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Parenting Practices among Mothers in Obubra, Cross River State, Nigeria: An Exploratory Study

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ABSTRACT

INTRODUCTION: More than half of Nigeria's children under the age of five are at risk of poor development that may be linked to parenting practices.
OBJECTIVE: This study explores parenting practices among mothers in Obubra Local Government Area of Cross River State.
MATERIALS AND METHOD: Using a Cross-Sectional descriptive design, focus group discussions were held at three communities in Obubra with mothers aged 18 and older. With a sample size of 19, each FGD lasted about 60-90 minutes. Audio tapes were transcribed and data were analyzed to generate themes. Ethical principles were duly observed.
RESULTS: Themes influencing parenting included pre- and post-pregnancy support, social support from female family members, and religious, and cultural practices. Participants attended ante-natal clinics but some gave birth at home or at a Traditional Birth Attendant's (TBA). Some believed that parenting skills are acquired as a child while observing one's own mother, and practicing with younger siblings. Others said they acquired parenting skills while parenting their own children. Female family members helped mothers with everyday caregiving responsibilities. Corporal punishment was widely practiced. Other harmful cultural practices such as female genital mutilation were on the decline.
CONCLUSION: Culture, religion, and reliance on female family members play a strong role in parenting, presenting both positive and negative attributes. Using appropriate behavioural change theories, evidence can be provided to these support systems to aid mothers to acquire skills and information necessary for positive parenting practices.

KEYWORDS: Positive parenting, Social support, Parentification, Harmful cultural practices

INTRODUCTION

The awareness of the impact of parenting on desired child outcomes has increased considerably in the last two decades.[1] Growth in the fields of developmental science, biology, and neuroscience, has led to substantial changes in the understanding of how children develop and the role the early environment plays in that development. This has allowed researchers to move beyond the nature versus nurture debate and direct attention to better understanding "nature through nurture". Child development is a continuous two-way interchange between genetic heredity and environmental experience, primarily the environmental experiences that occur between an infant and their caretakers.[2]

During these early years, the foundation for health and well-being is established. Although there is no one right way to parenting, there are core components of effective parenting that have been linked to improved physical, mental, and social/emotional outcomes for all children.[1] These include nurturance, warmth, sensitivity, and responsiveness; predictability and consistency; parental monitoring and protection; and the absence of harsh and punitive forms of discipline.[3-6] Positive Parenting is part of the set of functions attributed to parents taking care of their children and is fundamental for the child's health and development.[7] Experts believe there are core components of effective parenting that require specific knowledge, skills, and practices as against the assumptions that good parenting flows naturally and automatically from simply having concern for one's children".[8] Positive parenting holds tremendous promise as a counterbalance to the risks associated with negative parenting; thus, evidence-based parenting programs represent one of the most important approaches in the arsenal of maternal and child health services.

Statement of the problem: One child in 12 dies in the first year, and one in eight does not live to age five. More than half of Nigeria's children under the age of five are at risk of poor development due to a lack of

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early childhood development support.[9] A report by United State Central Intelligence Agency (2018), showed that Nigeria ranked 8th in infant mortality rate; 89.8 deaths/1,000 live births.[10] Nigerian children are exposed to many unhealthy practices such as Female circumcision and vaginal mutilation[11,12], early marriage[13], purging of infants to get rid of impurities, and denial of colostrum.[14] These practices complicate maternal and child health; and, in the long term, result in poor physiological and psychological health outcomes.[15] In a typical Nigerian rural society, there are cultural beliefs that children are usually given small meats or bones while the big meat or flesh is reserved for the adults, this leads to a condition of kwashiorkor which is a result of lack of protein in the system. Harmful cultural practices such as female genital mutilation, genital compression[16], scarification and tribal marks are practiced commonly all over Nigeria.[15]

Even though exclusive breastfeeding for the first six months of a baby's life has clearly been shown to improve physical and mental development, only 24% of Nigerian children are exclusively breastfed for six months.[17] Poor knowledge of parenting could lead to unnecessary clinic visits and increased vaccine-preventable diseases including childhood illness, unintended injuries, maternal anxiety, and malnutrition.[18,19] Greater numbers of stressful life events in early life can result in a greater likelihood of negative outcomes later in life. Early-onset of emotional or behavioral problems that are associated with negative parenting increases the risk of numerous adverse outcomes that persist into adolescence and adulthood, such as delinquency, violence, substance abuse, mental health problems, teen pregnancies, school dropout, and long-term unemployment.[20] Evidence suggests that the quality of parenting a child receives is considered the strongest potentially modifiable risk factor that contributes to physical, mental, and psychosocial well being. Despite existing evidence on the effect of parenting on the physical, social, and mental well-being of children, only a few parents make a conscious effort towards acquiring skills required for parenting based on the assumptions that good parenting flows naturally and automatically from simply having concern for one's children.[8,21]

MATERIALS AND METHODS

Study population: The study population consisted of mothers who have given birth to at least one child and are currently residing in Obubra, Cross River State, Nigeria.

