How do socio-cultural characteristics and maternal health influence the parenting patterns of families from Pakistani origin living in Bradford? A qualitative study of Pakistani mothers whose children were born in Bradford.

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Abstract

This thesis reports findings arising from the question: 'How do socio-cultural characteristics and maternal health influence the parenting patterns of families of Pakistani origin living in Bradford?' Parents play a significant role in the lives of their children and a number of studies have been conducted on parenting and child development and factors that influence parenting practices, among white indigenous groups; but little is known about those of Pakistani families, and the influencing factors. There is a particularly high concentration of Pakistani families in Bradford, and the available BIB cohort database was important in selecting participants for this study, which was attached to the Maternal and Child Health theme of the BIB Research Cohort study and funded by CLARCH.

Using a qualitative methodology, including face-to-face interviews and ethnographic observations the study explores the impact of health, level of education, religion, acculturation and social support on Pakistani families' parenting patterns. The data was analysed by an initial coding, identifying themes, grouping of patterns, and arriving at meaningful explanations.

The findings show that length of stay in the UK did not determine either the choice of language spoken at home or the level of acculturation. Higher levels of education were observed in the mothers who came to the UK than in those born in Bradford. Participants with a high level of education were more likely to be in work and able to provide robust, mentally stimulating learning environments. Most of the participants reported having experienced or currently experiencing depression, the majority do not seek professional help, but that of their family. Family support, particularly with childcare and religion, strongly shape Pakistani families' parenting patterns.

The study concludes that the sacred-secular bridge should be minimised by getting religious leaders involved in teaching key aspects of change or behaviour, in order to better secure the Pakistani communities' attention and interest. A range of educational opportunities should be made available for Pakistani women who wish to access higher education, and institutions should engage with the community to know how they can best serve them.

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LIST OF ABBREVIATIONS

BIB	Born in Bradford
BTB	Brought to Bradford
BTB^{12+}	Brought To Bradford aged 12 – 15
BBF	Bronfenbrenner-Belsky Framework
CTB	Came to Bradford
CLARCH	Collaboration for Leadership in Applied Health Research and Care
DH	Department of Health
NHS	National Health Service
NICE	National Institute of Health and Clinical Excellence
ONS	Office of National Statistics
TAP	Thesis Advisory Panel
TLC	Tender Loving Care
UK	United Kingdom
WHO	World Health Organisation

Dedication

…And it came to pass, that after three days they found him in the temple, sitting in the midst of the doctors, both hearing them, and asking them questions…and all that heard him were astonished at his understanding and answers… Luke 2: 46-7 .

So you make my testimony to be…

Therefore, I dedicate this thesis to someone very, very special…

Ohun ni Alagbawi eda

Adánimágbàgbé

Baba to gbe ori mi soke,

Ayin iyin tan Eledumare

Ijinle Ogbon, Imo ati Oye

Kiniun eya Juda

Apa nla to so ile aye ro

Efufulele to nmi ile aye kiji-kiji

Oba mi abeti lukara bi Ajere

Oba awon oba, Oluwa awon oluwa

Modupe.

…THE ALMIGHTY GOD

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In undertaking this project, I reflected a great deal on the concept of parenting, and its practice; especially that of my parents and myself. It has given me a greater appreciation of the efforts of my own parents, Jonathan Moyo and Hannah Omisore. They have always prayed that their ceiling would be their children's ground. This is happening, and I am grateful that my parents are alive to witness it. I would like to express my gratitude to my sister, Ibidun 'Otitilili' Oyeleye and her family, for their emotional support throughout this project. I also wish to acknowledge the kind gestures of our family friends Dr Julius and Mrs Winifred Fashanu.

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AUTHOR'S DECLARATION

I declare that I designed and conducted this research and wrote the report contained in this thesis. Its contents have not been submitted for a degree in this or any other institution. To the best of my knowledge, this thesis does not contain material previously published or written by another person except where appropriate reference or due acknowledgement is made. The views expressed in this thesis are mine and do not necessarily represent those of any institution or person(s).

Ibiyemi Kate Ibitayo Nnadede - 07 June 2013.

