

# The influence of culture on maternal attachment behaviours: a South African case study

## Article

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### Abstract

It is widely accepted that culture is a contextual factor that can affect mother–infant attachment. Cultural beliefs are translated into child-rearing patterns that influence maternal responsiveness to infant attachment behaviours and could thus affect sensitive caregiving that lies at the heart of secure attachment. This article reports on the findings of a study that explored the influence of culture on maternal caregiving behaviours in the multi-cultural South African context. Data were collected by means of semi-structured interviews conducted with participants from three study samples to ascertain their perceptions of socio-cultural influences on attachment. Two samples consisted of mothers and mental health professionals, respectively, who represented different South African cultures (Xhosa, Sotho, Zulu, Coloured, Indian and White). The third sample consisted of experts in the field of attachment. The research findings indicate that culture could influence maternal caregiving behaviours. Although all the participants valued good caregiving, some maternal responses to infant attachment behaviours varied among participants from different cultures. The research emphasises the importance of considering local contexts in understanding attachment and maternal sensitivity.

## Introduction

Attachment, the strong emotional connection between a child and caregiver that develops during the first few years of the child's life, has a profound influence on all aspects of human functioning – the body, mind, emotions and relationships (Holmes & Slade, 2018; Levy & Orlans, 2014). The first attachment in life is usually between an infant and his or her primary caregiver, which is mostly the mother (Mesman et al., 2018). Psychoanalytic theories suggest that infants develop an attachment to the mother when she feeds them because of the pleasure felt by having their hunger drives being satisfied; which connects them with the mother in positive ways (Keller, 2013). These theories have been critiqued as later research by John Bowlby (1969) and Mary Ainsworth (1967) demonstrated that attachment is based on maternal proximity, responsiveness and sensitivity (Funamoto & Rinaldi, 2014; Mesman et al., 2018). Thus, social interaction lies at the core of attachment and will determine the quality thereof (Louw & Louw, 2014).

Bowlby viewed the attachment behaviours of babies such as babbling, grasping and crying as built-in signals that encourage the caregiver to be close to and look after the baby (Bick & Dozier, 2013; Keller, 2013). These behaviours are intended to ensure the baby's survival and development (Holmes & Slade, 2018). The caregiver's response to the baby's attachment behaviours will determine the quality of attachment, with secure attachment developing when the caregiver appropriately responds to the needs of the infant with a balance of sensitivity and responsiveness (Jennings, 2011). The quality of attachment is thus closely linked with the caregiving behaviours of the mother or primary caregiver.

Scholars differ in their views on the universal applicability of the basic principles of attachment theory to maternal caregiving (Mesman et al., 2018). Based on a study on early childhood parenting of mothers across the globe, Mesman et al. (2016, p. 7) concluded that the 'results add to the growing body of literature that points towards the universal applicability of the basic tenets of attachment theory'. Their findings show that key components of sensitive caregiving, namely availability, proximity, and prompt and sensitive responses represent universal maternal responses to children. Keller et al. (2018, p. 1921), on the other hand, propose that sensitive responsiveness is not universal, and that '[c]onstructs concerning caregiver quality must be embedded in a nexus of cultural logic, including caregiving practices, based on ecologically valid child-rearing values and beliefs'.

Studies in different parts of the world provide evidence that culture, which is defined as a specific set of meanings or mental schemata shared by a group of people or a recognisable segment of the population, affects parenting practices (García Coll & Magnuson, 2000). It is proposed that the predominant child-rearing patterns in the culture will determine caregiving behaviours that influence the quality and type of attachment as well as the interpretation of these

behaviours in the measurement of attachment (Robinson, 2007). In discussing attachment in different cultural contexts, Vicedo (2017, p. 9) points out that ‘recent work about mothers and children reveals how the diversity uncovered calls into question basic tenets of attachment theory’. Studies on attachment often highlight differences in child-rearing practices between Western and non-Western contexts (cf. Robinson, 2007). Keller (2013) argues that most people in the world are from non-Western societies with diverse lifestyles that are different to Western contexts and criticises the Western middle-class conception of development that underlies attachment theory and research.

South Africa has a multicultural population, with four main population groups: the Black African (80.7% of the total population), Coloured (8.8%), White (7.9%) and Indian/Asian (2.6%) populations (Statistics South Africa, 2019). Thabede (2008) asserts that, unlike the other population groups, the Black African population adopts an Afrocentric worldview that aligns with their culture and differs from the Western worldview. Given the influence that culture could have on child-rearing, this paper presents the findings of a study that explored the influence of culture on maternal caregiving beliefs and behaviours in the multicultural South African context. Data were collected from participants from the predominant ethnic groups who live in the Gauteng province, namely the Zulu, Xhosa and Sotho (representing the Black African population) and the White, Coloured and Indian/Asian populations (Countries Quest, 2015). Many people living in Gauteng have moved there from other provinces in the country, resulting in an ethnically mixed population (Countries Quest, 2015; Sowetan, 2012).

## Background literature

John Bowlby (1969) based his theory of attachment on ethological theory, which views development as being biologically programmed and behaviour as having an adaptive and survival value, to better understand mother–infant attachment behaviours (Keller, 2013; Louw, Louw, & Kail, 2014; Mesman et al., 2018). Ethology explains the inherent motivation of the infant’s attachment behaviour, where the set goal is proximity to the mother or primary caregiver for ensuring the infant’s survival (Funamoto & Rinaldi, 2014; Levy & Orlans, 2014). Sensitive maternal responses to the infant’s cues are associated with the development of secure attachment (Mesman et al., 2018).

Bowlby saw the first two years of life as a sensitive period in which attachment gradually develops (Arnett, 2016). In a sensitive period of development, there is a heightened capacity for certain abilities to develop (Arnett, 2016; Berk, 2013); thus, sensitive and reliable care during the first two years of life leads to secure attachment and better developmental outcomes over the short and long term (Cooper et al., 2009). Sensitive responsiveness supports infant well-being ‘because it ensures that the infant will be fed when signaling hunger, protected when signaling fear, and cared for when signaling pain’ (Mesman et al., 2018, p. 838).

