

Evaluating grandparenting as a resource for the developing child in Nigeria

Kayode Oguntuashe¹, Ph.D., Margaret Akinware², Olumide Ige³, Ph.D., Olufolakemi Adedeji⁴ Ph.D.

¹Adjunct Professor of Psychology in Psychology Department, Lagos State University.

Email; kayode.oguntuashe@gmail.com

²Nigeria. Country Rep. World Forum. | Email: Margaret.akinware@gmail.com

³ Associate Professor of Early Childhood Education at the University of Lagos.

Email; ooige@unilag.edu.ng

⁴lecturer in Psychology Department, Caleb University, Imota, Lagos.

Email; olufolakemi.adedeji@calebuniversity.edu.ng

Abstract

Normally, a child is better raised by informed and responsive natural parents. However, due to circumstances such as insecurity, communal strife, premature death, violence, displacement and even distance between home and workplace; the proportion of children being raised solely by grandparents in West African countries is increasing, with Nigeria in the lead.

The objective of this research was to assess the quality of care received by such children. The research question was, do grandparents provide adequate and effective care within the five prescribed WHO/UNICEF Early Childhood Care and Developing (ECD) Nurturing Care Framework of Good Health; Adequate Nutrition; Responsive Caregiving; Safety and Security; and Early Learning Opportunities?

To answer this question, 100 grandparents, with live-in grandchildren, in Lagos and Ogun States were interviewed using two standardized instruments. One gauged the knowledge, attitudes, and practices (KAP) of the participants on the five nurturing pillars while the other elicited qualitative responses about them. Results showed that grandparents had good understanding and practices of what constitutes ‘Good Health’ in nurturing children. However, there were wide gaps in 5 out of each of the 7 items that constituted “Adequate Nutrition” and “Opportunities for Early Learning”. For the pillars of “Responsive Care-giving” and “Safety and Security,” 4 each of the 7 items had gaping holes. The study pointed out the domains where training and other intervention programs should be focused if grandparents are to become an effective force for achieving SDG goals 3 and 4 with respect to child development.

Keywords: Grand-families, grandparenting, early childhood development, ECD nurturing care framework

1. Introduction

The type and quality of care received by young children is critical to their survival, growth, and development. This explains why there is so much interest in the role a caregiver plays in the life of a child. Caregiving starts from birth and typically precedes the period of non-formal or formal schooling for any child.

In a typical African context, the parent is the primary caregiver entrusted with the responsibility to provide physical, nutritional, health care and nurturance to facilitate the development and induction of the child into a social and cultural life. (Akinware and Oguntuashe,2023)

However, a variety of situations can lead grandparents into providing care and nurturance for the child. These include absence of the biological parents due to such reasons as going abroad to study; teenage pregnancy and after delivery, young mother going back to school; parental divorce where neither parent is able or willing to shoulder responsibility or when children are orphaned.

Another situation occurs when grandparents provide care on a temporary basis like both parents having to go to work at the same time or when the baby has just arrived, and the mother needs support.

Yet another context is when multiple generations (great-grandparents, grandparents, parents, and children) occupy different “quarters” in a household as often happens in traditional African villages. Each arrangement has its own characteristics, strengths and weaknesses and impacts development in the child differently.

However, our interest in this research is when grandparents provide primary care for their grandchildren which is technically called grand families in the literature.

Aransiola *et al* (2017) sampled 20, 841 grand families in four West African countries using the National Demographic and Statistical Surveys (NDHS,2013}. Nigeria had the highest number standing at 7,317 (35.1%). Another interesting finding is that across the four countries the number of pre-school children living in grandfamily situations was the highest compared with primary and secondary school pupils amounting to 51.3, 75.8, 51.5, and 56.6 for Ghana, Liberia, Nigeria, and Sierra-Leone respectively. They characterized the families in terms of health and hygiene status, explored and found a high correlation between grandparenting and prevalence of preventable diseases like malaria, diarrhoea, and cholera. Now, the WHO/UNICEF, Early Child Care (ECD) Nurturing Care Framework (2018) is conceived as the sine qua non that caregivers must have to be able to respond adequately to the needs of the developing child so they can survive, thrive and transform in all circumstances. It has five, inter-related and indivisible

components or pillars including Good Health. It was thought that this offered a sufficient justification to evaluate the extent to which grandfamilies promoted or hindered the other four pillars namely, Adequate Nutrition, Responsive Caregiving, Safety and Security, and Opportunities for Early Learning. The other justification for this study was that given the impact of Covid-19 pandemic, unimaginable increase in the frequency and intensity of violence, insurgency, kidnapping, banditry, crime and terrorism, the proportion and quality of grandparenting in Nigeria would be negatively impacted.

