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Sensitive parenting in urban slums in Makassar, Indonesia: the roles of experienced child maltreatment and sociodemographic risk

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ABSTRACT

In the context of urban slums in Makassar in Indonesia, this study aimed to test whether maternal sensitivity was associated with maternal history of childhood maltreatment, and whether this association was mediated by current partner conflict and current cumulative sociodemographic risk. A total of 98 mothers and their 2–4 year-old children were videotaped in a naturalistic observation. Maternal sensitivity was coded using the Ainsworth scales. In addition, mothers were interviewed to assess childhood trauma, current partner conflict, and current sociodemographic risk. There was a significant negative correlation between maternal experienced childhood maltreatment and observed maternal sensitivity. Current partner conflict and sociodemographic did not mediate the association between childhood maltreatment and maternal sensitivity.

KEYWORDS

Maternal sensitivity; Indonesia; slums; video observations; childhood maltreatment

A sensitive mother is able to recognize her infant's signals accurately, understand the meaning of these signals and then respond to the infant's signals appropriately given the infant's needs. A sensitive mother can thus ensure that the infant experiences its mother as available when it needs her support. If a mother is sensitive, the infant will use the mother as a secure base from which to explore, and a safe haven to return to in times of need or distress (Ainsworth et al., 1978; 1974). A number of meta-analytic studies have found that sensitive parenting is related to a lower risk of developing child problems, such as child internalizing behavior, child depression, and child delinquent behavior (Hoeve et al., 2009; McLeod et al., 2007; Weiss et al., 1992). Thus, sensitive parenting is one of the key aspects of early childhood parenting promoting positive child development. Therefore, scholars have explored the determinant factors of suboptimal parenting in general and insensitive parenting in particular, and whether these factors may be different in different cultures or environments. Further, one of the major triggers of

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insensitive parenting identified by scholars is a parent's own childhood maltreatment experience (Schofield et al., 2013).

Parents who have been maltreated during childhood are more likely to show less positive parenting towards their own children later in life (Savage et al., 2019). A number of mediating mechanisms have been found in the intergenerational transmission of maladaptive parenting, including intimate partner conflict (Kim et al., 2009). In addition, several sociodemographic risk factors have been identified as consequences of childhood maltreatment and risk factors of low sensitivity, suggesting that such factors can also play a mediating role in their interrelation. These factors include single parenthood, being unemployed, low income, having health problems, illiteracy, and low education (e.g. Dantzer et al., 2008; Friedman et al., 2005; Lee et al., 2009). Because issues of family conflict and socioeconomic risk are quite commonly found in economically deprived communities such as urban slums (Conger et al., 2010), such communities are particularly interesting as a context for the study of risk factors related to non-optimal parenting patterns. The current study examines the relation between maternal childhood maltreatment experiences and current levels of observed maternal sensitive responsiveness in the context of a slum in Makassar in Indonesia, and current partner conflict and sociodemographic risk are studied as potential mediators in this association.

The context of Makassar Slums

Indonesia is ranked number 113 out of 188 countries on the human development index, which puts it in the "medium" category (UNDP, 2017). The current study took place in slum areas in Makassar, which are characterized by non-permanent living arrangements, high density of buildings, and limited infrastructure: narrow and complicated alleys, absent or blocked drainage, overflowing garbage dumps, limited or inadequate access to clean water or other sanitary facilities, and overcrowding (Hasanuddin, 2014). Regarding educational attainment, data from 2015 show that 50.4% of the adult slum population had no education or completed only elementary education (Shibata et al., 2015). The majority of people are unemployed or have irregular work as fishermen, carpenters, welders, pedicab drivers, construction workers, or small traders (Hasanuddin, 2014). In 2011, more than 2,000 children who came from slum areas in Makassar were reported working or living on the street. Some of them work to improve their family income but some of them have left their family because of abusive parents/caregivers (Ipandang, 2014). However, even though the majority of people living in slums have a low SES, not all people in slums are poor, and levels of resources vary significantly within the population (Ezeh et al., 2017).

Parenting patterns

Several observation studies of parenting have been conducted in the Indonesian cultural context, showing that the distribution of attachment classifications is comparable to that in other countries with a predominance of secure attachment (Zevalkink et al., 1999), hostility is less common than in Dutch or Surinamese mothers (Zevalkink & Riksen-Walraven, 2001), and the dominant parenting styles appear to be authoritative and permissive (Apriastuti, 2013; Salmiati, 2016). Further, maternal sensitivity was higher in

mothers who had a higher family income, a higher education, and who had husbands with higher education and better jobs (Zevalkink & Riksen-Walraven, 2001). In addition, meta-analytic studies on child maltreatment found the global prevalence rates of child abuse from self-report to be 22.7%, 36.3% and 12.7% for physical abuse, emotional abuse and sexual abuse respectively, and these global rates include Asia. There were no significant differences in the prevalence of maltreatment between Asia and other continents (Stoltenborgh et al., 2012, 2013, 2011).