Ainsworth, Bell, and Stayton (1974 as cited in Keller et al., 2018, p. 1922) described maternal sensitivity as ‘the mother’s ability to perceive and to interpret accurately the signals and communications implicit in her infant’s behaviour, and given this understanding, to respond to them appropriately and promptly’. The caregiver should be consistently sensitive and responsive to infant cues, allowing the infant to feel safe in the idea that the caregiver is available at any time (Robinson, 2007). Being sensitive to infant cues would imply good judgement by the mother on what the infant

needs at a given time, while being responsive would mean that the mother is quick to soothe the infant when needed (Arnett, 2016). Sensitive responsiveness can be linked to the concept of attunement between the caregiver and infant, implying that the caregiver responds to the infant’s behavioural signals both in a well-timed and accurate manner, with understanding of the infant’s needs and feelings (Booth & Lindaman, 2010; Mingo & Easterbrooks, 2015). The terms ‘appropriately’ and ‘promptly’ are central caregiver behaviours that are regarded as desirable for forging secure attachment (Mesman et al., 2018).

Attachment theory claims that mother–infant attachment can be regarded as secure when the infant seeks out the mother not only to provide comfort in times of distress but also feels safe in exploring the environment with the knowledge that the mother is present when feeling insecure (Mesman et al., 2018). The mother or primary caregiver thus serves as a *secure base* from where the infant can explore the world. Any perceived threat in the environment will activate the infant’s attachment behaviours, whereby the infant will seek direct physical contact with and comfort from the mother (Arnett, 2016). Secure attachment develops when an infant forms a predictable, positive expectation of the behaviour and responsiveness of the primary caregiver for fulfilling his or her emotional and practical needs and uses the caregiver as a secure base (Bick & Dozier, 2013). On the other hand, insecure attachment is associated with an unpredictable, less positive expectation of caregiver behaviours.

Based on caregiving experiences, infants develop a mental representation of the behaviour and responsiveness of the caregiver, known as the *internal working model* (Arnett, 2016; Huber, McMahon, & Sweller, 2015). An infant with mostly sensitive and responsive caregivers will develop a positive internal working model, with representations of the caregiver as being reliable, the self as worthy and lovable, and the world as a safe and joyous place (Levy & Orlans, 2014). As the internal working model influences the individual’s expectations and behaviour in relationships throughout life, Bowlby (1969) viewed secure mother–infant attachment as essential for children’s healthy psychological development and their ability to form trusting relationships later in life (Holmes & Slade, 2018; Keller, 2013).

Early attachment experiences also play a primary role in shaping the development of the brain (Booth & Lindaman, 2010; Levy & Orlans, 2014; Schore, 2015). The neurodevelopmental theory of attachment provides a more holistic understanding of the importance of secure attachment during infancy and supports the premise that interventions to enhance attachment can lead to changes in the brain, with positive effects on mental health and the ability to regulate emotions (Booth & Lindaman, 2010; Jennings, 2011).

The ecological systems theory of Urie Bronfenbrenner (Berk, 2013; Vicedo, 2017), which was the theoretical framework for the current study, shows that culture is a contextual factor that could influence maternal caregiving behaviours. Culture is given its effect by values and beliefs that are put into action by means of daily interactions among people in the community and has been found to strongly impact the attachment behaviours of both mothers and infants (García Coll & Magnuson, 2000; Louw et al., 2014; Tomlinson, Cooper, & Murray, 2005). Various studies found differences across cultural groups in terms of caregiving, parent–child behaviour, relationships and socialisation goals, which are proposed to have an influence on the development of the mother–infant attachment relationship (Keller, 2013). The inter-generational transmission of attachment styles is linked to child-rearing practices that are culturally driven (Arnett, 2016;

Keller, 2013). Therefore, human behaviour should be assessed and measured considering unique contextual and cultural factors at a specific time (Berk, 2013).

The concepts 'sensitivity' and 'responsiveness' to the infant's cues are central to the definition and assessment of attachment (Dawson, Bain, & Mesman, 2018). Research on attachment in different cultures found that non-Western societies differ widely in relation to the norm of caregiving in the middle-class Western context that is usually associated with attachment theory. Culture has been found to affect parenting behaviours, conceptions of childhood, child-rearing practices and beliefs, socialisation goals for children, and monotropic versus multiple caregiving systems (Arnett, 2016; Keller et al., 2018; Louw et al., 2014; Vicedo, 2017). Thus, Western concepts of attachment may not take into consideration the 'substantial differences of socialisation goals, caretaking strategies and parent-child behavioural relationships across cultural communities [and] attachment theory does not adequately reflect cultural variation in relationship development' (Keller, 2013, p. 179).