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

A parent is a child's first love. But parenting a child is a complex and challenging responsibility. It is also fulfilling, exciting and full of privileges (Bornstein, 2009). Currently, there is increasing diversity in the parenting population, estimated at 13.8 million families in Britain (Barlow et al., 2004; Grigg and Hannon, 2011). Within this diversity there is a significant representation of minority ethnic parents, whose ethnicity and culture could affect their childrearing attitudes and practices (Barlow et al., 2004). However, there are currently few culturally sensitive studies of parenting practices in the different minority ethnic groups within the UK (Barlow et al., 2004).

Parenting practices are the specific behaviours, e.g., reading to and with the children, regular visits to the library, attending to children's homework etc., that parents use when raising their children (Darling and Steinberg, 1993; Spera, 2005). Over time, a pattern develops, and often, these practices are learnt from one generation of parents to the other. For instance, parents (e.g., mothers), when they were growing-up (i.e., in childhood), learnt certain practices from their own mothers (e.g., observance of reading time, mealtimes, etc.), and as the saying goes, "like mother, like daughter", these practices from many previous

generations continue with the subsequent generation, thus, developing into parenting patterns (Christensen, 2009).

In most cases, parents learn the act of parenting progressively and often draw on their own childhood memories and experiences (Wilson, 2011). For ethnic minority parents, who were immigrants or their descendants, these experiences may not necessarily be congruent with the UK mainstream culture and expectations, e.g., norms about how children should be brought up, including the physical demonstration of affection. Such experiences are also less well documented (Platt, 2005; Scott et al., 2006; Chaudhry et al., 2011).

Ethnicity, a sometimes self-determined and fluid concept, may determine most parental goals, pursuits and behaviour, and culturally salient factors may define what parents learn, accept and trust sufficiently to adapt and adopt in their parenting practices in any given context (LeVine, 1988; Cardona et al. 2000; Harkness and Super, 2002; Berry, 2005; Callanan, 2006). Apparent differences owing to ethnicity, culture, beliefs and available resources tend to influence how parents perform their duties (Sigel and McGillicuddy-De Lisi, 2002; Robinson 2007, 2009; Phoenix and Husain, 2007; Park and Kwon, 2009), but the interplay of unparalleled resources, such as financial security, health and housing, and socio-economic factors, such as religion, family, and support networks, on some specific ethnic parents are often unclear. Whilst it is acknowledged that different sets of values among diverse ethnic groups may affect the patterns of parenting in many families (DoH, 1990; Aldgate, 2010), most research into parenthood does not focus on the complexity of parental background and contemporary expectations.

In Britain, a number of studies have been conducted on parenting, child development, and parenting styles and factors that influence parenting practices, among white, indigenous groups. These are mostly indicative of white middle-class status (e.g., Taylor, 2000; Woodhead, 2003; Kiernan, 2004; Peterson et al., 2005; Spera, 2005; Scott et al., 2006; O'Connor and Scott, 2007; Stewart, 2007; Kiernan and Huerta, 2008; Leyendecker et al., 2009; Kiernan and Mensah, 2010; Smith, 2010). There remains a dearth of similar studies in some developing countries, and fewer studies are available concerning ethnic groups residing within the UK. For example, research on family life within the Pakistani community in specific areas in the United Kingdom is scarce (Barlow et al., 2004; Phoenix and Husain, 2007; Traviss et al., 2012). In recent times, it has taken the behavioural upheaval observed among young people in Britain, to provoke studies on parenting in some selected ethnic groups. Such research endeavours have contributed to interventions put in place to resolve some of these social problems. For example, several government initiatives led to the development of various parenting programmes to support and improve parenting skills in tackling these problems (Ghate et al., 2001; Barlow et al., 2004; Heath, 2004; Seaman et al., 2005; Scott et al., 2006). Nevertheless, research should bring out not just the range of perspectives on parenting among different ethnic groups, but should also focus on the perspectives of the small minority ethnic voices within the broader minority groups, and within the larger majority (Blakey et al., 2006; Phoenix and Husain, 2007; Leyendecker et al., 2009).