The objectives of the study were to:

1. Characterize the demographic features of grandparents in some parts of Lagos and Ogun States of Nigeria.
2. Evaluate grandparents' knowledge, attitudes, and practices (KAP) about the UNICEF Nurturing Framework.
3. Establish gaps in the knowledge, attitudes, and practices of grandparents about the nurturing framework.
4. Make recommendations on Policy shifts, intervention strategies, training and training-materials that are capable of closing observed gaps.

2. Method

Participants

The participants comprised 100 grandfamilies purposively selected after preliminary scouting by five trained research assistants who lived in the same neighborhoods as them. Each family met the major requirement of grandchildren living with grandparents who could be grandmother, or grandfather or both. The locations of the participants were in Oworonshoki, Oshodi, and Igando Areas of Lagos State while others resided in Agbado in Ojokoro Area of Ogun State all in Nigeria. Because research assistants and participants were known to each other, rapport was quickly established, confidentiality was assured, and information provided by participants was recorded on audiotape as well as on the interview-guiding questionnaires. Where the participant chose to complete the questionnaire themselves, they were allowed to. Each one of the five research assistants sampled 20 grandfamilies in their location.

Materials

The trained research assistants administered two instruments. One was entitled “Nurturing Care and Early Childhood Development” (NCECD) and the other was labelled “ Interview Schedule on Nurturing Child Care, Survival and Development.”

NCECD: This had two sections A and B. Section A elicited demographic information such as gender, age, educational attainment, occupation, ethnicity, state of origin, community, and nature of family (two-grandparent or lone). Section B comprised 35 statements designed to elicit information about participants’ knowledge, feelings and practices about the five pillars of the Nurturing Care Framework, that is, Good Health, Adequate Nutrition, Responsive Caregiving, Safety and Security, and Opportunities for Early Learning. Each pillar had seven statements carefully designed to reflect dimensions of its core meaning. Four University educated professionals in Education and Social Sciences were used as judges to validate each one of a set of large statements. Eight out of the 35 statements had inter-rater validity of 100% while 27 had inter-rater agreement of 75%. Each statement had a 5-point rating scale ranging from Strongly Agree (SA); Agree (A); Don’t Know (DK); Disagree (D) to Strongly Disagree (SD). Strongly agree carried a numerical value of 5 while strongly disagree was assigned a value of 1 except in the case of 9 statements which were scored in reverse order. The 35 statements were randomized to prevent place-response. An example of a statement on Nutrition is “ Inadequate feeding in early childhood negatively affects child’s performance in school-work” Strongly agree response on this carried a score of 5. On the contrary, “Endeavoring to answer children’s questions even when it is not convenient teaches them to be forward” was scored in reverse such that strongly agree response was scored 1. “ To be forward” is an expression in Nigerian English indicating assertiveness.

The Interview schedule instrument consisted of five “open-ended” questions designed to elicit qualitative responses from the participants such that they could express themselves and perhaps offer information relevant to the theme of the research but not anticipated in the “closed-response” format of the quantitative instrument. Each question represented one of the nurturing framework pillars. The five questions were drawn from a set of questions after the four principal researchers had debated among themselves which statement was most fertile and closest to the heart of the pillar. For example, “how can grandparents provide opportunities for their grandchildren to learn when they are at home and not in school?”

Results: A

3. Demographic profile of participants.

The largest number of participants (42) were aged between 50 and 59 years, followed by those aged 60 years and above (27) then 40-49 years numbering 16, and the last age bracket of 30-39 years stood at 15. This means that before the age of 49 years, 31% of our participants had become grandparents.

82% of our sample was female while the males were 18%. Not surprisingly, the Yoruba ethnic group numbered 44%, Igbo 22%, Hausa 6% while other ethnic groups were represented by 28%.

In terms of educational attainment, 60% did not have College education. That is had Senior Secondary School Certificate as their highest educational achievement. Only 40% had OND/NCE and above qualifications.