Several specific caregiver behaviours are thought to foster secure attachment. Sensitive, gentle, loving and caring *touch* is nurturing, promotes feelings of containment in the infant and is one of the most powerful ways for establishing human relationships (Levy & Orlans, 2014). *Eye contact and gazing* are forms of communication that reveal internal processes more clearly than words and are associated with closeness and intimacy between the mother and infant (Levy & Orlans, 2014; Siegel & Hartzell, 2003). *Smiling, positive affect* as well as *playful engagement* that involves smiling, tickling, kissing or playing games help the infant to feel safe, contained and secure. Observing a smile on the caregiver's face activates neurotransmitters that promote brain growth and a general sense of well-being in the infant (Arnett, 2016; Booth & Jernberg, 2010; Levy & Orlans, 2014). *Attunement* and *affect attunement* facilitate sensitive parenting through a process in which a caregiver regulates an infant's emotions by understanding them first and being open to adjusting such understanding based on the child's feedback. This affect-regulatory process becomes internalised as the child develops and moves from co-regulation to self-regulation (Holmes & Slade, 2018). *Feeding* is associated with touch, eye contact, a soothing voice and smiling, leading to positive psychosocial experiences that promote the emotional and relational development of the infant. *Breastfeeding* is comforting for the infant as the mother holds the infant. *Holding* occurs in the *in arms* position that promotes a feeling of closeness to the mother and provides reassurance, reduces infant stress and creates the physical, emotional and interpersonal basis for the development of a secure base, trust and love (Levy & Orlans, 2014). The encircled arms create a circle of safety that becomes a circle of attachment for the baby (Jennings, 2011). *Face-to-face interaction* is essential for communication and secure attachment in infants. *Play* between a caregiver and child involves face-to-face interaction and facilitates healthy socioemotional development and a trusting relationship between a child and caregiver (Booth & Jernberg, 2010; Holmes & Slade, 2018).

However, variations in caregiver behaviours between cultures were found in, among others, face-to-face mother-infant interaction and verbal exchange; caregivers' expression of positive affect and maternal warmth; the role of the mother in instructing, controlling and directing versus following the infant's behaviour or soothing the infant; a multiple or shared versus a dyadic model of caregiving (Keller, 2013; Mesman et al., 2018); and caregivers being 'judiciously neglectful' (Keller et al., 2018, p. 1925). These

behaviours are associated with the notion of the good parent and parental sensitivity as well as concepts of the ideal child and related socialisation goals in a specific culture (Keller, 2013; Keller et al., 2018; Mesman et al., 2016) and will determine how children are raised and how parents will parent. Sensitive responsiveness as defined by Ainsworth and attachment theorists is seen as overlooking differences in caregiving and child-rearing practices in non-Western contexts, as the caregiver's attention can be portrayed through different caregiver behaviours than in the Western contexts with which attachment theory is associated (Keller et al., 2018).

This paper reports on a study conducted in South Africa with the aim of exploring the beliefs and perceptions of participants from different cultural groups on the possible effect of culture on maternal/caregiver behaviours that may have an influence on mother-infant attachment. In South Africa, the largest percentage of the population (80.7%) belongs to the Black African population group (Statistics South Africa, 2019). Thabede (2008) views the Black African population as Africans who, based on their culture, share an Afrocentric worldview, as opposed to the White, Coloured and Indian populations who do not adopt an Afrocentric worldview. Referring to the definition by Barker (1999), Thabede (2008, p. 234) describes the concept 'worldview' as 'the way a person tends to understand his or her relationship with social institutions, nature, objects, other people and spirituality'. Although the Black African groups are ethnically different, they share some common cultural beliefs and a worldview that differ from Western contexts (Thabede, 2008).

The concept *Ubuntu* is commonly used to describe the African communal worldview and refers to a way of life and a core spiritual idea that guides many sub-Saharan societies despite variations among different African cultures. *Ubuntu* can be captured by the phrase 'A person is a person through other persons' or 'I am because we are' (Oppenheim, 2012, pp. 369–370), which represents the ideal of the interconnectedness of people and asks of people to treat others as being a part of the extended human family (Eliastam, 2015). The African ethnic groups are generally considered to be a collectivist group who prioritise the interest of the broader family and community, as opposed to Western individualist values (Louw et al., 2014; Van Zyl, Dankaert, & Guse, 2018). In terms of child-rearing, Keller et al. (2018:1923) found that in many non-Western cultures with communal societal norms, the wishes and interests of the group will take precedence over the interests of the individual child.

Due to urbanisation and migration, many people from a collectivist cultural background reside in a more individualistic environment and follow a blend of these two orientations (Kagitcibasi, 2007 as cited in Mesman et al., 2016, p. 2). Acknowledging the effects of acculturation, Thabede (2008, p. 237), however, proposes that in the South African context, some 'elements within those cultures that have been there, are there and will continue to be there'. In the South African context, 'the distinction between collectivist and individualist ethnic groups is commonly applied in research' (Rhee et al., 1995, Vogt & Laher, 2009 as cited in Van Zyl et al., 2018, p. 699). Knowledge of possible differences in maternal caregiving behaviours in the different South African sociocultural groups may provide a better understanding of and greater sensitivity towards possible cultural influences on caregiving behaviours that could affect mother-infant attachment.

## Research methods

A qualitative research approach was followed to explore participants' views on the influence of culture on maternal caregiving

behaviours that could influence mother–infant attachment. The research question for the study was as follows: What is the influence of the South African sociocultural context on maternal caregiving behaviours that will support mother–infant attachment?

The research was conducted in the Gauteng province in South Africa. The study population included the main cultural groups that live in the province, namely the Zulu, Xhosa, Sotho, White, Coloured and Indian/Asian populations (Countries Quest, 2015). The Zulu, Xhosa and Sotho people form part of the four major ethnic groups in the Black African population: the Nguni (consisting of the Zulu, Xhosa, Ndebele and Swazi), the Sotho, the Tsonga and the Venda, each group with shared cultural practices that set them apart from other groups (South African History Online, 2018). The focus of data collection required non-probability sampling methods to select three study samples, namely mothers, professionals (social workers and/or psychologists) and experts on attachment. Purposive sampling, involving certain sampling criteria, was used to select a sample consisting of biological mothers who had experience of caring for infant children in the past 10 years and who represented the ethnic groups relevant to the study. A second sample consisted of professionals (social workers or psychologists) who had knowledge of attachment and attachment theory, who had 5 or more years' work experience in the field of family and child care and who represented the ethnic groups relevant to the study. A third sample consisted of social workers or psychologists who were experts in the field of attachment and had at least 2 years' experience in providing training and/or conducting assessments on mother–infant attachment. Snowball sampling was implemented to gain access to potential participants from the target populations (Maree & Pietersen, 2016). The first two professional persons (a social worker and an expert on attachment) and two mothers were recruited with the assistance of colleagues in practice. These participants assisted in contacting persons from their own and/or other ethnic groups who complied with the sampling criteria and were willing to participate in the study. The process was repeated until the final study sample included at least 10 participants (5 mothers and 5 professionals) from each ethnic group and 7 experts in the field of attachment.

