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## Predictors of sensitive parenting in urban slums in Makassar, Indonesia

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### ABSTRACT

In the context of urban slums in Makassar in Indonesia, this study aimed to test whether maternal sensitivity was predicted by 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 risk did not mediate the association between childhood maltreatment and maternal sensitivity.

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Parents who have been maltreated during childhood are more likely to maltreat their children in later life (Berlin, Appleyard, & Dodge, 2011). A number of mediating mechanisms have been found in the intergenerational transmission of child maltreatment, including intimate partner violence (Cort, Toth, Cerulli, & Rogosch, 2011). 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, O'Connor, Freund, Johnson, & Kelley, 2008; Friedman, Horwitz, & Resnick, 2005; Lee, Anderson, Horowitz, & August, 2009). Because issues of family violence and socioeconomic risk are quite commonly found in economically deprived communities such as urban slums (Kiss et al., 2012), such communities are particularly interesting as a context for the study of intergenerational transmission of 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.

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### *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).

### *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, Riksen-Walraven, & Van Lieshout, 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). Another study in Indonesia revealed that 63% of the parents had been maltreated in childhood by their own parents, and 43% reported having physically maltreated their own children (Harianti & Salmaniah, 2014).

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 violence (Colman & Widom, 2004), and to less optimal parenting styles, including more harsh parenting (Madden et al., 2015). Relatedly, mothers who experience intimate partner violence are generally less sensitive to their children than other mothers (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Gustafsson, Coffman, & Cox, 2015). 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, Kobayashi, & Delahanty, 2009), each of which are also known risk factors for insensitive parenting (Armistead, Klein, & Forehand, 1995; Mesman, Van IJzendoorn, & Bakermans-Kranenburg, 2012).

### **The current study**

The current study examines whether maternal sensitivity is predicted by 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 of \$176.65 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 healthcare 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 min of a daily activity that the mother and child usually do 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.

## **Measures**

### **Maternal sensitivity**

Mother's sensitivity was assessed with the Ainsworth Sensitivity scale (see Introduction to this special issue). 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 good (intraclass correlation .79).

### **History of childhood maltreatment**

History of childhood maltreatment was assessed using the Childhood Trauma Questionnaire (CTQ, Bernstein, Fink, Handelsman, & Foote, 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 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.

### **Camera-related behavior**

The extent to which mothers seemed to be aware of the camera was also evaluated (as described in the Introduction to this special issue), by scoring the following behaviors: mother looking at camera, mother talking about being filmed to their

children, and mother expressing insecurity about her task-related behaviors (inter-coder reliabilities were all  $>.80$ ).

## Results

Few mothers exhibited camera shyness and most made a very relaxed impression on the video recordings. Nevertheless, 62% of mothers looked at the camera more than five times during the 15 min observation, 44% talked about the camera or being filmed (20% more than twice), but only 14% 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. The camera-related behavior variables were unrelated to sensitivity ratings.

Data inspection showed no missing data in this study. Because childhood maltreatment and partner conflict variables were not normally distributed, winsorizing 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.

Descriptive statistics of and correlations between the main variables included in this study are presented in Table 1. The mean score on history of childhood maltreatment was 1.16. None of the mothers reported frequent experiences of childhood maltreatment. The cumulative sociodemographic risk was the accumulation of 8 risk factors, but no respondent reported more than 6 risk factors.

There was a significant negative correlation between childhood maltreatment and maternal sensitivity. The more childhood maltreatment mothers experienced, the lower their observed sensitivity scores were. Childhood maltreatment was also positively correlated with partner conflict and sociodemographic risk. Mothers with more childhood maltreatment experiences were more likely to currently experience partner conflict and have higher sociodemographic risk scores. Partner conflict was also positively related with sociodemographic risk. However, neither partner conflict nor sociodemographic risk were significantly associated with maternal sensitivity. Because the mediator variables were not significantly related to the dependent variable, the hypothesized mediating role of partner conflict and sociodemographic risk in the association between childhood maltreatment and maternal sensitivity was not tested.

**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 | 0.14 | –.23*                    |       |       |
| 3. Partner conflict       | 0.06–0.41 | 0.17 | 0.08 | –.12                     | .47** |       |
| 4. Sociodemographic risk  | 0.00–6.00 | 2.69 | 1.53 | –.10                     | .38** | .31** |

*N* = 98. \**p* < .05, \*\**p* < .01

## Discussion

The results of the current study show that mothers' history of childhood maltreatment predicted lower levels of sensitivity toward 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. 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, Freeman-Gallant, Lizotte, Krohn, & Smith, 2003).

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). Numerous studies have indeed shown that social support helps women to cope with the negative consequences of domestic violence (Coker et al., 2002). In addition, cultural characteristics of the slum areas in Makassar may have influenced the reporting of domestic violence. 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).

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). The use of video observations generally worked well, although 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.

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, Calam, & Sanders, 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.

### Disclosure statement

No potential conflict of interest was reported by the authors.

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