To our knowledge there are no studies that have examined parenting practices in slums in Indonesia. However, international statistics on family life in slums give some indication of the family context in these informal settlements where living in deprived circumstances in slums with limited basic resources has created frustration among family members and a greater chance of children to be maltreated by other family members (United Nations Population Fund [UNFPA], 2007). In addition, crowdedness in slum environments increases chances for children to witness domestic violence (The World Bank, 2010).

Thus, parents living in socioeconomically deprived slums are at heightened risk of having experienced childhood maltreatment, which in turn is known to relate to problems in later romantic relationships, including partner conflict (Colman & Widom, 2004), and to less optimal parenting styles, including more harsh parenting (Madden et al., 2015). Relatedly, mothers who experience intimate partner conflict are generally less sensitive to their children than other mothers (Benedetto & Ingrassia, 2015). Experiencing sociodemographic risk factors and partner conflict can create chronic stress for mothers, which can influence their sensitivity. Chronic stress can cause dendrite shrinkage in the medial prefrontal cortex, which in turn can result in executive function impairment, especially in cognitive flexibility (McEwen, 2015). Socioeconomic adversity is thus suggested to be associated with low maternal sensitivity through impaired maternal executive function, working memory capacity, and inhibitory control (Sturge-Apple et al., 2017). Maternal sensitivity is also associated with depressive symptoms caused by high frequent partner conflicts (Shelton & Harold, 2008). A meta-analytic study of 39 studies supported a “spillover effect” of partner conflict, where anger and tensions between parents generated from conflict negatively contaminated the quality of parenting (Krishnakumar & Buehler, 2000). Further, experiences of childhood maltreatment are known to increase the risk for multiple sociodemographic stressors, such as single and teenage parenthood (Friedman et al., 2005), low educational attainment (Sherr et al., 2015), and health problems (Irish et al., 2009), each of which are also known risk factors for insensitive parenting (Armistead et al., 1995; Mesman et al., 2012).

The current study

The current study examines whether maternal sensitivity is associated with a history of childhood maltreatment and whether this relation is mediated by current partner conflict and current risk status in a slum in Makassar. It is hypothesized that mothers with more childhood maltreatment experiences show lower levels of sensitivity towards their children. We also predict that partner conflict and current risk status are mediators in the relation between a history of childhood maltreatment and maternal sensitivity.

Method

Sample and procedure

The sample consisted of 98 mothers with a 2-4-year-old child living in a slum area in Makassar, Indonesia. The sample was selected from three districts: Tallo, Rappocini, and Mariso which are the most populous slum areas (Public Work Services of Makassar City in Hasanuddin, 2014). The children (55.1% girl) had a mean age of 38.8 months ($SD = 9.5$). About a quarter (23.5%) of the children were an only child, 56% had one or two siblings (35.7%), and the rest more than 2 siblings.

The mean age of the mothers was 30.5 years ($SD = 6.9$). The majority of the mothers were married (for 12 mothers the second marriage), and only two (2.0%) were divorced and single. Almost half of mothers (41.8%) were below 21 years when they had their first child. The majority of mothers were unemployed (70.4%). Fourteen mothers (14.3%) were illiterate. Most mothers had a low educational level (24.5% no education, 18.4% only primary school) and only 2.0% graduated from university. More than half of the mothers (53.1%) had a family income below the minimum regional income (the minimum regional income is the lowest remuneration that employers can legally pay their workers, which reflects the minimum income they should have to live in their regions) of 176.65 USD per month (The Governor of South Sulawesi Province, 2015). A small percentage of mothers (4.1%) reported having no financial contribution from their husband.

The recruitment process was conducted with the help of local cadres: community health volunteers who work with midwives providing health care services in an integrated health post, and provided a list of eligible families. A team of Indonesian research assistants under the guidance of the first author visited the homes. Mothers and fathers were told about the main objectives of the study, the expected time investment, and then asked to sign a form after having received all the necessary information verbally and on paper. For mothers and fathers who were illiterate videotaped consent was obtained. Mothers and children received cooking oil and a small toy as a token of our appreciation. The study protocol was approved by the ethics committee Education and Child studies at Leiden University.