Sampling: For the three focus group discussions, a minimum of six and a maximum of 10 information-rich participants each to discuss one subject matter (parenting) in one community in Obubra was considered adequate to achieve data saturation. Two of the groups had six participants each, and the third group had seven, making a total sample size of 19 for the FGDs. This method of recruiting implies that data generated from the study can have substantial relevance to the study participants.[22]

Data collection: A Focus Group Discussions (FGDs) protocol was designed to explore the experiences of mothers on parenting. The FGD protocol was divided into four sections. The first section introduced the FGD, including the ground rules and ethical considerations. The second section had icebreakers and other group activities to help participants relax and feel free to discuss with each other. The third section covered questions on mothers' experiences during pregnancy, childbirth, and parenting, while the final section provided the researcher the opportunity to offer closing remarks and appreciation of the participants. Prior to the FGD sessions, each participant was requested to complete a consent form, an FGD attendance form, and a participant profile form. A variety of group techniques were used in the conduct of the FGDs. These included brainstorming and general group discussion on cross-cutting issues. Each session was moderated by a facilitator whose responsibility was to guide the discussion utilizing the prescribed guidelines, provide relevant background information and clarification on related issues or questions, and provide an open and non-judgmental space for the participants to have free-flowing dialogue. Each FGD was convened at a venue free of interruption or excessive noise interference, and convenient to participants and lasted between one hour and 1.5 hours. Participants were assured of confidentiality, the right to withdraw from the FGD, and to decline to respond to any questions if they felt uncomfortable. The focus group discussion was recorded and later transcribed for analysis. The tapes were locked in a cabinet. Only the lead researcher has access to the tapes.

Data analysis: The focus group discussions were recorded and later transcribed for analysis. The tapes were in a cabinet to ensure confidentiality. Only the lead researcher had access to the tapes. Content analysis was used to evaluate initial coded themes from field notes. All transcripts were coded by the researchers. First, general themes related to overall

perceptions of the experience of mothers were examined. Two coders independently identified codes from the generated textual data, and then three forms of coding (descriptive, topic, and analytical) was applied. In descriptive coding, summary descriptors were created for each paragraph of text. The texts were organized into sections for topic coding by grouping text segments and labelling them. For analytical coding, the researcher created codes that expressed new ideas about the data by considering the meanings in context. Codes used fewer than five times were evaluated to identify if associated quotes within the transcripts would fit more appropriately under another code. The study protocol was approved by Research Ethics Committee of Cross River State Ministry of Health (CRSMOH/RP/REC/2018/105).

RESULTS

Antenatal experiences: The women reported attendance at ANC session and shared information received during session including benefit of putting to birth at the health center, danger signs of pregnancy, family planning, and healthy living.

"During antenatal I was told not to eat meat, and diet that contains salt because of high level of protein diet. I so much like white chalk but was advised not to eat chalk because of its effect on the health" (FGD participant).

"When growing up, I promised myself not to put to birth at the health centre but in my last ANC session, the nurse sat me down and gave me reasons why I should put to birth at the health centre" (FGD participant).

"The last ANC I attended, the nurse educated us on the danger signs of pregnancy and what to do to ensure we remain safe throughout the period of pregnancy" (FGD participant).

Some of the Participants reported delivery at the health centre. Reasons for delivery at the health centre included, safety, fear, trust and pressure from mothers and/or mothers-in-law.

"I gave birth in the health centre … My mother in-law insisted that I must give birth in the health centre due to her previous experience of home delivery that led to loss of life" (FGD participant).

"I gave birth in the health centre, with the hope that when complications arise, they will handle it or refer because they are well trained" (FGD participant).

Healthcare facility versus home birth: Although some of the participants reported giving birth at the health facility, many of them reported giving birth at home and Traditional Birth Attendant (TBA) homes. Reasons for home delivery included religious/cultural believes, attitude of healthcare workers, care and support from TBA.

