten	8.19	8.20	8.21	8.22	8.23
Vervoeren/ naartoe brengen ergens	8.24	8.25	8.26	8.27	8.28
Duwen in de kinderwagen	8.29	8.30	8.31	8.32	8.33
Oppassen / uitstapjes maken	8.34	8.35	8.36	8.37	8.38
Verzorgen tijdens ziekte	8.39	8.40	8.41	8.42	8.43
Zindelijkheidstraining	8.44	8.45	8.46	8.47	8.48
Beschermen tegen ongelukken	8.49	8.50	8.51	8.52	8.53
Disciplineren/ straffen	8.54	8.55	8.56	8.57	8.58
Grenzen stellen	8.59	8.60	8.61	8.62	8.63

2. Heb je momenteel nog contact met je grootouders?

Ja	
Nee	
Anders, namelijk.....	

DEEL 2

FAMILIE SAMENSTELLING

Uit hoeveel personen bestond jullie gezin (dwz onder hetzelfde dak) toen je **de leeftijd had waarop je grootouders wel eens voor je zorgden?**

Persoon	Aantal
Moeder	
Vader	
Grootmoeder	

Grootvader	
Oudere zussen	
Jongere zusjes	
Oudere broers	

Jongere broertjes	
Persoon	Aantal
Ooms	
Tantes	
Oudere neven	

Jongere neefjes	
Oudere nichten	
Jongere nichtjes	
Hulp in huishouding	
Andere personen	

Denk terug aan de tijd dat je tussen de 7-13 jaar oud was (basisschool) en kruis aan (x) wat van toepassing is.

Had je vader op dat moment werk?	Ja		Nee	
Soort werk?	Part time		Full time	
Had je moeder op dat moment werk?	Ja		Nee	
Soort werk?	Part time		Full time	
Hoeveel grootmoeders had je <i>op dat moment</i> ?				

Hoe vaak zag je je grootouders ongeveer <i>per maand</i> ?							
Kun je je een voorval herinneren waarin (één van) je grootouders jou en/of je jongere broertjes en zusjes beschermden tegen een ongeluk of dodelijk gevaar?	Ja			Nee			
Zeiden je ouders ooit tegen je grootouders dat ze niet goed voor jou zorgden?	Ja			Nee			
Hoe vaak zeiden je ouders dat tegen je grootouders?	Heel vaak		Regelmatig		Soms		(Bijna) nooit
Gaven je ouders wel een aan het lastig te vinden om samen met je grootouders (in één huis) te leven?	Ja			Nee			Niet van toepassing
Hoe voelde je je over de zorg die je grootouders je gaven?	Blij		Neutraal/ weet ik niet			Verdrietig	

DEEL 3 A

Dit deel van de vragenlijst is bedoeld om na te gaan hoe je denkt over belangrijke personen in je leven. Hieronder staan vragen die betrekking hebben op je grootouders. Je kunt aangeven in welke mate elke stelling van toepassing is door het juiste cijfer te omcirkelen. Denk bij de beantwoording van de eerste 9 vragen aan je grootmoeder of haar plaatsvervanger, en bij de volgende 9 vragen aan je grootvader.

Beantwoord de volgende vragen over je **grootmoeder** of een andere grootmoeder-figuur.

1. Deze persoon is een hulp in tijden van nood.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

2. Meestal bespreek ik mijn problemen en vragen met deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

3. Ik praat vaak met deze persoon over allerlei dingen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

4. Ik vind het makkelijk om deze persoon te vertrouwen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

5. Ik voel me niet comfortabel als ik open ben tegenover deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

6. Ik laat deze persoon liever niet zien hoe ik me diep vanbinnen voel.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

7. Ik maak me vaak zorgen dat deze persoon niet echt om me geeft.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

8. Ik ben bang dat deze persoon me misschien zal verlaten.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

9. Ik maak me zorgen dat deze persoon niet zoveel om mij geeft als ik geef om hem of haar.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

Beantwoord de volgende vragen over je **grootvader** of een grootvader-figuur.