Qualitative data were collected by means of semi-structured interviews, using an interview schedule with open-ended questions structured around themes that were relevant to the topic (Greeff, 2011). Questions focused on the participants' perceptions on 'good care' of a baby, guidelines of their culture on how to care for and respond to infants and the persons who would be the main caregiver/s of infants in their culture. In addition, social workers and experts on attachment were asked for their opinion on whether and how culture impacts on maternal caregiving behaviours that could influence attachment. Data collection was in line with the statement by Mesman et al. (2016, p. 392) that in determining the possible influence of culture, 'it may be interesting . . . to examine which concrete behaviours are seen as ideal to ensure a secure child in different cultures. There is indeed evidence that concrete responsive behaviours in mother–infant interactions differ between cultural groups'. Information was explored to the point where data saturation was achieved (Greeff, 2011). The interviews were audio-recorded with the permission of the participants.

Data were analysed in accordance with the steps in qualitative data analysis described by Creswell (2013), namely the transcription of the audio-recordings of the interviews, organising, classification and coding of data, interpretation of the data and literature integration and presenting the data to reflect the views of the participants. Measures to enhance trustworthiness included

reflexivity, peer debriefing and rich descriptions of the findings (Lietz, Langer, & Furman, 2006). The research was based on ethical principles of avoidance of harm, voluntary participation, informed consent and confidentiality (Bless, Higson-Smith, & Sithole, 2013). The research was ethically approved by the Faculty of Humanities Research Ethics Committee at the University of Pretoria, South Africa.

## Findings

The total study sample consisted of 69 participants, which included 31 mothers, 31 professionals (28 social workers and 3 psychologists) and 7 experts in the field of attachment (4 social workers and 3 psychologists). The samples of mothers and professionals included at least 5 members of each of the ethnic groups relevant to the study; in total at least 10 participants from each ethnic group. All the participants in the sample of experts were White and worked within a multicultural context. To uphold confidentiality and a culturally sensitive presentation of the findings, the different ethnic groups are assigned with codes. These codes are randomly assigned. The participants adopting an Afrocentric worldview (the Sotho, Xhosa and Zulu) are, in no specific order, assigned with the codes Group A, Group B and Group C. Those who are seen to adopt a non-Afrocentric worldview within the South African context (the White, Coloured and Indian population groups) are similarly assigned with the codes Group D, Group E and Group F. A code is not assigned to the sample of experts and they will be presented in the discussion of the findings as 'Experts'.

Several themes emanated from the data, including the participants' views on the innate tendency towards good caregiving and sensitive care, the influence of culture on caregiver behaviours and specific parenting practices in caring for infants.

### *Appreciation of good caregiving and sensitive care*

The participants across all three samples viewed maternal care as an instinctual drive. All the participants, irrespective of their culture, believed in providing good care to infants.

What most mothers would want is just to be a good mother and to love and to be kind. (P31, Group D mother)

I believe it's an instinctive understanding and connection that you have with your baby. (P3, Group F mother)

Trying to understand what the baby needs at that moment, is a universal practice. (P51, Group C professional)

I would not want to define any group's behaviour, but I would assume that most cultures value parents being available, responsive and helpful towards their children. (P68, Expert)

Although good caregiving was described by the participants as involving love and an emotional bond, many other participants associated being a good mother with meeting the physical needs of the infant. This focus was especially evident among participants from Group A, who tended to prioritise the physical over the emotional needs of the infant and expressed that it was important that babies should be well fed, clean and healthy.

The physical needs of the baby are more important. For the baby to be well fed is more important. (P16, Group A mother)

For most mothers . . . the child needs to be fed, changed . . . I doubt that there is a certain perspective of . . . the need to bond. (P39, Group A professional)

For [mothers in Group A], raising a child is more practical than emotional ... (P38, Group A professional)

I think there's an assumption that a mom will connect with her child [through "good" care] (P61, Group A professional).

As evident in the above quotes, professionals from Group A pointed to the lack of an emotional component of caregiving that they observed in their culture. However, feeding can indeed promote positive mother–infant interactions if it involves touch, eye contact, smiling and a soothing voice (Levy & Orlans, 2014). Morelli and Henry (2013) see food and feeding as intertwined with attachment and aspects that are mutually influential cross-culturally.

### ***The influence of culture and acculturation on caregiving practices***

The participants were generally of the opinion that culture has an influence on the way that mothers care for their infants, mostly because mothers learn about caregiving from their own mothers.

Most of the things that I followed when they were babies, it's from my own culture. (P9, Group C mother)

We were raised by our mothers; they only know their own culture which they were brought up with ... So, I can say I was raised mostly with the knowledge and the wisdom of [my] people. (P10, Group B mother)

My cultural group is [Group C], and my child is being raised [in the ethnic group's] way ... most of the way she [the participant's mother] does things, is the way my child is going to be raised. (P18, Group C mother)

How parents bond with their children in [Group D] communities seems to be similar. (P34, Group D professional)

One participant explained the diverse caregiving practices due to the influence of culture as follows: '... we have very diverse cultural groups in South Africa, and so there's no one right way to do it. It's what you've been brought up with and what is going over [to the next generation]' (P32, Group F professional). Another participant (P66, Expert) concluded: 'Attachment carries a biological function with a cultural expression'.

Acculturation was raised by some participants as a factor that would influence caregiving practices between generations and in different geographical areas.