1.2 *The significance of this study*

The disintegration in society, as well as the challenging and antisocial behavioural problems observed in young people (such as the August 2011 riot) has been blamed on poor parenting, and this continually places parenting under scrutiny (Shakla, 2011; Rake, 2011). As a result, some families have been referred to as 'problem families', intensifying family policy reviews and public discourses on parenting whilst also questioning the competence of some parents (DoH, 2000; Cameron, 2011; Grigg and Hannon, 2011). There are reasons to believe that many factors influence how parents conduct both their own behaviour and the affairs of their children. Some arguments suggest poor parenting is due to limited parenting capacity, and an extensive amount of published written evidence suggests that a number of factors, such as mental illness and negative experiences in growing up could have an impact on parenting capacity (Gerhardt, 2004; Stewart-Brown, 2005; Rutter, 2005; Cleaver, 2006; Reupert and Maybery, 2007; Brandon et al., 2010; Furedi, 2011; Rake, 2012). Others have argued that parenting is influenced by, and should be considered within, the context in which it takes place, as well as the effect of unequal levels of resources (e.g., wealth and health) on parents (Kotchick, and Forehand, 2002; Graham, 2007). These support the notion put forward by some that 'good enough parenting' requires recourse to some essential resources such as finance, quality, skills, social network/support and materials (e.g., Hoghughi, 1998[1], 1998[2]). Certain research evidence suggests that the absence of such essential resources will undermine the effectiveness of parenting (McLoyd, 1990; Ghate and Hazel, 2002; Attree, 2005; Mayhew and Bradshaw, 2005; Blewett, 2007; Katz et al., 2007; Kiernan and Huerta, 2008; Kiernan and

Mensah, 2010). Whilst both sides of the argument are relevant and plausible, other scholars have advanced their arguments by emphasising the effect of the present global economic meltdown. They claim that the current situation has intensified other existing pressures within the UK and in turn have an impact on parenting (Rake, 2012), implying that in considering these issues of inequalities among the diverse families in Britain there should be a genuine appreciation for individual, cultural and social background differences (Bailey, 2006; Grigg and Hannon, 2011).

The United Kingdom has grown rapidly into a nation of immigrants. Its ethnic composition continues to change, with increasing cultural diversity (Brooomfield, 2004; Aldous, 2006). Diversity in the UK includes various strata: multi-ethnicity; multi-culturalism; and multi-faith (Henley and Schott, 1989; Owusu-Bempah, 2002; Barn et al., 2006). The 2001 UK population census, though over a decade old, showed Black and Minority Ethnic (BME) groups to be nearly eight per cent of the population or 4.6 million people. The Office of National Statistics (ONS) ethnicity estimates to mid-2009 stood at over 12 per cent [6.6 million]. The results on ethnicity for the 2011 population census will be part of the second phase of data to be released between November 2012 – March 2013. This is slightly too late for inclusion in this thesis, as ethnicity data was not included in the first release of the census in July 2012 (ONS, 2011[1]). However, according to the 2001 census, South Asian groups accounted for about 50% or 2 million (Berthoud, 2001; Szczepura; 2005; Barn et al., 2006; Platt, 2009; Robinson, 2009). The ONS mid-2009 ethnicity estimate for England and Wales, showed the Pakistani group to be fifteen per cent [1.0 million] of the total BME

figure [6.6 million], and approximately seven per cent of the Pakistani group [67.7 thousands] were estimated to reside in Bradford (ONS, 2011[2]).

Given the above context, and because of the lack of literature, an important area to consider is how specific factors influence parenting in minority ethnic families. To promote the task, this thesis embarked on an exploratory study among Pakistani families. It specifically explored influences on the parenting patterns of Pakistani families. All parents, including Pakistani parents, play a vital role in the lives of their children, and want the best for them (Barlow et al., 2004; DfES 2007; Hallam and Creech, 2007). Undoubtedly, every parent desires to have a child who is physically fit, and who acquires the relevant education and skills to become a responsible adult in society (Soliday, 2004). Regardless of ethnicity or culture, parenting in general can be a most challenging activity. Parents are often under diverse pressures (Green and Parker, 2006; Rake, 2012). The Pakistani community especially have had the additional pressure of making sense of "living in two worlds" (Bhatti, 1999:19), which can make them experience complex and dynamic family lives, and in turn, their children's lives can be both fascinating and complex (Bhatti, 1999). Also, Pakistani families often experience inequality in most areas, such as poorer outcomes in health, education, employment, poverty and housing (Husain et al., 1997; Shaw, 1998; Bhatti, 1999; Bhopal, 1998, 2000; Abass, 2000; Gater et al., 2009). Hence, their parenting norms deserve careful attention, in order to understand the range and the issues significant to their community, and to support their identified needs. While identifying the needs of children are crucial, it is equally vital to