Mother-child interactions were videotaped during 15 minutes of a daily activity that the mother and child usually do together. We let the mothers choose the kind of activities that they would normally do at that particular moment. The mothers said they normally do chores, such as cooking, cleaning or folding clothes, or leisure activities such as watching TV together, chatting, or playing together. However, multiple activities could be present within 15 minutes; for example, after cooking, the mother fed the child and then they played together. After the observation, mothers were interviewed about salient aspects of their lives including background and demographic factors, social support from various sources, drug and alcohol use, marital relations, domestic violence, experience of trauma, religion, and chaos. These interviews were audiotaped. It is important to note that these inhabitants of urban slums are not particularly conservative, contrary to what many people associate with a Muslim country. For example, only three of the mothers wore headscarves, and many in fact wore clothes showing a lot of skin. In addition, interactions between men and women are quite open, and the overall sense of the context is not at all

one of conservatism. Consistent with this characterization, the researchers experienced no problems asking about the sensitive topics in the interview.

Video coding

Maternal sensitivity was coded using the Ainsworth sensitivity scale (1–9), and scores were given for warmth (0–4), physical contact (0–2), verbal expression (0–2), and camera awareness (looking at camera, talking about being filmed, expressing insecurity about being filmed, each 0–2). See the Introduction to this special issue for details on these scales. The videos were coded by one recently trained coder from Indonesia who spoke Bahasa (the first author). Thirty-five videos were coded and discussed in terms of behavioral and cultural interpretation, with one Western experienced coder of parent-child interactions in different cultures who used English subtitles during coding (the last author). Inter-coder reliability on a set of 15 randomly selected videos was $> .70$ on all scales (intraclass correlation, single rater, absolute agreement). The first author then proceeded to code all scales for the rest of the videos in this study.

Interview variables

History of childhood maltreatment

History of childhood maltreatment was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) in interview format. The CTQ includes 25 questions about experiences of emotional, physical, and sexual abuse, and emotional and physical neglect across childhood up to age 18, and a minimization/denial scale consisting of three items. The CTQ was translated into Bahasa and was then back-translated to English by a local translator to avoid translation errors across cultures. The answering scale was adapted after the pilot study, as the low-educated mothers in the sample had difficulties understanding the original 5-point-scale. Instead a 3-point-scale was used: (1) *never true*, (2) *sometimes true* and (3) *very often true*. Cronbach's alpha was .81, and a total score was computed as the average of all 25 items.

Partner conflict

Partner conflict was assessed using seven questions from the short form of the Conflict Tactic Scales (CTS; Straus & Douglas, 2004) in an interview format. The mothers were asked about the presence of conflicts in their relationship with their husbands and how frequently the conflicts occurred during the time they have been together. The translation process was the same as for the CTQ, and the scale was also adapted to 3 points (instead of the original 5 points). Cronbach's alpha was .64, and a total score was computed as the average of all items.

Current cumulative sociodemographic risk

A cumulative sociodemographic risk score was composed to represent current risk. We assessed 8 dichotomous sociodemographic risk factors and assigned a score of 1 for the presence of each of the following risks: divorced, unemployed, first child before age 21, income below regional minimum, physical health problems, illiteracy (cannot read), low

level of education (no education or primary school), and no financial support from husband.

Data analysis plan

All main variables represented in the hypotheses of this study were inspected for normal distribution and outliers. Data inspection showed no missing data. Because childhood maltreatment and partner conflict variables were not normally distributed, winsorizing outliers and log transformation were performed before applying statistical tests. Two outliers on maternal childhood trauma were winsorized using the next highest value of the variable (Dixon, 1960). Partner conflict also had 6 outliers that were winsorized and log 10 transformation was used to reduce skewness of this variable. Further, bivariate associations were examined by computing all main variables into Pearson correlation coefficients.

Mediation analysis conform Preacher et al. (2007) were performed using the PROCESS macro package for SPSS to examine whether childhood maltreatment has an indirect effect on maternal sensitivity through partner conflict and sociodemographic risk. One thousand bootstrap resamples were used and the indirect effect significances were tested with 95% confidence intervals of bias-corrected bootstraps. Mediator variables were considered to significantly mediate the relation between the independent variable and the dependent variable when the confidence intervals do not contain zero (Preacher et al., 2007).