Western culture has had an influence on African cultures. [In current times] African cultures take on a bit of both Western and traditional. (P35, Group C professional)

I stay in the township. The circumstances are different from the rural areas. ... we're not really that cultural if I compare my aunts and cousins in [the rural areas]. (P7, Group A mother)

I am in the city ... a working mom and I don't do what the grandparents did ... I practice my own. What I know, I know from the internet. If the baby is in pain, I Google. (P10, Group B mother)

The study was conducted in the Gauteng province, South Africa. Many people moved there from other provinces in the country, including from rural and semi-rural areas (Countries Quest, 2015; Soretan, 2012). Despite acculturation, many of the participants from an Afrocentric background still adhered to their cultural practices to a greater or lesser extent, as was also proposed by Thabede (2008). Some participants seemed to adopt more Western practices, often following a blend of collectivist and individualist orientations to caregiving (Kagiticbasi, 2007 as cited in Mesman *et al.*, 2016, p. 2).

### ***Multiple caregiving***

A distinct difference in caregiving arrangements was found between participants who belonged to a more individualistic versus those who belonged to a more collectivist culture. Participants in individualistic cultures explained the central role of the mother as caregiver to infant children; a pattern that is also observed in Western societies (Keller, 2013). Most participants from the collectivist cultural groups in this study (Groups A, B and C) mentioned that they raise their children in multiple caregiving environments. Although the biological mother would always be the primary caregiver, female members of the extended family play a significant role in the upbringing of children from infancy onwards. In some cases, the caregiving role of the maternal grandmother superseded that of the biological mother.

The mother is the person who takes care of the baby when the baby is born, and then an aunt will come help you until you feel strong enough. If your mother is alive, she comes to help you if you are [from Group A]. (P17, Group A mother)

If you're married either your mother-in-law or biological mother moves in with you to help you with the first few months of the caring for the baby. (P8, Group A mother)

My mother [is] the one who spends the most time with my babies. (P11, Group B mother)

Your child could be closer to the grandmother. In my case, my son was raised by my mother. (P16, Group A mother)

It doesn't matter how old you are ... my mother has the final say on who should be called mom. (P19, Group B mother).

Participants from traditional collectivist cultures also mentioned the role of siblings in taking care of infants, particularly in the rural areas.

Siblings are made to do the playing and must also take good care by means of feeding and looking after the baby when sick. (P38, Group A professional)

Siblings also help with child-rearing when parents feel overwhelmed. (P36, Group C professional)

It becomes a shared role in the house. If the mother is not there and is busy with something then the sibling is there to play with baby or look after the baby or ensure that the baby doesn't harm him or herself. (P40, Group B professional)

Our research findings thus support the view of Keller (2013) who suggests that the study of attachment must be expanded to include multiple caregiving and differentially organised caregiving relationships to acknowledge the contextual realities of many non-Western societies. Of interest is that multiple caregiving practices were also evident in participant groups D and E, which could be explained by the views of Crittenden and Marlowe (2013) that cooperative caregiving is prevalent in many, if not most, cultures in different geographic, socioeconomic and political settings.

### ***Co-sleeping***

Participants from mostly the Afrocentric groups (Groups A, B and C) in our study tended to follow co-sleeping patterns where the infant sleeps in the same bed as the mother. This practice was, however, also described as a child-rearing practice in Group D.

The norm is [our] babies will sleep in the bed with their parents. (P26, Group D mother)

When we are at home [in the rural area] we sleep on the floor. My baby always slept with me as the mother. (P17, Group A mother)

When they are small, we sleep in one bed. (P21, Group B mother)

African moms sleep in their bed with their baby and their husband. (P35, Group C professional)

Mother participants believed that there are more opportunities for bonding when their infant sleeps with them. Participants in Group F explained that co-sleeping was practised for a brief period after birth, after which the baby slept in a crib in the parents' room or in a separate room. Robinson (2007) describes sleeping arrangements as one of the most prominent characteristics that differentiate non-Western from Western caregiving practices. Various studies found that infants from Western families are more likely to sleep in their own room, whereas mothers from African and Asian cultures may regard this arrangement as child neglect (Arnett, 2016; Robinson, 2007). Arnett (2016) views co-sleeping as a good example of a distinct cultural pattern of child-rearing, usually reflecting cultural beliefs of collectivist societies.

### Breastfeeding

Breastfeeding was considered an important and positive practice by participants from all ethnic groups. They viewed breastfeeding as a practice that is followed across generations and that is generally perceived as connecting a mother to her infant, soothing the infant and responding sensitively to the infant's needs.

Our fore-mothers ... would recommend breastfeeding. And I think that ... affords mothers to have that healthy bonding. (P55, Group B professional)

There's a lot of affection that comes with breastfeeding my child. I haven't done it any other way. (P5, Group E mother)

[In our culture] moms or grandmothers will cook particular types of foods ... to produce more milk. (P44, Group D professional)

Breastfeeding is associated with holding, in which the *in arms* position forms a physical, emotional and interpersonal basis for enhancing secure attachment (Jennings, 2011; Levy & Orlans, 2014). Many of the participants believed in the practice of feeding the child on demand during the first 2 years of life; a practice which was often linked to the mother carrying the baby on her back.

### Carrying the baby on the back

Participants from traditional African cultures reported that carrying their baby on their backs was a common practice in most African cultures. Mothers would still manage to soothe their babies while fulfilling their domestic tasks of cooking and cleaning.