understand the needs of parents and the factors that influence their parenting behaviour.

In seeking to understand the impact of factors on Pakistani families, this chapter sets out the importance of this topic, and will continue to examine the context and motivation for the research. It will also narrate the nature of the Pakistani community's migration and settlement in the UK, helping to locate families historically and economically, and in turn, aid our understanding of the effects of these on their childrearing practices. Finally, the chapter enumerates the research objectives and gives an overview of the content of each subsequent chapter of the thesis.

1.3 The context of the study

Parenting is an important, common and universal phenomenon involving a lifelong commitment of personal relationships. It takes place in every society and among all ethnic groups. Everyone that ever lived had parents (Cleaver, 2006).

Parenting, as it is widely acknowledged, influences many other important areas of life and of the society. For example, health, social inequalities, factors or determinants of parenting and the essential role that fathers play, or should play in the development of their children (Stewart-Brown, 2005). In the UK context, parenting has changed considerably over the years, due to increased diversity, and demographic trends as discussed above. Therefore, the effect of ethnicity on parenting needs to be considered in its own right, for the benefits it offers, for example, deeper understanding, facilitation of social inclusion etc. Such

consideration helps to challenge the often essentialist, 'taken-for-granted' theoretical assumptions that have been made over the years regarding minority ethnic parenting behaviour (Chao, 2004; Phoenix and Husain, 2007; Robinson, 2007, 2009). Moreover, policy decision-makers, researchers, practitioners, and to some extent, the public, may develop an appreciation, or an awareness of the complexities and differences in parenting in diverse ethnicity. At the same time, ethnicity is fluid and sometimes self-determined, for instance, in relation to race. For example, the South Asian group is never a homogenous community (Fleming and Gillibrand, 2009). When policies or interventions fail to make a distinction between groups, they often overlook the effect of diversity of language, values, beliefs and religious differences. This may lead to a simplistic approach in dealing with differences inherent in groups, and may result in an ineffective intervention among them.

Previously, parenting was mainly a private, domestic affair, in recent times, family and parenting issues have become increasingly matters of debate in public and policy contexts (Furedi, 2011; Rake, 2011). This may be a good thing, if it highlights the significant role parents play or ought to play in the lives of their children, and the responsibility attached to such duties (Bornstein, 2002; DfES, 2007; Holden, 2009). However, if it 'blames and bewilders' parents by only pointing out their shortcomings, it can increase parenting pressure, making parenting legalistic, daunting and unnatural (Shukla, 2011). If certain expectations are placed on parents, it might also follow that there would be more support for all parents and more provision for the UK to become a more family-friendly society (UNICEF, 2007; Hunt, 2009; Diggins et al, 2011; Family &

Parenting Institute (FPI, 2011)). For example, part of family-friendliness would include work-balance, and possibly an understanding of cultural perspective in ethnicity parenting. The cultural understanding of the role, quality, character and style of parenting may differ and if viewed from a particular lens, may depict some practices as more effective than others (Berry et al., 2002; Barlow et al., 2004; Bradley and Corwyn, 2005; Spicer, 2010).