1. Deze persoon is een hulp in tijden van nood.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

2. Meestal bespreek ik mijn problemen en vragen met deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

3. Ik praat vaak met deze persoon over allerlei dingen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

4. Ik vind het makkelijk om deze persoon te vertrouwen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

5. Ik voel me niet comfortabel als ik open ben tegenover deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

6. Ik laat deze persoon liever niet zien hoe ik me diep vanbinnen voel.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

7. Ik maak me vaak zorgen dat deze persoon niet echt om me geeft.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

8. Ik ben bang dat deze persoon me misschien zal verlaten.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

9. Ik maak me zorgen dat deze persoon niet zoveel om mij geeft als ik geef om hem of haar.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

DEEL 3B

We willen je vragen dezelfde vragen te beantwoorden over je moeder, of iemand die de moederrol voor jou vervulde, en voor je vader of een vader-figuur. Geef opnieuw aan in welke mate elke stelling van toepassing is door het juiste cijfer te omcirkelen.

Beantwoord de volgende vragen over je **moeder** of een andere moeder-figuur.

1. Deze persoon is een hulp in tijden van nood.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

2. Meestal bespreek ik mijn problemen en vragen met deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

3. Ik praat vaak met deze persoon over allerlei dingen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

4. Ik vind het makkelijk om deze persoon te vertrouwen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

5. Ik voel me niet comfortabel als ik open ben tegenover deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

6. Ik laat deze persoon liever niet zien hoe ik me diep vanbinnen voel.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

7. Ik maak me vaak zorgen dat deze persoon niet echt om me geeft.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

8. Ik ben bang dat deze persoon me misschien zal verlaten.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

9. Ik maak me zorgen dat deze persoon niet zoveel om mij geeft als ik geef om hem of haar.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

Beantwoord de volgende vragen over je **vader** of een vader-figuur.

1. Deze persoon is een hulp in tijden van nood.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

2. Meestal bespreek ik mijn problemen en vragen met deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

3. Ik praat vaak met deze persoon over allerlei dingen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

4. Ik vind het makkelijk om deze persoon te vertrouwen.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

5. Ik voel me niet comfortabel als ik open ben tegenover deze persoon.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

6. Ik laat deze persoon liever niet zien hoe ik me diep vanbinnen voel.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

7. Ik maak me vaak zorgen dat deze persoon niet echt om me geeft.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

8. Ik ben bang dat deze persoon me misschien zal verlaten.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

9. Ik maak me zorgen dat deze persoon niet zoveel om mij geeft als ik geef om hem of haar.

Helemaal mee oneens 1 2 3 4 5 6 7 Helemaal mee eens

DEEL 4

Hieronder vind je een lijst van dingen die mensen in huis kunnen hebben. **Denk terug aan de tijd dat je tussen de 7-13 jaar oud was** (basisschool) en kruis aan wat van toepassing is.

1	Hadden jullie een televisie thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
---	------------------------------------	--

2	Hadden jullie een fornuis thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
3	Hadden jullie elektriciteit thuis? <i>(zonne-energie valt hier ook onder)</i>	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
4	Hadden jullie stromend water thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet

5	Hadden jullie een doorspoelbare toilet thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
6	Hadden jullie een auto thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
7	Had je tenminste twee sets eigen kleding?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
8	Had je tenminste één paar eigen schoenen?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja

		<input type="checkbox"/> Weet ik niet
9	Hadden jullie een radio thuis?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet
10	Had je een bed om in te slapen?	<input type="checkbox"/> Nee <input type="checkbox"/> Ja <input type="checkbox"/> Weet ik niet

*******Heel hartelijk dank voor je tijd en deelname!*******

APPENDIX C: Questionnaire parenting in diverse cultures

Questionnaire 'Parenting in different cultures'

BACKGROUND

1. Number of children:

2. Child 1 Age*:

Gender:

APTER 12:

3. Child 2 Age*:

Gender:

APTER 13:

4. Child 3 Age*:

Gender:

5. Your age:

* age in months for children younger than 2 year. Age in years for children older than 2 year.