The living arrangements is quite revealing in that 50% lived in Flats while another 50% lived in one or two-room structures, suggesting that 50% of our participants are lower middle class. This is supported by the nature of their occupation/employment whereby 74% were traders, 9% were civil servants, 8% were teachers while unemployed/retirees were 9%.

Interestingly, the gender of the grandchildren in grand-family situations is almost equal with Male standing at 49% and Female, 51%. 37% of the parents of the children visit on a regular basis, 36 sometimes but 27% never visit.

For duration of time spent with grandparents, 40% had been for over 6 years, 18% grandchildren between 3 and 5 years, 31% between 1 and 3 years while only 10% had been living with their grandparents for less than a year.

Good Health:

Analysis of data on grandparents' perceptions about good health indicates that only two out of the seven items on Go revealed gaps, albeit insignificant, standing at 10 and 14 for statements on spread of diseases and allowing health workers into homes on immunization days. The spate of insecurity in the country may explain the reluctance to allow health workers into peoples' homes. The grandparents' comparatively good performance on Good Health is perhaps due to the heavy dose of information on health promoted by COVID-19 pandemic campaigns globally. This contrasts sharply with the findings of Aransiola *et al* (2017) on grandparents' knowledge on preventive childhood illnesses.

This is displayed in Table 1 below.

Table 1:

Grandparents' Perceptions on Good Health

S/N	Good Health	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Good health is sum total mental, physical, & Spiritual wellbeing of a person.	72	24	1	1	2	100	96	4
2	Taking a sick child to hospital for Treatment is necessary for child survival	60	36	1	2	1	100	96	4
3	Vaccines help to protect children Against diseases that can cause illness.	68	29	2	1	0	100	97	3
4	Diseases are caused by germs that Attack children and can spread from Person to person.	45	45	2	4	4	100	90	10
5	You should allow health workers into your home to immunize children on Immunization days.	45	41	4	6	4	100	86	14
6	Encouraging child to sleep always Under an insecticide treated net Reduces malaria sickness.	67	27	4	2	0	100	94	6
7	Regular handwashing is a good health Practice that prevents illnesses and diseases	72	25	1	2	0	100	97	3
	Total	429	227	15	18	11	700	656	44

Adequate Nutrition:

The gaps in grandparents' perceptions on adequate nutrition are worrisome, both in terms of number and size. In fact, only two out of the seven statements under "adequate nutrition" have insignificant gaps: these two dealing with the importance of protein, vegetables, and food supplements. The other five, ranging from exclusive breast-feeding through iodised salt to the effect of inadequate feeding on school performance have huge gaps. These are shown in

Table 2 below.

Table 2

Grandparents' Perceptions about Adequate Nutrition

S/N	Adequate Nutrition	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Salt containing iodine should be Used to prepare children's Foods.	27	46	12	8	7	100	73	27
2	Children should be fed more Meat, fish, and eggs than adults.	61	31	1	6	1	100	92	8
3	Inadequate feeding in early Childhood negatively affects Performance in schoolwork.	33	43	9	11	4	100	76	24
4	Inadequate feeding affects Health later in life.	31	43	6	10	10	100	74	26
5	Between birth and six months, Children do not need additional Food or fluid because Breastmilk contains food and water.	46	33	1	16	4	100	79	21
6	Culturally accepted food taboos	23	22	19	21	15	100	45	55

	Should be adopted in the Community for all children.								
7	Children need to eat vegetables, Beans, crayfish, cod liver, and Take other food supplements.	66	29	3	2	0	100	95	5
	Total	287	247	51	74	41	700	534	166

Responsive caregiving:

The gaps in grandparents' perceptions about the seven statements describing responsive caregiving are even more worrisome than those observed on adequate nutrition. This is especially so considering the magnitude of gaps on allowing the child the freedom to feed self, to choose to play alone, or knowing the appropriate age to warn children about strangers. These are presented in Table 3 below.