Pressures on parents are manifold and diverse: some are caused by genetic factors inherent in parents themselves, e.g., health problems, physical or psychological challenges (Diggins et al., 2011). Others could be outward e.g., safety issues, unhealthy work life patterns, ethnicity, social and financial pressures (Rake, 2012), and yet others are societal, for example, governmental pressure on parents to take responsibility for their children's behaviour, the neighbourhood and cultural influences or the context in which parenting is taking place (Aldgate, 2006). All these can place huge demands on most parents and influence their patterns of parenting. These impacts can become more complex and possibly even devastating for some families, especially minority ethnic families, who may be struggling already. Some have argued that professionals or experts should be prevented from influencing families, because their input has caused parenting authority in families to diminish. This authority, without being draconian, needs to be restored (Furedi, 2011). Such pressure may affect all parents, but at present, not all perspectives are sought or brought to light through research.

Identifying parenting competence cannot be done effectively if the many factors causing pressure for minority ethnic parents, and which can undermine their parenting efforts, are not known or addressed appropriately in policies and interventions, whether such policies are geared towards health improvements, or the improvement of parenting skills (e.g., DoH, 1995; 2006, 2007, 2009a, 2009b, 2010). This study aims to improve knowledge in this area by deepening our understanding of factors that might influence a specific ethnic minority group's parenting practices.

Differences within and between ethnic groups could also shape parenting patterns. Some groups may be accustomed to a regular and dynamic society; while others may be slow to respond to change (Craig et al., 2007). Research, and consequently, policies and interventions (i.e., practice) need to reflect different possibilities. However, policy may need to be implemented at a steadier pace, as some have observed that current UK family policies change too frequently and continue to increase parenting responsibilities. The contemporary view of parenting is also seen as placing more demand on parents, particularly women, for instance, combining care-giving with employment and other intricate matters, such as education or the provision of a robust home learning environment for children (Perry, 2002; Okagaki and Luster, 2009; Sylva et al., 2010). Critics have also noted that in spite of the frequent changes to family policies, parenting in the West has become increasingly isolated and individualised (Tickell, 2012; Rake, 2012). Many parents, especially minority ethnic groups with lower economic status, may be ill prepared for these continuously changing policies and increasing parental responsibilities. The

extent to which this is true among minority ethnic families is unclear, as their perspectives are underrepresented in both research and policy. This research can add to the available knowledge by giving them a voice.

1.4 *Location of data collection*

Bradford is a large city within its own district in the West Yorkshire region. It is a city of quite a diverse population, and a particularly high concentration of Pakistani families (ONS, 2004; Darlow et al., 2005; Shackle, 2010). According to the last census, the percentage of Pakistani families stood at twenty-two (Bradford NHS, 2001). The city of Bradford is the eighth most deprived in the country, with high levels of infant and general morbidity and mortality (Bradford and District Infant Mortality Commission, Bradford Council and Bradford & Airedale PCT, 2009), and acknowledged health inequalities within the city. Outside of London, Bradford's population has the second highest proportion of Muslims (Office of National Statistics, 2004), although there are other religions represented amongst the Pakistani group, such as Sikhs and Hindus (Phillips, 2000). The Pakistani community within the city are mostly Muslims and are among the most deprived (Darlow et al., 2005).