6. What is the highest level of education that you completed (with a diploma)?

Country of birth

	You	Your mother	Your father	Father	His mother	His father
ibia	<input type="radio"/>					
er	<input type="radio"/>					
mely.....						

CHAPTER

Your language ability

	Limited	Moderate	Fluent
lish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
er language (namely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FORM 17: FORM

REARING

The statements below describe you as educator of your child and your ideas about rearing. Please indicate how much you agree or disagree with each statement.

	Completely disagree	Mostly disagree	Neither agree, nor disagree	Mostly agree	Completely agree
1. Playing with your child helps to prevent difficult behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You should not exaggerate praising children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Difficult behaviour is best ignored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If you forbid your child to do something, you have to stay calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Praising good behaviour makes my child easier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Difficult behaviour can be prevented by directing the child's attention to something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

else.					
7. I believe that I should praise my child at least once a day.	<input type="radio"/>				
8. Even if your child is content, it is important to play together.	<input type="radio"/>				
9. If your child is being difficult, you should really give more compliments.	<input type="radio"/>				

WORK AND INCOME

1. Are you and your partner gainfully employed? (you can check multiple answers)

<p>You:</p> <p><input type="radio"/> No, fulltime homemaker</p> <p><input type="radio"/> No, student/finishing</p> <p><input type="radio"/> No, unemployment benefits / other social security welfare benefits</p> <p><input type="radio"/> Yes, namely</p>	<p>Your partner:</p> <p><input type="radio"/> No, fulltime homemaker</p> <p><input type="radio"/> No, student/finishing</p> <p><input type="radio"/> No, unemployment benefits / other social security welfare benefits</p> <p><input type="radio"/> Yes, namely</p>
--	---

..... for for
..... hours per week hours per week
	O n.a.

2. Approximately what was your household's total income last year, including social welfare? (before deduction of tax and allowances)

Below is a checklist of things/items that are sometimes found in people's homes. Please mark in the appropriate circle

	Yes	No
HP1 Do you have a television at home?		
HP2 Do you have a stove at home?		
HP3 Do you have electricity at home? (including solar electricity)		

HP4 Do you have runnin water, from any source, at home?		
HP5 Do you have a flushable toilet?		
HP6 Do you have a car at home?		
HP7 Do you have at least 2 sets of clothes?		
HP8 Do you have at least one set of shoes?		
HP9 Does the household own a radio?		
HP10 Do you have a bed or a mat to sleep on?		
HP11 Do you have cement or tiled floors in your home?		

RELIGION

1. Which religion do you have?

Christian	Other, namely:	
O	

For some people religion plays an important role in the parenting of their child(ren). For other people the religion is not important or only somewhat. We would like to know what your opinion is about this. Indicate for every statement to which extent this applies to you.

	Totally	Disagree	Neither	disagree, nor	Agree	Totally agree
1. I use my religion as a guideline for the parenting of my child.	<input type="radio"/>					
2. My religion helps me to rear my child well.	<input type="radio"/>					
3. I teach my child a lot about my religion.	<input type="radio"/>					
4. I teach my child that religion plays an important role in our life.	<input type="radio"/>					

VALUES

Indicate to what extent you agree with the following statements.

Strongly	Disagree	Slightly	Neither agree,	Slightly agree	Agree	Strongly agree
----------	----------	----------	----------------	----------------	-------	----------------