"My mum insisted that I give birth at home…I gave birth at home… even my last experience in the hospital was worse than giving birth at home… the healthcare worker handled me roughly" (FGD participant).

"My mum suggested that I should deliver at home because only women without strength deliver at home… I should use the money meant for hospital to get baby things" (FGD participant).

"It was revealed to me in the church that I should put to birth in the church to avoid spiritual attack by the enemies" (FGD participant).

"The woman that assisted me during delivery at home was so nice compared to those nurses that will be shouting at you for no reason" (FGD participants).

Postpartum experiences: Some of the respondents shared their experiences during postpartum period including religious and cultural practices in caring for themselves and the infant. The excitement of birth overwhelmed their parenting role. Most of the participant's experience support and love from female members of family throughout the initial postpartum period.

"After delivery my mother in-law visits me, this period is called "Oman…. She stays until I am strong… she educates me on how to take care of my baby…. She encouraged me to exclusively breastfeed my baby." (FGD participant)

"My sister in-law visited me, helped me to prepare fufu…. For four days my mother will bath me and my baby…… mother in-law asked me to used palm oil, salt and close up to clean the baby's novel" [navel] (FGD participant).

"My mother visited me, I was afraid of my baby's novel [navel], she assisted me to bath my baby till the novel fell off. She asked me to give my baby akamu and water at the age of two months so that the baby will not die of hunger" (FGD participant).

"My mother in-law advised me to constantly bath with hot water to expel the bad blood in my system... Imamana [blood clotting inside the womb] happens to women that don't drink hot water or take hot meals" (FGD participant).

Source of parenting skills: The participants reported that they acquired their parenting skills from their mothers, while some of them learned the process of parenting while parenting.

"Whatever am currently doing as a mother, I actually learnt it from my mother.... She is a very good woman with a good heart.... She loves God and a core discipline woman" (FGD participant).

"I was not prepared to be a mother at this age... I got pregnant without preparation; every day I learn something new based on my baby's attitude" (FGD participant).

Participants stated that mothers are the primary caregivers of children. Major activities within the home, such as feeding, cooking, bathing and cleaning the house, are the responsibility of mothers while fathers are responsible for providing financial support and disciplining the children.

"As a mother, my role is to take care of the house, make sure that I prepare food for my husband and children, keep the house clean, bath the baby" (FGD participant).

"My husband is a very busy man; he leaves the house early in the morning in search of money to support the family..... I try as much as possible to prepare the best food for my husband and also take our child to school" (FGD participant).

Caregiving support: Participants agreed that grandparents, aunties, and siblings help mothers in everyday caregiving responsibilities. There were mixed perceptions regarding the extent to which fathers help with caregiving. Grandmothers and siblings appear to be more involved with everyday child care.

"At the early stage of my delivery, my mother in-law came around... she assisted me a lot... Made easier for me..... because when you just put to birth, you will not have enough energy to take care of yourself and your baby" (FGD participant).

"My younger sister is staying with me; she helps me to keep the house clean and also help me to carry the baby when am tired... Without her support, it will have been very hard for me" (FGD participant).

"My own case is different, my husband use to help me carry the baby... He does not play with his baby boy" (FGD participant).

Feeding practices: On feeding practices, most of the participants acknowledged the importance of exclusive breastfeeding, very few them exclusively breastfed their babies. Older, female family members, especially mothers and mother-in-laws played a significant role in encouraging use of water and breastmilk substitutes.

"I know exclusive breastfeeding is good but is not easy, the last time I tried it I was eating like cow and added weight within a short time" (FGD participant).

"My Mother did not support my idea of exclusively breastfeeding my baby... She said I should not starve her grandson" (FGD participant).

"I give my baby Akamu and the breastmilk... the breast milk alone will not be enough for my baby" (FGD participant).

"I use to buy SME gold for my baby... although it is very expensive..... Am thinking of any other food that is cheaper and ok for my baby" (FGD participant).

Interacting/communicating with infants: On talking to babies, most of the mother's belief that the baby will not understand because of their age. Some participants however, agreed that it is important to talk to a baby that is less than two months old.

"It's not a bad idea to talk to your baby that is less than 2-months but the baby will not understand you.... Baby only start understanding at the age of 5 years" (FGD participant).

"Whenever I talk to my baby, she smiles, that actually makes me happy... when my baby cries I speak to the

baby to stop crying, sometimes she stops while sometimes she doesn't respond to my pleading" (FGD participant).

Culture and parenting: Female Genital mutilation classified by the World Health Organization as a harmful cultural practice, is still ongoing in some communities however, the practice is no longer common as reported by participants during discussion.