Table 3

Grandparents' Perceptions on Responsive Caregiving

S/N	Responsive Caregiving	SA %	A%	DK%	D%	SD%	% Ideal Score	% Actual Score	% Gap
1	Allowing a child to feed self, dress self, and use simple household utensils spoils the child	15	14	2	36	33	100	69	31
2	Speaking English and indigenous languages like Yoruba, Igbo, Hausa to children enables them to see that one object can have two names.	55	44	1	0	0	100	99	1

3	Encouraging children to share what they have or what they have done promotes friendship.	53	39	3	3	2	100	92	8
4	Telling the child that playing in the rain or sun is not safe will make them timid.	12	36	9	19	24	100	43	57
5	Discussing how a child can refuse baits such as food, money, snacks from strangers can only be done when child is about 8 years old.	8	11	5	20	56	100	76	24
6	A child should be allowed to play alone when other children are around.	4	31	1	32	32	100	35	65
7	Allowing an older child to take care of younger ones is to be encouraged.	39	44	5	10	2	100	83	17
	Total	186	219	26	120	149	700	497	203

Safety and Security:

The gaps observed on safety and security issues appear progressively worse with items like impacts of discussing emergency situations with children, force-feeding a child who is sick being misunderstood by 60% and 67% of participants respectively. These and other misunderstood safety and security issues such as letting children know what to do in cases of home accidents are tabulated in Table 4 below.

Table 4

Grandparents' Perceptions about Safety and Security

S/N	Safety & Security	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Discussing emergency situations such as fire outbreaks, robberies with children create fear in them.	18	36	6	22	18	100	40	60
2	Discussing what children should do in case of home accidents mean you have no faith that God will protect them.	7	13	3	31	46	100	77	23
3	Drug abuse is the intake of drugs not prescribed by a doctor.	41	37	5	14	3	100	78	22
4	A child who is sick and does not eat can be force fed.	26	32	9	22	11	100	33	67
5	Children should be taught not to follow strangers at all.	76	18	3	1	2	100	94	6
6	Sharp objects such as knives and nails should be kept away from children as much as possible.	73	24	0	2	1	100	97	3
7	Securing the home environment for the child is tedious but important.	43	48	4	4	1	100	91	9
	Total	284	208	30	96	82	700	510	190

Opportunities for early learning:

The participants, made up of 100 grandparents, also fell short of expectations on statements designed to elicit their understandings on opportunities for early learning. A look at Table 5 below shows that only the item on the relationship between children's songs involving numbers on counting is gapless. The other six items have huge gaps ranging from 36% to 48%. These are displayed in Table 5.

Table 5

Grandparents' Perceptions on Opportunities for Early Learning

S/N	Opportunities For Early Learning	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Allowing child play with crayons, paints, and clay makes the house dirty and has no bearing with school work later.	13	31	4	32	20	100	52	48
2	Letting child help with house chores like putting water in kettle teaches math.	30	34	9	15	12	100	64	36
3	Teaching children songs that involve numbers helps them with counting.	65	32	0	1	2	100	97	3
4	Always trying to answer Children's questions, even when it is not convenient teaches them to be too 'forward'.	7	34	6	29	24	100	53	47
5	Telling or reading stories that	19	28	6	31	16	100	47	53

	promote cooperation to children will discourage competition in school.								
6	Letting the child tell you what they have done in the day, step by step, is good for orderliness.	46	42	6	2	4	100	88	12
7	Adults should use adult words and sentences when talking with children.	27	25	7	24	17	100	52	48
	Total	207	226	38	134	95	700	453	247

Summary of results on nurturing care pillars:

Below in Table 6 is a summary of the gaps observed by the research on the five WHO/UNICEF nurturing care pillars and the major contributors to them. From the table, the magnitude of the gaps can be ranked thus: 'opportunities for early learning' came first with a value of 247, this is followed by 'responsive caregiving' with a gap size of 203. 'Safety and security' was third, at 190 while 'adequate nutrition' took fourth position with 166. The smallest gap came from 'good health' at 44. The implication of this is that the needs of children who were being raised primarily by their grandparents suffered neglect. The degree of neglect would be determined by the gaps described above, meaning that only in the area of health would their development stand some chance of receiving the required support that it needed.

TABLE 6*Summary of Nurturing Care Pillars & their Gaps*

Nurturing Care Pillars	Ideal score	Actual score	Gap	Major contributors to gaps
Good Health	700	656	44	Apprehension over home visit For immunization.
Adequate Nutrition	700	534	166	Iodised salt; nutrition & later School work; food taboos
Responsive Caregiving	700	497	203	Autonomy over self, action. Consequence of C's action. Age to promote critical think
Safety & Security	700	510	190	Outcome of emergency. Force feeding. Home accidents discussion.
Opportunities for Early Learning	700	453	247	Relations b/w play & school Home activity & schoolwork Outcome question-asking Cooperation/competition

Results: B

Qualitative Data Analysis:

Content analysis of the responses given to the five questions in the interview schedule was carried out.