1. I'd rather depend on myself than others.	<input type="radio"/>						
2. I rely on myself most of the time; I rarely rely on others.	<input type="radio"/>						
3. I often do 'my own thing.'	<input type="radio"/>						
4. My personal identity, independent of others, is very important to me.	<input type="radio"/>						
5. It is important that I do my job better than others.	<input type="radio"/>						
6. Winning is everything.	<input type="radio"/>						
7. Competition is the law of nature.	<input type="radio"/>						
8. When another person does better than I do, I get tense and aroused.	<input type="radio"/>						
9. If a coworker or acquaintance gets a prize, I would feel proud.	<input type="radio"/>						
10. The well-being of my coworkers and acquaintances	<input type="radio"/>						

is important to me.							
11. To me, pleasure is spending time with others.	<input type="radio"/>						
12. I feel good when I cooperate with others.	<input type="radio"/>						
13. Parents and children must stay together as much as possible.	<input type="radio"/>						
14. It is my duty to take care of my family, even when I have to sacrifice what I want.	<input type="radio"/>						
15. Family members should stick together, no matter what sacrifices are required.	<input type="radio"/>						
16. It is important to me that I respect the decisions made by my groups.	<input type="radio"/>						

Date:-.....-.....

APPENDIX D: Maternal Behaviour Q-Sort

MBQ-sort

Explanations on cards 1 - 90

1. Gives her child little opportunity to play along or to respond.

Mother may initiate play, but she does not follow her child's lead, as a result there is little or no turn taking. M dictates what happens without taking into account what her child wants.

2. Pays attention to what her child is doing when there is a visitor.

Mother pays attention to her child, even when she has other things to do (like talking to visitors). Her behaviour suggests she knows what her child is doing at all times.

3. Her responses to her child are unpredictable.

From the B's experience, it is difficult to know how mother will respond to his/her behaviour.

4. Does not pay attention to her child when she is busy with a visitor.

Mother is busy with her visitors and does not pay attention to what her child is doing and does not speak to her child either.

5. Is not at ease when she is holding her child close (for instance on her lap).

When mother has her child on her lap, her behaviour seems insincere and not enthusiastic. Mother does not seem to feel comfortable when she holds or cuddles her child. When her child comes up to her, she may send or point her child elsewhere.

6. Supports contact of her child with a visitor.

Introduces her child to the visitor. Mother sits in such a way that she can help with the contact between her child and the visitor. Lets the visitor know what her child may like to do.

7. Treats her child as an object when holding him/her.

Mother's behaviour is uncomfortable or not careful. Treats her child like a doll, or suddenly swoops in on her child, or roughly adjusts her child's position.

8. Lets her child know when she leaves the room.

No further explanation.

9. Does not respond when her child makes sounds, smiles or reaches.

Does not respond to positive behaviour of her child or the child's attempts to get her attention.

10. Speaks to her child directly and not just abouther child.

The child pays attention when mother speaks to him/her. Mother makes sure that she has the child's attention before she continues talking to him/her.

11. Speaks slowly and repeats the words if she talks to her child.

Mother goes along with her child's sounds and activities in an educational way.

12. Mother determines when her child has to sleep, whether her child is tired or not.

Mother schedules appointments to fit her schedule rather than during a time when her child is usually at his/her best. If her child gets tired during the visit mother does not let that influence her/mother does not take that seriously.

13. Uses brothers/sisters or television to keep her child entertained.

Mother makes herself unavailable by putting her child away in front of the television or by having brothers/sisters play with him/her.

14. Suddenly stops playing with her child to talk to a visitor.

Example: puts her child down when the phone rings or to talk to a visitor while she was busy with her child.

15. Tries to involve her child in games or activities that are actually too difficult for her child, but does not notice that.

Mother is unaware of what her child can handle. –For example, she may include her child in an activity even though her child seems frustrated or can not do the activity.

16. Does not realize it when things become too much for her child.

Mother does not change her behaviour when there are signs that her child is not interested anymore or does not like it.

Examples: she may continue to offer a toy even though her child turns away and does not want to take it. Or wants her child to do certain things, even when the child does not feel like it.

17. Dictates what happens and how fast things go, not her child.

Mother follows her own plans when dealing with her child. She ignores signs that her child wants to do something else or wants to change pace. Makes her child follow her own wishes.

18. The house does not look like a child is living there.

It is not clear whether there are things for the child in the house. The room has not been made appropriate for children (dangerous or fragile things are within reach of the child). Because of this, mother has to constantly limit her child's free movement.

19. Places her child in another room when her child is in a bad mood or cranky.

Example: Puts her away when he/she cries or whines, for instance to the bedroom or in a playpen.