I use a towel to carry the baby on my back while I do laundry and cooking. (P17, Group A mother)

I put them on my back when they are crying, when they want to sleep. (P21, Group B mother)

One of the things that you are taught as a new mother is that you need to put your baby on your back and then [do] other duties. (P39, Group A professional)

With [our] culture, we put our babies at the back and tie them with a towel or something and that brings a bond between mothers and children. (P46, Group C professional)

For the participants from the traditional African cultures, carrying their babies on their back was considered a cultural practice that was intergenerationally transmitted and served the emotional, safety and practical needs of the baby and the mother. Carrying the baby on the back is seen as supporting closeness and touch;

practices that are highlighted by Levy and Orlans (2014) as powerful ways of showing nurturing, containment and safe human relationships. In many traditional cultures, infants are carried or held almost constantly (Arnett, 2016). Parents from collectivist cultures tend to adopt a proximal parenting style with physical closeness, whereas those from individualistic cultures emphasise a distal parenting style that values face-to-face contact, with less emphasis on close physical contact (Mesman et al, 2016). Although extensive periods of being on the mother's back could limit face-to-face interaction, this seemed not to be the case with the participants in our study.

### Face-to-face interaction and mother-infant play

Mother participants from all ethnic groups generally spoke of the importance of face-to-face interaction and quality time with their babies as a positive parenting practice.

When they are much smaller, I make baby sounds, baby language with her. Then she responds by saying 'Wooo'. (P6, Group A mother)

I love giving her hugs and holding her, and she can see it because she loves hugging. (P13, Group D mother)

Eye contact, hugging, patting, saying I love you ... kissing, tickling ... We are very affectionate. (P4, Group F mother)

Although behaviours such as vocalisation, pointing, social referencing and object exchange have been found to be less commonly observed in cultures where infants are carried for long periods of time (Keller & Otto, 2009), face-to-face mother-infant interactions were regarded as common practice by participants from different cultural groups in our study. Face-to-face interactions portray the link between attachment and brain development. Schore (1994), for example, found that neurotransmitters that promote brain growth are released when an infant observes a smile on the caregiver's face (Gerhardt, 2004; Levy & Orlans, 2014).

Despite the strong focus on face-to-face interaction among all sample groups, participants from the African groups indicated that mother-infant play was not an acceptable form of engagement in their cultures.

I don't think play is valued. ... [our culture] says that there's no involvement in the child's play. (P53, Group B professional)

For Africans, playing with the child is the last thing they look at. The mother must look after the home. This is a general African thing. (P60, Group A professional)

I've never experienced or seen an older person playing with their kids. (P46, Group C professional)

They don't play with their kids ... I think it is the African way of raising [children]. (P43, Group B professional)

Cote and Bornstein (2005) found that there are similar but also different emphases in mother-infant play and mother-infant interactions between individualistic and collectivist cultures. Many traditional cultures prioritise the domestic duties of the mother, resulting in older siblings or other children taking care of the infant so that the mother can spend her time and energy on her duties (Arnett, 2016), as was found in the current study.

A professional from one of the traditional African sample groups commented on the need for mothers to gain knowledge on attachment and the role of play in promoting mother-infant attachment: 'They [mothers] have to learn to work on bonding and play and learn how to relate to a child' (P38, Group A).

Following a similar argument, another participant, an expert on attachment, emphasised that mothers should become aware of the importance of non-verbal caregiver interactions that show sensitive and responsive care: ‘Sometimes they (mothers) think, I love my child and that’s care enough. And a child can’t read love’ (P64, Expert). Participants who were experts on attachment highlighted that awareness of attachment is not as well developed in South Africa compared to Western countries and suggested that mothers, especially those exposed to adverse conditions, need to be equipped with knowledge and skills to provide care that will support the development of secure mother–infant attachment. Other participants also expressed concern over the negative effects that living in under-resourced communities in South Africa had on mother’s ability to provide sensitive care.

### *Dependence versus independence*

The views on dependence versus independence in infancy seemed to differ between participants from different ethnic groups. Mother and professional participants in sample groups B, C and E in the study placed a high value on children becoming independent from a young age, which influenced their response to infant cues.

We actually don’t really have a problem with letting the baby cry, then they keep quiet by themselves. Then later they learn to be more independent. (P9, Group C mother)

Sometimes they cry . . . my baby she cried because she cannot sit, probably she is just uncomfortable, but she has to figure out how to move her body . . . it is something I cannot do for her. (P10, Group B mother)

Valuing early independence was especially evident among the participants following an Afrocentric, more collectivist worldview (Groups B and C). According to these participants, mothers would at times purposefully refrain from responding to infant crying to teach infants to become more independent. Mothers from Group E in our study, who also reported multiple caregiving practices, likewise valued early independence in their children as described by a professional person from this group: ‘Independence is definitely encouraged. . . . A child should be able to take care of themselves if they are big enough, so you’ll teach them from a very, very young age, although you’re always there, keeping an eye on them’. (P59, Group E professional).

Keller et al. (2018, p. 1929) describe similar practices in other cultures in which multiple caregiving is the norm, where mothers are ‘judiciously neglectful’ to prevent children from becoming too dependent on one caregiver. The authors note that such maternal behaviours would be seen as contrary to sensitive care as described in attachment theory; a stance that was observed in a comment by a participant from the sample of experts: ‘There is a seemingly developmentally inappropriate expectation of independence for young children in the African cultures . . . In my experience we observe a strong movement that children are expected to be independent at a young age . . . In African attachment, independence is rewarded, and dependence is not’ (P66, Expert).

Participants from Group D, on the other hand, indicated that mothers value prolonged dependence of their infants on them.

Dependence . . . especially with [our] boys . . . little boys are very sort of smothered by their mothers. (P31, Group D mother)

Many [Group D] communities . . . the children are less encouraged to explore the world. Anxious attachment can then be perceived as a child who is well-attached and there is a dependence on their parents. (P34, Group D professional)

From what I observe in my community there is an assumption that you are a good mom if your baby is clinging to you. . . . a wonderful mom if your baby needs you all the time. (P44, Group D professional)

The different approaches to dependence and independence evident in our study could influence the evaluation of the secure base dynamics described in attachment theory, according to which children have an intrinsic motivation to explore but will seek proximity to the caregiver when the attachment system is activated in times of distress (Holmes & Slade, 2018). In terms of infant exploration mentioned in the above quotes, Gaskins (2013) notes that caregivers organise infant behaviours following their cultural values and practices, which puts differing demands on the attachment system as well as on the caregivers and children as participants in the system. These variations make it difficult to evaluate attachment when assuming a universality of attachment behaviours as proposed in Western-based measurements of attachment. As mentioned by Participant 34, infants in their culture who are not encouraged to explore the environment may be likely to be evaluated as anxiously attached. Gaskins (2013) raises the same concern in terms of Japanese babies who are also not encouraged to explore their immediate environment.