This decision

followed a brain-storming session by the four principal investigators which resolved that it was the most appropriate

analysis given the thematic nature of the data. At the session, the semantic field of each utterance/statement of the

participants was explored with each researcher stating the meaning of a statement independently of others.

Where consensus was not reached on any statement, it was discarded.

The first question which was on 'good health' yielded responses which on analysis revealed as follows:

1. All the grandparents thought immunization is good for the child.
2. they accurately listed benefits of immunization to include prevention of polio, reduction in risk of paralysis, measles, boosting child's immune system, prevention of cough, yellow fever, reduction in childhood sicknesses etc.

This shows that they have insight into issues about good health generally and in particular, knew the benefits of immunization. This shows that the greater the insight shown on immunization issues, the smaller the gap observed in the pillar on 'good health' in the quantitative analysis.

To the second question on the causes of weight loss and what to do if their 3-year-old grandchild refuses to eat, their responses were as follows:

1. insight into causes of weight loss revealed accurate knowledge such as pre-existing medical issues, childhood trauma, worm, malaria, playing with sand, dehydration, environmental condition, constipation etc.
2. on what to do to the 3-year-old who did not eat, responses varied from making food attractive, deworming the child, giving multivitamins, force-feeding the child to seeing a pediatrician and praying to God.

This is in consonance with their accurate responses to the statements on protein, vegetables, and supplements in the 'adequate nutrition' pillar. The problem appears to be the inability of grandparents to relate adequate nutrition with later life schoolwork.

The third question which probed what grandparents could do to provide opportunities for early learning at home, elicited responses which also varied with most of them appearing inappropriate. Examples of such are, letting the children stay in the shop so they can be bold to face customers, flogging them when they do something wrong, teaching them about Christ, farming, morals, and prayers, teaching them about house chores and so on. However, some responses appeared appropriate. Examples of these include teaching them songs and rhymes in the child's dialect, telling them realistic stories, and playing educational CDs, games, and toys. All of these corroborate the only statement with the smallest gap on

the ‘opportunities for early learning’ pillar. This statement is on the effect of teaching children, songs that involves numbers on their ability to count.

The fourth question on how grandparents can always keep their grandchildren safe and secure elicited responses that were accurate, appropriate, and culturally relevant. For example:

1. teach them to be smart and wise,
2. tell them never to go out without telling an adult
3. staying away from cooking gas
4. teach them not to take baits from strangers etc.

this shows that grandparents are knowledgeable about what to do to keep children safe and secure. These preventive activities agree with three of the seven statements on the ‘safety and security’ pillar. These three are about practical things that keep children safe, like keeping sharp objects away and not following strangers. The statements that gave grandparents issues appeared to be those that required them to hold discussions with children on safety and security matters.

The fifth question asks, “would you agree that some of the existing child nurturing practices you were used to can be improved with a better understanding of ECD?”. Some said yes because: (i) technology brings new things, (ii) Children are hyper psychologically active so standard measures should be taken to care for them, and (iii) children are able to converse with adults more, unlike the olden times.

Some said no because: (i) social media is evil for these children, (ii) children cannot be controlled, (iii) they lack manners and morals, and (iv) they talk back at adults; hence they can be rude.

4. Discussion

Our discussion starts from the observation that motivated the research in the first place which was that grandparents were becoming more and more primary caregivers to their grandchildren. This trend is likely to increase for a variety of reasons alluded to in the introduction. Hence, an evaluation of the skills possessed by grandparents in rearing children in the 21st century was done against the benchmark established by WHO/UNICEF. The results presented above show that the grandchildren in the care of grandparents, who were largely grandmothers were not likely to receive the quality care they needed.

An interesting finding concerning the age at which women became grandmothers may shed light on the handicap to provided quality care. Becoming grandmothers in their 30s means that they did not stay in

school for too long and neither did the children they had when they were teenagers. This is important in view of the established correlations suggesting that the higher the educational attainments of parents, the higher the expectations about their children's scholastic performance. (Carnegie Corporation,1994; Ige, 2013) This provokes a pattern of behaviours such as seeking information about appropriate helping and supportive behaviours that parents can deploy to enable child develop and achieve in school. This attitude appears lacking in some of our participants judging by their reluctance to improve their child rearing knowledge and skills claiming that social media is evil, children of today are rude and talk back and so on.