20. Responds well when her child is sad.

The child calms down in response to mother's behaviour.

21. Finds it difficult to take care of her child.

Mother is having troubles with the daily care of her child.

Example: Mother may be passive, withdrawn or frustrated during activities such as changing a diaper or feeding.

22. Seems to be unaware when her child is asking for attention.

Mother is not available for her child, is unaware of her child's signals.

23. Makes sure that her child can always come closer to her.

No further explanation.

24. Makes sure her child can hear or see her.

For example, sits with her face towards her child. When the child moves, mother also changes position or stands up so that her child can see and/or hear her.

25. Is not very good at dividing her attention between her child and other tasks, so that she does not always see what her child needs.

Mother is not very good at doing more than one thing at a time. If she is busy with other things, she is not aware of what her child is doing anymore.

26. Responds immediately when her child cries/whimpers.

No explanation necessary.

27. Responds when her child asks for attention, even when she is busy with a visitor.

Mother pays attention to her child and responds to him/her, also when she is doing other things.

28. Offers her child something else to do to distract him/her from something that is not allowed.

If her child does something that is not appropriate, mother makes sure that he/she gets something to do that is appropriate.

29. When her child is distressed, mother understands why.

Mother does not seem to just guess what her child needs, but seems to know her child well. This is noticeable in the reactions of her child to her behaviour.

30. Uses mainly physical contact with her child instead of using her voice.

Mother is mostly physical with her child. With her behaviour, she determines how her child moves, where he/she sits or stands and what he/she does.

For example, may move her child's hand to a toy; moves her child with force.

31. Distracts her child to something else when her child wants to sit on her lap, without a gentle transition.

The way that mother distracts her child is very sudden. She does not respond to her child's need for physical contact.

32. Mother does not follow her child with her behaviours.

Mother interferes with activities that her child enjoys, tries to get her child's attention when her child is doing something else. Is busy when her child is quiet and is quiet when her child is busy.

33. Tries several different things to satisfy her child, without a clear plan.

Mother does not seem to have a clear plan for the way in which she responds to her child's needs. Does not sense what her child needs.

34. Her behaviour fits the mood of her child.

Examples – does not persist in an activity when her child is tired, or changes her behaviour so that it fits the interests and needs of her child.

35. Finishes activities and games with her child properly so that her child is content.

Mother seems to know when her child is done with an activity. Mother does not stop or interfere with an activity before her child indicates that he/she is done with it.

36. Steps in when her child does something dangerous.

When necessary, mother responds quickly so that it is clear that she is protecting her child. She may not give her child something else to do. Mother clearly finds protection of her child the most important.

37. Steps in when her child does something that can make him/her dirty.

Mother seems to find it more important that her child does not get messy than that her child can explore things and do things by him-/herself.

Example - Mother frequently wipes her child's face and fingers while her child is eating or drinking. Interferes during mealtime where eating soft foods with fingers may be appropriate.

38. Provides healthy snacks.

No further explanation (filler item).

39. Tries to teach her child things during play.

Examples - Names things that her child is doing. Asks 'what is...?' en tries to get the child to do certain things.

40. Encourages her child to feed him-/herself if her child wants to.

This is about eating in a way that fits the child's age and fits what the child is trying to do.

Examples - gives her child the opportunity to feed him/herself by providing finger foods; allows her child to use a spoon.

41. Her contact with her child consists mostly of doing things (e.g., eating, or playing with toys).

Mother uses toys or food to make contact with her child, even when the child cries or whines or wants to go on mother's lap.

42. Her way of showing affection for her child seems insincere.

Her expressions of affection are abrupt, seem fake, and mother does not really seem to be engaged with her child.

Example - swoops down and gives her child a quick kiss on the head.

43. Is cheerful when she does things with her child.

Mother shows her enthusiasm for her child in different ways.

44. Knows what her child can and can not do at his/her age when it comes to self-control.

Mother steps in when her child is unable to control his/her emotions.