### *Views on spoiling and discipline*

In the current study, participants from most of the ethnic groups, but more often in Groups A, B, C and E, expressed the belief that too much attention and a prompt response to infant cues spoil the baby.

In the (Group A) culture . . . if your child is crying, you let him or her cry for like 30 minutes just to make sure that he is not spoiled. (P24, Group A mother)

If it is found that nothing’s helping with the baby, then you come to the conclusion that the baby . . . is spoiled. Just let the baby cry. (P9, Group C mother)

They will say, ‘no, just leave her so that she can be tougher’, leave her a little bit, don’t . . . comfort her immediately. (P22, Group B mother)

We were raised very strictly by our grandparents and mothers. You don’t pick up a baby . . . a child needs to learn. (P59, Group E professional)

Some participants believed in firmness and strict discipline (sometimes involving physical punishment) as a form of teaching a child from an early age to display respect to others.

You shouldn’t be a soft parent; when he does something wrong, I must always have a firm hand. . . . my uncles and everyone are telling me that I should be harder on the baby and not baby him too much. (P18, Group C mother)

In general, the (Group E) community . . . that’s not a secret . . . even as infants . . . if you don’t listen, you get a hiding. (P59, Group E professional)

The babies . . . get punished and then sometimes it goes to the extent of spanking as well. (P53, Group B professional)

I am raising him in the (Group A) culture. We believe in spanking a child. . . . we do it (so that) we have the power or control over the child. (P24, Group A mother)

The above views on discipline and spoiling clearly manifested in the participants’ caregiving practices. Of interest is that the above sample groups also seemed to support early independence of infants, as discussed earlier. Gaskins (2013) explains that there are considerable differences across cultures in caregivers’ responses to crying. In some cultures, children are left to cry, even to the point that no consolation is provided. Morelli and Henry

(2013) describe cultural practices such as teasing, name calling and spanking that are intended to create emotional distance between the child and a specific other person for the child to form closer relationships to the group as a whole. Cultures thus differ 'in how much attention they train their infants to expect' (Gaskins, 2013, p. 65). Gaskins (2013) points out that caregiver responses will depend on their perceived goal in raising children, which in our study seemed to relate to raising an obedient child and avoid raising a spoiled child.

## Discussion

The findings of research studies that indicated that culture affects child-rearing practices that could influence mother–infant attachment (*cf.* Keller et al., 2018; Keller, 2013; Robinson, 2007) were confirmed in this study. Participants from all ethnic groups in this study could describe specific child-rearing practices that were determined by guidelines relevant to their culture. These cultural prescriptions for child-rearing were seen to be transmitted from one generation to the next. Being an exploratory study based on a small study sample and a limited number of participants from each of the different ethnic groups represented in the study, the research findings can however not be generalised.

Although many participants shared caregiving practices that were guided by the values and norms of their culture, the phenomenon of acculturation was evident in our study. The effect of acculturation was more prominent in participants from traditional African cultures who lived in the Gauteng province (where the study was conducted) as a province with large urban and semi-urban communities. For these participants, the culturally determined caregiving practices that were still relevant for their relatives in rural areas became more diffused. However, most of these participants continued to follow some of the child-rearing practices specified in their culture, despite having adopted a less Afrocentric way of life. This blend in cultural orientation in Afrocentric cultures is confirmed by Thabede (2008).

All the participants, whether mothers or professionals, supported the idea of good caregiving. However, our findings are in line with those of Keller et al. (2018, p. 1923) who report that 'good parenting is thought about and practiced differently' in different cultural contexts. The concept of the 'cultural model of virtue' (LeVine & Norman, 2001 as cited in Quinn & Mageo, 2013, p. 21) figured prominently in the participants' views of a 'good' parent and the 'ideal' child. The cultural model of virtue sheds light on how parental ideas on raising a child to grow up as a desirable adult according to their cultural norms can influence their caregiving practices. In some ethnic groups in our study, caregiving practices were strongly influenced by cultural norms related to proper caregiving and preferred developmental outcomes for the infant. In this regard, Quinn and Mageo (2013) pose the example of caregiver views on infant dependence and independence. These authors explain that in some cultures, parents will regard themselves as successful if they raise children to be independent at an early age, which would be seen as rather early compared to norms of cultures that hold different concepts of virtue.

Our findings show that culture seemed to have a strong influence on the caregiving environment. Caregiving contexts that included multiple caregiving and co-sleeping were particularly evident in the sample groups from the Afrocentric, collectivist cultures, where a communal mode of care is more prevalent (Louw et al., 2014; Thabede, 2008). In these groups, multiple caregiving in which grandmothers, older siblings as well as other relatives

were actively involved in the care of the infant tended to be the norm. The African concept of Ubuntu that focuses on the interconnectedness of people and emphasises a communal form of child-rearing (Eliastam, 2015; Louw et al., 2014) can shed light on this practice. Although seemingly to a lesser extent, multiple caregiving was also evident in two other sample groups, which makes a clear-cut distinction between parenting practices in collectivist and individualist cultures somewhat challenging. Keller (2013, p. 182) sees multiple caregiving as 'the most obvious difference in caregiving patterns across cultures' and regards the monotropic nature of the mother–infant bond as the exception rather than the norm in many populations, including in sub-Saharan Africa and in India. Our findings support views that the strong focus of attachment theory on the mother–child dyad is not appropriate in all cultural contexts (Meehan & Hawks, 2013; Vicedo, 2017). Research by Miller and Commons (2010) found that infants in multiple caregiving environments can still be protected, sheltered and stimulated by the mother–infant relationship as this caregiving context does not minimise the importance of the role of the mother. In agreement with Mesman et al. (2018, p. 846) who says that mothers in multiple caregiving contexts should not be regarded as 'just one of many caregivers', participants in the current study who described these caregiving contexts indicated that the mother mostly accepted primary responsibility as caregiver of the infant. Crittenden and Marlowe (2013, p. 77) point to growing evidence from cross-cultural studies that 'secure attachment relationships can and do exist outside of the mother–infant dyad'.