Results

Descriptive statistics between the main variables included in this study are presented in Table 1. The mean score on history of childhood maltreatment was 1.16, with a range between 1 and 2 on a 3-point scale (there were two outliers that were winsorized). Fourteen (14.3%) of the mothers did not report any maltreatment (i.e. scored 1 on all questions), 31 mothers (31.6%) had a score of maltreatment between the average of 1.16 and 1.50 and four mothers (4.1%) had high scores of childhood maltreatment (scores above 1.50). The cumulative sociodemographic risk was the accumulation of 8 risk factors, but no respondent reported more than 6 risk factors.

Table 1 also presents the correlations between the main variables. Childhood maltreatment was negatively associated with maternal sensitivity. In contrast, childhood maltreatment was positively correlated with partner conflict and sociodemographic risk. Partner

Table 1. Descriptives and correlations for sensitivity, childhood maltreatment, partner conflict, and sociodemographic risk.

	Range	M	SD	Correlation Coefficients		
				1	2	3
(1) Sensitivity	1–9	5.47	2.16			
2. Childhood maltreatment	1.00–1.62	1.16	.14	–.23*		
3. Partner conflict	0.06–0.41	0.17	.08	–.12	.47**	
4. Sociodemographic risk	0.00–6.00	2.69	1.53	–.10	.38**	.31**

Note. $N = 98$. * $p < .05$, ** $p < .01$

conflict was also positively related with sociodemographic risk. However, neither partner conflict nor sociodemographic risk were significantly associated with maternal sensitivity.

Partial correlations were conducted between the main variables by controlling for the number of children, to find out if this variable might be a confounding factor in the main analysis. These analyses provided the same results. Childhood maltreatment was significantly associated with maternal sensitivity ($r = -.24, p < .05$), partner conflict ($r = .47, p < .001$) and sociodemographic risk ($r = .38, p < .001$). Partner conflict was also associated with sociodemographic risk ($r = .29, p < .01$). Both partner conflict and sociodemographic risk were not significantly related to maternal sensitivity ($r = -.13, p = .21$ and $r = -.12, p = .25$, respectively).

The mediation analyses revealed that there were no indirect significant effects of childhood maltreatment on maternal sensitivity, neither through partner conflict (the effect size was $-.09$, with a 95% confidence interval ranging from -1.59 to 1.37) nor through sociodemographic risk (the effect size was $-.07$, with a 95% confidence interval ranging from -1.44 to 1.04).

Because this is the first study on maternal sensitivity in Indonesia by using video observation on mother-child interaction, we also give a report on how the observation was accomplished. During the observations, the mothers and children mostly engaged in playing with toys, or were sitting together while they chatted with others and/or with the child. In a minority of cases mothers were doing chores with the child sitting or playing near them, and there were also some videos of mothers feeding or bathing the child. Having the child do chores occurred only in six cases. Few mothers exhibited camera shyness and most made a very relaxed impression on the video recordings. Nevertheless, 62.2% of mothers looked at the camera more than five times during the 15 min observation, 43.9% talked about the camera or being filmed (20.4% more than twice), but only 14.2% made statements reflecting insecurity during videotaping. These instances of camera awareness were mostly related to mothers wanting to make sure the children remained within view of the camera, e.g. telling them to turn so they would face the camera, or telling them to not go outside because they were being filmed, or asking whether they could move to another room because of the camera. Sensitivity was on average in the more-sensitive-than-not-sensitive range ($M = 5.47$; $SD = 2.16$), and the full scale of scores 1–9 was observed. Sensitivity was significantly related to warmth, $r(97) = .58, p < .01$, but not to any of the other observed variables (physical contact, verbal expression, camera awareness).

Discussion

The results of the current study show that mothers' history of childhood maltreatment was associated with lower levels of sensitivity towards their young children in the slum areas of Makassar. Although a history of childhood maltreatment was related to partner conflict and current sociodemographic risk, the association between childhood maltreatment and mothers' sensitivity was not mediated by partner conflict or current sociodemographic risk.

The significant association between childhood maltreatment and mothers' sensitivity is consistent with the notion of intergenerational transmission. Maltreatment is of course more than just extreme insensitivity, but in general, it refers to the notion of having

experienced compromised caregiving in childhood. It is found that childhood maltreatment is associated with less positive caregiving patterns in adulthood. As described in attachment theory (Bowlby, 1969), children's interactions with attachment figures or caregivers lead to a construction of an internal working model or representation about attachment, which forms a prototype to guide future relationships. Other studies have also documented intergenerational transmission of parenting (e.g. Thornberry et al., 2003). Even though this study is not the first study about sensitivity in Indonesia, it is the first study where maternal sensitivity is linked with childhood maltreatment. Because the prevalence of child maltreatment is high throughout Indonesia, studying early identification mechanisms is pivotal to inform the development of now largely absent systems and services (UNICEF, 2012).