Examples - helps her child with a task if he/she gets frustrated, pays attention to see if her child needs comforting when he/she is in pain, suggests another activity in a friendly manner when her child becomes to busy.

45. Praises her child / gives her child compliments.

Examples -shows her approval of her child by acknowledging her child's accomplishments and activities and giving compliments.

46. Makes sure her child is comfortable on her lap.

Mother's body is relaxed and makes contact with her child easy, she cuddles her child in a relaxed manner.

47. Shows her affection for her child by touching her child or cuddling him/her.

Examples - mother touches her child lovingly when he/she is near her. Shows her positive feelings toward her child.

Moeder raakt haar kind liefdevol aan als hij/zij bij haar in de buurt is. Laat haar positieve gevoelens over haar kind zien.

48. Points to interesting things in her child's environment and tells him/her what they are called.

Mother is aware of her child's environment and points to things that may be interesting for her child and tells him/her what they are called. Mother structures the environment for her child by

using words to indicate changes in activities, by introduces visitors, by naming toys and activities during play.

49. Seeks contact with her child.

Examples - shows toys to her child, talks to her child.

50. Makes sure that the environment is interesting for her child.

mother seems to have thought about her child's needs, interests and developmental level by providing toys that her child can play with to stimulate his/her development. There is also a place in the house for the child to play.

51. Makes sure that there are toys that fit the age of her child.

Explanation: Is aware of her child's developmental level as shown by giving her child toys that fit de child's level.

52. If she wants to forbid her child something, she does so with words and without touching or restraining the child.

Explanation: Uses words to forbid things and for controlling her child

53. Waits for her child's response when they are doing something together.

Makes sure that her child gets the opportunity to respond by slowing down.

For example, gives her child a chance to explore something new. Or, during a puzzle she is more focused on supporting her child's play than completing puzzle.

54. Teases her child to keep her child's attention, even when the child does not like it.

Teases her child. It doesn't matter whether or how the child reacts to this.

Examples - offers a toy and then puts it out of her child's reach when her child shows interest; repeatedly pushes toy in her child's face; trying to distract her child by poking at him/her when he/she is distressed.

55. Sees her child as a person with his/her own wishes and even accepts it when her child wants to do things that she does not like.

Mother accepts that her child wants to explore things independently and lets her child explore the environment without restrictions even when these experiences may be contrary to mother's expectations. This does not include experiences which may be dangerous or in which the mother needs to intervene (e.g., bedtime).

56. Has fixed ideas about how her child needs to be taken care of and always does these things the same way.

Has inflexible ideas about child rearing without taking her child's needs or wishes at that moment into account.

Examples - keeps her child on a fixed schedule rather than meeting the immediate needs of her child; insists on early toilet training or a quick transition to solid food.

57. Shows that she enjoys doing things with her child.

Enjoyment and adoration of her child is clear. Shows positive behaviour towards her child by smiling and talking to him/her. ,

58. Takes her child's needs into account in the way the house is furnished/organized.

Arranges her schedule to fit the needs of her child; provides quiet time when her child is stressed or tired; structures the environment to allow for exploration and movement without restriction; dangerous and adult objects are out of her child's reach; her child's toys are within reach.

59. Lets her child do things he/she likes without interruption.

Mother's behaviour does not interrupt her child's ongoing activity. The timing and nature of her behaviour fits the child's mood and interest.

Example - if her child is engaged in an activity, she waits until her child is finished before introducing a new task.

60. Often scolds or criticizes her child.

Mother's behaviour often consists of reprimands, criticism, hostility or scorn. Mother seems punitive.

61. Is irritated when her child wants to sit on her lap.

Irritation may be expressed by purposely ignoring her child when he/she seeks contact and sighing or having an angry expression. Irritation may also be expressed by criticising her child when he/she seeks contact (e.g., 'oh, you are being so annoying') or by abruptly pushing or putting her child away if he/she seeks contact,

62. Understands her child well as can be seen from the responses of her child.

Can accurately predict her child's needs and this shows in the satisfaction of her child with her responses.