The relatively small gaps observed in the responses given to statements about health indicate that the grandparents were knowledgeable about children health issues, that they knew what to do to prevent and manage some childhood diseases. Health is wealth for most Nigerians and given the prevalence of illnesses and diseases which terminate life prematurely in tropical Africa, many people have become sensitized to health matters. This mental state got a boost from the global campaign to stem the tide of the Covid-19 pandemic. Nutrition matters although highly related to health suffered ignorance. Grandparents knew that proteinaceous foods and vitamins were necessary for the child but failed to link it to the health and school performance of the child later in life. This has implications for the implementation of the Integrated Early Childhood Development Policy (Federal Government of Nigeria, 2007).

The pillar on responsive caregiving has the second largest gap. It is interesting to note that many of the statements that posed difficulties for the grandparents had to do with granting the child autonomy for self-expression through his/her actions like eating, dressing up and so on. Holding discussions with the child on what they can or cannot do appears to be a challenge for the grandmothers not only on this pillar but also on security and safety pillar. They know what to do and what to avoid in keeping children safe and secure but do not seem to approve holding discussion on them for fear perhaps that the children would thus be encouraged to talk back and become rude, challenging and uncontrollable. Given this, it then becomes imperative not only to include ECD matters into ante-natal programs but also mount ECD sensitization programs for grandparents at market places, worship centres and other community spaces. The pillar on opportunities for early learning has the biggest gaps which were as a result of failure to link play with school performance later, home activities with school work, reading to the child and school performance and lastly the importance of attending to the questions raised by the child. This is perhaps the most worrying as it has to do with the relationship between stimulation and optimal development in

childhood. The policy implications of this gap is indeed huge given the investment that parents, community, Governments and the Nation incur over the child.

Limitations

One of the major limitations of this research is that the statements adjudged by the participants were hypothetical although they were close enough to what happens in reality. It is the perennial challenge that surveys have. This limitation could have been attenuated if an ethological approach involving home visits was paid by researchers armed with checklists containing behaviours patterns to be observed at regular intervals. The behaviours as they occur in-situ could also be recorded and later transcribed and analysed. The results of this exercise would confirm or refute some of the results produced by the current survey.

5. Conclusion

The involvement of grandparents in the upbringing of their grandchildren is real and the frequency of its occurrence is most likely to increase given the prevailing socio-economic, security and other existential circumstances in Nigeria. From the results of the research, it can be seen that grandparents are not equipped to efficiently accomplish the task of responding effectively to the needs of the children in their care. Therefore, it is recommended that the Integrated Early Childhood and Development Policy (IECD) be reviewed to include grandparents as stakeholders. With this recognition, steps should then be taken to mount ECD programs for them at the market, community, and worship centres.

References

- Akinware, M. A. and Oguntuashe, K. (2023)ECD Country Experience: Nigeria. In Pence, A., Makokoro, P., Ebrahim, H. B., and Barry, O. (Eds.) Sankofa: Appreciating the Past in Planning the Future of Early Childhood Education, Care & Development in Africa, pp52-57. France: UNESCO.
- Aransiola, J. O. Akinyemi, A. I. Ambrose. A., and Togonu-Bickersteth, F. (2017) Grandparenting in selected West African Countries: Implications for health and hygiene behaviors in the households. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy* 4, (1) 11, 195-216.
- Carnegie Corporation of New York. (1994) Starting points: Meeting the needs of our youngest children. Report of the Carnegie Task Force on Meeting the Needs of Young Children. New York: Author.
- Federal Ministry of Education. (2007) National Policy for Integrated Early Childhood Development in Nigeria. Abuja: Federal Government of Nigeria.
- Ige, O. O. (2013) Professional Development, Motivation and Gender as Correlates of Early Childhood Caregiver Attitudes towards Early Childhood Care and Education Delivery. *Journal of Early Childhood Association of Nigeria*, 3, 1, 151-164.
- WHO (2018-2023) Nurturing Care Framework for ECD. Geneva: WHO/UNICEF