Sample groups who are from the Afrocentric, collectivist cultures (Thabede, 2008), were more likely to practise co-sleeping patterns. Robinson (2007) and Arnett (2016) describe co-sleeping as one of the most prominent culturally related practices to indicate cultural differences. Co-sleeping, where infants sleep with one or both parents, is seen as a cultural practice that reflects collectivist rather than individualistic beliefs. It is proposed that with co-sleeping, night-time responsiveness will more likely be the responsibility of the mother, and growing evidence shows that night-time responsiveness is a significant aspect of attachment formation (Mesman et al., 2018).

Many of the caregiving practices that were described by our participants as being culturally driven, such as co-sleeping, breast-feeding, face-to-face interaction and carrying the baby on the back, correspond with caregiving behaviours that are regarded as supporting secure attachment, such as touch, holding in arms, eye contact, face-to-face interaction, smiling and positive affect (Holmes & Slade, 2018; Jennings, 2011; Levy & Orleans, 2014). Conversely, other culture-based practices such as methods of discipline and not responding to infant crying do not reflect sensitivity and responsiveness, which are regarded as central concepts in attachment theory (Dawson et al., 2018). In this regard, the views of Keller et al. (2018) and Morelli and Henry (2013) are noted.

Keller et al. (2018) state that one of the criticisms against the traditional views held in attachment theory is the strong child-centred focus that requires prompt and sensitive caregiver responses to infant cues and guide the conceptualisation of the attachment relationship. This kind of responsiveness is, however, not the norm in many non-Western societies. Morelli and Henry (2013) propose the interrelatedness of caregiver behaviours in promoting secure attachment, as mentioned in their example that one cannot disconnect feeding from attachment. The interrelatedness of caregiving behaviours in mother–infant attachment cautions against the evaluation of individual caregiver behaviours in isolation. As noted by Quinn and Mageo (2013, p. 23), infants who grow up in different



settings must be understood within their cultural context and may grow up as being ‘differently attached, not less securely so’.

In terms of the assessment of attachment, many of the caregiving practices shared by the participants in this study, such as those related to multiple caregivers, exploration and dependence, and responsiveness to infant cues, are highlighted by Gaskins (2013) as inappropriate to observations in everyday environments as well in structured assessments of attachment based on Western norms. Meehan and Hawks (2013), for example, propose that in structured assessments, the responses to separations and reunions of children who are raised in multiple caregiving contexts will not be similar to those of children who grow up in the nuclear family settings in Western populations. Cultural differences thus need to be studied and considered in the measurement of attachment, because viewing caregiving behaviours from one perspective could lead to the pathologising of differences (Crittenden & Marlowe, 2013; Dawson et al., 2018).

Caregiving behaviours such as not responding to a crying infant and physical forms of punishment, as described by participants in our study, support the notion expressed by some participants from the professional and expert sample groups that South African parents need to be educated on the importance of attachment and on behaviours that would support secure attachment. Unlike some caregiver behaviours, such as mothers not engaging in mother–infant play, certain caregiver responses mentioned in this study hold the possibility of harm to the infant. Not responding to a crying infant is seen as a stressful experience for infants, which could harm brain development. Gerhardt (2004, pp. 65–66) warns that ‘[s]tress in infancy – such as consistently being ignored when you cry – is particularly hazardous because high levels of cortisol in the early months of life . . . might be toxic to the developing brain over time’. Evidence that the attachment relationship plays a critical role in brain development (Booth & Lindaman, 2010; Levy & Orlans, 2014; Schore, 2015) demands attention to harmful caregiver responses. Physical punishment of infants can be regarded as frightening caregiver behaviour. Frightening behaviours by caregivers are seen as resulting in disorganised attachment; a type of insecure attachment that is linked to high-risk groups and the development of psychopathology in childhood and early adulthood (Bick & Dozier, 2013; Holmes & Slade, 2018; Keller, 2013).

## Conclusion

Based on the findings of this study, we conclude that culture has an influence on caregiving contexts and maternal caregiving behaviours. Although the most prominent variations in caregiving were observed between the sample groups from Afrocentric and non-Afrocentric groups, this study supports the view expressed by Quinn and Mageo (2013) that one cannot make a rigid differentiation between the collectivist and individualist perspectives because there are similarities between groups as well as variation within groups due to acculturation. Adopting a rigid perspective on attachment in a specific cultural context may overlook the complexity of ‘interacting socioeconomic, physical, and social factors that vary across communities in almost infinite combinations’ (Mesman et al., 2018, p. 838).

Variations in culture-based conceptions of good parenting and of the ideal child showed that the caregiving behaviours described in attachment theory and attachment literature were not relevant to all the cultural groups in this study. Consideration of variations in cultural models of virtue and the influence thereof on caregiving practices can offer a greater understanding of attachment and

maternal attachment behaviours in different sociocultural contexts, without seeing differences as inferior.

The substantial effect of the quality of attachment on children’s developmental outcomes and brain development supports the view held by several participants who called for a greater focus on training on attachment within the South African context. The inclusion of culturally based caregiving practices that enhance attachment can promote maternal sensitivity within culturally diverse contexts.

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