Example – her child fusses, mother comforts him/her and her child stops crying and seems content.

63. Shows that she is aware of her child's distress but does not respond.

When her child is upset mother does not ignore this. She is aware of her child's behaviour but does not respond.

Example – she does look or say something to her child but does not give her child what he/she seems to want or need.

64. Greets her child when she comes back into the room.

Mother shows that she is aware of her child's attention.

Example - when she comes back from another room, she greets her child, except when such a greeting might interfere with her child's ongoing activity.

65. Responds to what her child does or says.

Mother is aware of her child's signals to her and also responds to these signals. It does not matter whether her responses are appropriate.

66. Never responds to her child.

Does not respond to negative signals (like crying, whining) or positive signals (like smiling) of her child.

67. Responds only when her child shows prolonged or intense distress.

Only comforts her child when her child shows prolonged or intense distress and otherwise does not seem to be aware of her child's distress. Mother does not respond to her child's less intense signals of distress such as fusses and whimpers.

68. Adapts her tempo and tone to what her child wants when they are playing together.

Mother's tempo and behaviour when she does something with her child fits with what the child is doing at that moment and with how active and enthusiastic her child is.

69. Notices when her child is distressed (e.g., cries, fusses or whimpers).

Shows that she is aware of her child's distress. Gives clear signs to her child that she is paying attention to him/her.

She may look or say something to her child. It does not matter if she intervenes or not.

70. Is so late in her responses, that it is not clear for the child what she is responding to.

Because mother is so late in her responses, there is no clear relation between what her child does and what she does.

Example: her child indicates that he/she wants a drink, mother gets the drink several minutes later; her child indicates that he/she wants to be picked up, mother ignores him/her until she finishes her activity and then responds. Mother also does not tell the child to wait a little bit in the meantime.

71. Joins in the focus of her child's attention.

Mother is aware of what her child enjoys and what he/she is doing and makes sure that her behaviour fits with this.

Example - in play, mother pays attention to which toys and games her child likes and plays along with those rather than just starting something new.

72. Notices when her child smiles and makes sounds.

Clearly shows that she notices when her child smiles or makes sounds.

Example - looks at her child when he/she smiles. It does not matter whether she responds by smiling, or saying something.

73. When she is irritated with her child, she stops doing things with him/her.

If mother is irritated, she withdraws from her child either by walking away or by not talking to her child.

Examples - when she is annoyed with her child, she refuses to do something with him/her and responds as if she does not care at all.

74. Worries when her child tries new things, even when they are not dangerous.

Mother is exaggerated in keeping an eye on her child when he/she explores the environment. Seems overly concerned about her child's behaviours that are completely normal for his/her age.

Example - may physically restrict B's movements, stands over B when B is obviously good at walking.

75. Encourages her child to try new things.

Shows that she understand her child's wish to explore new things by giving her child opportunities to explore the environment by him-/herself.

Example - shows her child a new toy or starts an activity that may be interesting to her child and then lets her child explore.

76. Holds her child close to her to comfort him/her.

Mother comforts her child by cuddling him/her and holding him/her close.

Example - when her child is upset, mother picks him/her up and hugs him/her.

77. Talks to her child regularly.

Uses words or sounds to let her child know that she is there for him/her. It does not matter whether the words or sounds are appropriate.

Example - one gets the sense that mother is often connected to her child.

78. Plays games together with her child.

Plays games with her child in which they really do things together, such as peek-a-boo, pat-a-cake, round and round the garden, and

79. Becomes tense when her child needs a lot of attention.

Mother can not stand it when her child needs a lot of attention and finds it difficult to be responsible for the care and parenting of her child.

Examples - when her child needs care or comfort, mother is annoyed, irritated, angry or desparate.

80. Is annoyed if her child does not cooperate.

Mother does not accept it when her child does not go along with hre plans or does not cooperate when she suggests something.

Examples - when her child does not cooperate, mother may argue with her child, ignoring him/her, or does not give in to what her child wants.