"Before, when a baby girl is born, they cut the baby's vagina to protect the girl's future but now only few people do it" (FGD participant).

"Some people came to our community to tell us that the practice is not good, because of that, some people decided not to circumcised their children" (FGD participant).

On discipline, participants reported that they all beat children, although the onset of the age when the beating begins varied, with the youngest being five years of age. These mothers reported that the most commonly used form of discipline was corporal punishment. Other strategies include withholding food and/or playtime, or assigning extra chores.

"When my child is stubborn, I beat the hell out of him.... Remember the Bible said if you spare the rod, you will spoil the child" (FGD participant).

"Outside flogging, sometimes when my child is stubborn, I don't give him food when others are eating so that he will learn lesson" (FGD participant).

Although the participants described their experiences of parenting with varying degrees of detail, the women in this study strongly belief that culture has an important role to play in terms of how a child is raised in the community.

"We are all from this community, the way we train our children is based on how we were trained by our parent" (FGD participant).

"We have our own culture that guides how we behave and how we train our children, most women copy other culture which is not good" (FGD participant).

"If all men and women in this community train up their children in the way they should grow according to what the Bible says, we will not be having any issues in our community" (FGD participant).

On setting and enforcing rules, participants were of the opinion that it was their duty as mothers to either be rigid or flexible.

"It's my responsibility as a mother to provide whatever my baby want at any time he or she want it". (FGD participant).

"For you to succeed as a mother or father, you must set out rules and regulations that a child must obey to avoid spoiling the child, for example my children shouldn't stay out late at night" (FGD participant).

"Most children are very lazy; As a mother my role is to ensure that my child eat and go to school while my child has to help me clean the house, sweep the compound, fetch water and follow me to farm" (FGD participant).

"As a mother, what I mostly do is to see the best I can do make my child better at what he or is doing. When a child is encouraged and supported, he or she developed confidence and trust on the parent" (FGD participant).

"As a mother I don't thinks it's advisable to do everything for a child, sometimes you can allow them to do things themselves; although most of them end up making mistakes. I remember one day I left my 13-year-old girl at home to help prepare evening food, when I got home I tasted the food, it was salty, I had to show her how to add salt to food. She was able to learn from experience" (FGD participant).

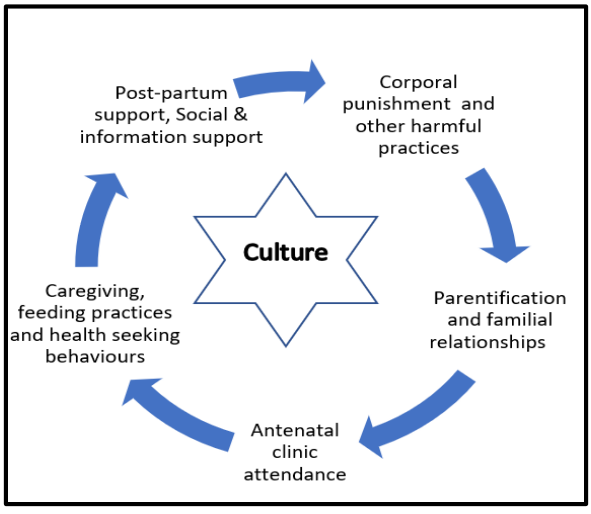

Figure 1. Culture as a Central Domain Influencing All Aspects of Parenting

DISCUSSION

The key themes resulting from this exploratory study include; antenatal experiences, healthcare facility versus home birth, postpartum experiences, source of parenting skills, caregiving support, feeding practices, interacting and communicating with infants and culture and parenting. Although the participants in the FGD described their experiences of parenting with varying degrees of detail, more women strongly believe that culture has an important role to play in terms of how a child is raised in the community. While there are no formal parenting classes in Obubra, this study found two sets of opinion about how parenting skills are acquired. The first group of mothers in this study were those who believed that they learned about parenting while parenting their own children. And then, there are those who learned from their own parents, especially their mothers. These group tended to be those who helped to parent their own younger siblings which is a common phenomenon in Nigeria. The role of older children caring for their siblings is described in child psychology literature as parentification.[23]