We did not find evidence for the hypothesis that parental conflict would mediate the association between childhood maltreatment and maternal sensitivity. In the slum areas of Makassar partner conflict may not have the negative effect it has in other cultural contexts because mothers get substantial support from other people in their family or neighborhood, spending many hours together with female relatives in social and domestic activities (Röttger-Rössler, 2000). In addition, cultural characteristics of the slum areas in Makassar may have influenced the reporting of partner conflict. The mothers might have given socially desirable answers to questions about their relationship with their husbands because they may have been afraid that reporting negative aspects will have negative consequences, a mechanism that has also been reported by others studying Makassar families (Aisyah & Parker, 2014).

Our hypothesis that sociodemographic risk would mediate the association between childhood maltreatment and maternal sensitivity was also not confirmed. Economic deprivation might be considered as a normal thing in the slum community, which might make mothers more accepting and less negatively affected by it in general and in their parenting specifically. Well-being (and positive parenting as a result), may be more influenced by other social and personal aspects of life (Biswas-Diener & Diener, 2001), and by feeling economically better off than others in the same deprived area (Firebaugh & Schroeder, 2009).

We also examined whether mothers' sensitivity scores were related to their responses to the camera. During data collection, we found that the use of video observations in the Indonesian slum context generally worked well. Additional measurements were added to the camera observation such as camera awareness, warmth, and physical or verbal engagement. Camera awareness was not related to sensitivity levels, suggesting that overall this was not a determining factor in mothers' behaviors, although it could still be possible that some mothers behaved differently because of the camera. Further, average sensitivity levels were medium, and positively related to levels of warmth, but unrelated to physical or verbal engagement, suggesting that expressing sensitivity is not tied to specific physical or verbal communication modalities. Nevertheless, in future studies it might be good to take more time for mothers to get used to the camera, and to allow more movement in- and outside of the house so that mothers would be less likely to remain aware of the camera and feel that they have to limit or direct their children's behavior because of the camera.

A limitation of the study is the retrospective nature of CTQ in recalling mothers' childhood maltreatment history. Using a retrospective report may not reveal all actual

maltreatment experiences in the sample due to under-reporting or over-reporting of the actual experience that has occurred a long time ago (Baldwin, Reuben, Newbury, & Danese, 2019). However, retrospective reports have higher sensitivity than prospective reports in capturing more individuals who actually have been maltreated (Baldwin, Reuben, Newbury, & Danese, 2019). Further, other factors could also hamper self-report of child maltreatment in Indonesia: child maltreatment could have been perceived by parents and children as a normal solution to discipline children either in family context or in school and individuals could have felt that their experiences should be kept secret and should be considered as a private family issue because reporting about maltreatment experiences could invade the honor of family and the community that the family belongs to (Stark et al., 2012).

In conclusion, the results of this study indicate that intergenerational transmission of negative parenting exists in the context of urban slums in Makassar, Indonesia. Although many parents are aware that child maltreatment can negatively affect their children, many of them still practice it to discipline a child because they lack alternative discipline strategies (Andayani & Walgito, 2002; Harianti & Salmaniah, 2014). Therefore, it is important to change the community's mindset about the acceptability of child maltreatment and make them aware that sensitive parenting behaviors can have a positive influence on child development. Several government programs on early childhood are available to parents in Indonesia (e.g. Tomlinson & Andina, 2015), but none focus on sensitive parenting (Mejia et al., 2012). Further, gaining knowledge about sensitive parenting from other sources is also difficult as particularly people with a lower SES have limited access to information about parenting from books or the internet. Therefore, further research is needed to find out which type of sensitivity-enhancing intervention is most effective and suitable for various societies in Indonesia. In addition, given the cultural diversity of the Indonesian population and in line with Mary Ainsworth's awareness of the importance of cultural influences based on her Uganda study (Ainsworth, 1967), the contributions of culture to the parenting context in Indonesia need to be examined as key elements of designing effective interventions. Although at first glance interventions aimed at addressing the basic needs of families living in slums would take priority over parenting interventions, both the World Health Organization (World Health Organization, 2003) and UNICEF (Unicef, 2011) recommend investing in programs to promote responsive feeding (which is a form of sensitivity) as a way of improving young children's food intake in developing countries. Interventions aiming to foster maternal sensitivity can therefore be an integral part of efforts to improve the physical needs of children as well.

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