81. Clearly shows her child that she is happy with him/her.

Mother clearly shows that she loves her child and likes him/her just the way he/she is.

Examples - shows that she is happy with her child by saying nice things to him/her. Or if her child does something cute, mother smiles and says something nice to him/her.

82. Restricts her child's movements

Mother restrains her child's movement. Putting her child in a playpen or highchair only counts when it is a way to make sure her child can not explore the environment by him-/herself.

Example - encloses her child with her legs during play so her child cannot move away.

83. Aloof/distant when doing things with her child.

Her behaviour towards her child is aloof and impersonal and is not connected to what her child is doing at that moment.

Example - mother seems to do things with the child because she has to, not because she likes to.

84. The feelings that she shows do not match the feelings of the child, for example mother smiles when her child cries.

No further explanation.

85. Suddenly interrupts things that she is doing with her child.

When mother and her child do something together, mother suddenly interrupts the activity or suddenly stops without a clear reason. Does not give her child the opportunity to properly finish the activity.

Example -tries to do something different with her child when her child is still enjoying playing with a toy.

86. Stops physical contact before her child is contented.

When mother holds her child, she breaks off contact before her child is fully comforted and ready to do something else.

87. Clearly opposes her child's wishes.

Does not accept that her child has a will of its own, actively steers the child's attention to something else when he/she is doing an activity. Does not pay attention to her child's mood and activity at that moment.

88. Often argues or disagrees with her child.

Mother and child seem to have different plans and do not have much fun together. they seem hostile towards each other.

89. The way she handles her child makes her child content.

The way that mother handles hre child works because it makes her child content and calm.

90. Is negative and hostile towards her child.

Mother is hostile towards her child.

Examples - scolds, criticizes, ignores, aggressive, abrupt jerking about, or slaps.

APPENDIX E: Participants inform consent form

UNZAREC FORM 1b

**THE UNIVERSITY OF
ZAMBIA**



DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

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Lusaka, Zambia

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HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

CONSENT FORM

TITLE OF RESEARCH: INFANT PARENTING AND ATTACHMENT IN ZAMBIA

REFERENCE TO PARTICIPANT INFORMATION SHEET:

1. Make sure that you read the Information Sheet carefully, or that it has been explained to you to your satisfaction.

2. Your permission is required if tape, audio or video recording is being used.

3. Your participation in this research is entirely voluntary, i.e. you do not have to participate if you do not wish to.

4. Refusal to take part will involve no penalty or loss of services to which you are otherwise entitled.

5. If you decide to take part, you are still free to withdraw at any time without penalty or loss of services and without giving a reason for your withdrawal.

6. You may choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.

7. The information collected in this session will be kept strictly confidential.

8. If you choose to participate in this research study, your signed consent is required below before I proceed with the interview with you.

VOLUNTARY CONSENT

I have read (or have had explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I now consent voluntarily to be a participant in this project and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature below says that I am willing to participate in this research:

Participant's name (Printed):

.....

Participant's signature: Consent Date:

.....

Researcher Conducting Informed Consent (Printed)

.....

Signature of Researcher: Date:

.....

Signature of parent/guardian: Date:

.....

.....



THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY

19th October 2012

To whom it may concern

SUBJECT: SIBLING AND GRANDPARENTING STUDY

We are lecturers in the Psychology Department of the University of Zambia. We are currently conducting a study on Parenting in Zambia with a focus on Sibling and Grand parental care giving in Lusaka Zambia. This exercise is being conducted as part of our PhD.

Our study seeks to study the interaction that takes place between parents (mothers) and their children and the role that older siblings and grandparents play in the care giving activities. Our study sample includes families that have parents living with their children (with siblings) and have regular contact with their grandparents (even though they may not live in the same locality).

We have identified your institution as one place where we could recruit participants for our study. We are therefore requesting for your permission and assistance to speak to any ‘potential’ participants. Your assistance will be greatly appreciated. Should you require further information, kindly contact us on the information indicated below.

Yours faithfully

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Should you require further information, please contact our supervisors on the following contact details.

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