Parentification is defined as a situation where a child takes on the nurturing role of a parent towards their own siblings and in some cases towards their own parents (role reversal). Parentification becomes abusive when the physical and emotional expectations exceed the developmental readiness of a child. This emotional abuse may spill over into adulthood and influence the parenting style and other relationships in adulthood.[23,24] Parentification may be a common practice in Obubra as in other parts of Cross River State, Nigeria, and therefore be considered a cultural practice. According to Ulfa, Husniah, and Wijaya, (2019), culture helps parental development and parenting practice. Culture is nurtured and transmitted by influencing parental cognition which in turn is considered to form parenting practices. Useful culture is understood as a set of distinctive patterns of beliefs and behaviors that are shared by a group of people and which functions to regulate daily lives. This trust and behavior shape how parents care for children. Thus, experiencing a unique parenting pattern is the main reason that individuals in cultures are different and often differ from each other.[25] The degree to which respondents in this study were parentified is not clear and may require further exploration.

Mothers in this study narrated their experiences in the pre- and post-partum periods. During pregnancy there was limited support from extended family however, most experienced support and love throughout the postpartum period. Participants reported experience with social support systems, especially among female family members; mothers, mothers-in-law, sisters and aunts. This is a cultural practice popularly known as 'omugwo' where women are taken care of after giving birth. In a 2018 systematic review paper, Downe and colleagues reported one major theme; 'it takes a family to raise a mother'.[26] In contrast, in a related survey study, only 22% of the surveyed population had poor knowledge of child support, services, and systems in the community.[27] Information and support from significant others and sufficient advice from health professionals have been shown to contribute to feelings of competence and success of parents in their new role, and to be significantly associated with the support services they have received.[28]

On feeding practices, most of the participants acknowledged the importance of exclusive breastfeeding, yet very few of them exclusively breastfed their babies. Participants in this study reported that they have introduced water, formula and other complementary foods to their babies below the age of 6-months which is contrary to the World Health Organization's recommendation of six-month exclusive breastfeeding (EBF). Good breastfeeding practices especially EBF could prevent about 11.6% of under-five deaths in developing countries.[29,30] Similar findings were reported by a study on infant feeding in the Democratic Republic of Congo, where regardless of the mothers' knowledge on the benefits of EBF, most babies were given water and breastmilk alternatives within the first three days of life.[31] In this study, older, female family members, especially mothers and mothers-in-law played a significant role in encouraging the introduction of water, breastmilk alternatives and supplementary foods to infants and young children. Similar findings were reported in a South African study.[32]

As for harmful cultural practices, the main one identified by participants was Female Genital mutilation. This practice is aimed at controlling promiscuity among females and it is believed that this control will 'protect the girls; future'. There is no scientific evidence however, that FGM achieves the control of promiscuity or protect a girl's future.[33,34] Rather, it has been shown to violate a woman's right to sexual pleasure, puts women at risk of irregular tearing of the genital area during childbirth and has been implicated in the death of girls and women who got

cut. With a strong female support system, FGM practices can be eliminated completely in Obubra. World Health Organization reports that health workers, girls and women are becoming experts at preventing FGM in Somalia.[35] There is a huge human and economic cost associated with FGM practice. It is estimated that it may cost up to $1.4 Billion per year to treat FGM-related health and economic issues globally.[36] On setting and enforcing rules, participants were of the opinion that it was their duty as mothers to either be rigid or flexible. When asked, participants reported that they all beat children although the onset of the age when the beating begins varied, with the youngest being five years of age. This form of discipline may be illegal on other countries and are considered an infringement of the child's rights[37] but in Nigeria, traditional and religious arguments abound in support of corporal punishment for children. The women in this study gave a scriptural quote, 'spare the rod and spoil the child' when speaking in support of corporal punishment.

On health-seeking behaviours, Mothers in the three FGDs reported similar reactions to children falling ill, including taking them to the health centre, visiting a traditional healer; prayer; seeking advice from friends and neighbours; or relying on traditional remedies involving herbs and leaves. Self-diagnosis and treatment for various ailments is common practice in Nigeria[38] which has led to serious health complications. Use of traditional health practitioners is also common with reasons being that they are readily available, affordable, and are friendly with patients.[39]

Culture plays a strong role in parenting in Obubra, Cross River State, presenting both positive and negative attributes. One of the strongest positive attributes is the availability of female family members as social and information support for mothers who just gave birth. However, this same group have a strong influence on whether or not a mother attends antenatal clinic, gives birth in a health facility, practices exclusive breastfeeding and timely health seeking behaviour as well as harmful cultural practices such as corporal punishment and female genital mutilation. Using appropriate behavioural change theories, evidence can be provided to these support systems to aid mothers in the practice of positive parenting.

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