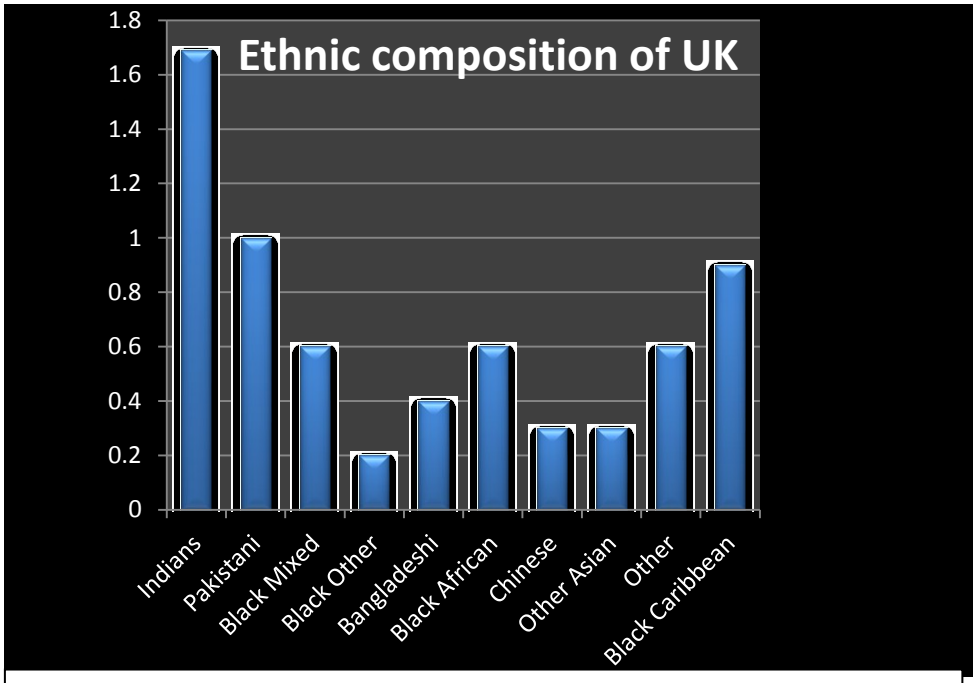


Diagram 1: showing ethnic composition of UK

1.5 How my interest in the study developed

Parents are highly valued by their children in the part of the world (Nigeria) where the researcher grew up. For example, we refer to mothers, as *gold* - for their affectionate and nurturing tendencies - and fathers, as the *mirror*. Children believe that parents, especially, mothers, go through many challenges because of their children. Oftentimes, mothers ensure the health and existence of their children in spite of hardship and limited resources. This has a bearing on my desire to understand parenting and the factors that influence such activity. Therefore, the possibility of a link between the Pakistani community parenting practices and socio-cultural factors (mainly religion and culture) was part of my thinking in undertaking this explorative study. Also, in reviewing the literature,

there were suggestions of cognitive development-related concerns amongst Pakistani children at three years of age. This spurred my interest because most children at age three - preschool age - are likely to be with their mothers or caregivers at home. My desire was intensified to investigate the impact of different socio-economic factors on Pakistani parents. In addition, various research evidence indicated poorer outcomes, and specific health problems among the Pakistani group, which prompted the idea of combining the impact of health concerns with socio-cultural factors, at the home level, in the study. With regard to the Pakistani group residing in deprived areas, the literature shows that poor neighbourhoods can have an impact on the well-being of the residents (Shinn and Toohey, 2003). In general, the majority of those affected tends to be ethnic minority families.

Given the background of Bradford mentioned above, and the socio-economic position of the Pakistani community living there, it makes an ideal location to use in this study. Probably most important, my doctoral research studentship was attached to the Maternal and Child Health theme of the Born-in-Bradford Research Cohort study and was funded by the Collaboration for Leadership in Applied Health Research and Care (CLARCH) - who also identified the research location. This was an important context for the research, which might have influenced its feasibility and perhaps its credibility to the research participants. Once this was in place, I started to research an appropriate framework that would be suitable for examining individuals within the home setting, their community and the wider society. The result of this search is detailed in chapter 2.

The remainder of this section explores the historical background of the South Asian migration into the UK and the nature of the settlement in Bradford. Additionally, the chapter will determine the health and socio-economic factors that will be the focus of this study.

1.6. South Asian migration into the UK

1.6.1 The early history

Some scholars have identified that the initial South Asian contact with the UK dated back to 1600 with the establishment of the East India Company (e.g., Visram, 2002; British Library: 2012 (online)). They identified earlier settlers mainly at three levels. The first were the personal servants of administrators and adventurers, who accompanied their respective masters home. The second were seamen, who carried out menial tasks on British merchant ships, and the third were more affluent travellers, such as Mahatma Gandhi, who came to Britain for adventure, excitement and professional study. However, the total number of immigrants involved in all three categories was relatively small, compared to the subsequent migration of the group (Visram, 1986; Ballard, 2003; Singh and Vertovec, 2003).

1.6.2. Later Arrival

Later on, other arrivals came as economic migrants by the end of the Second World War, when Britain had a shortage of domestic labourers. The immigrants were mostly farmers, who arrived (with other South Asians), to fill this shortfall

(Bachu, 1985). They were in search of ‘greener pastures’, and had anticipated an absence from their motherland of just a few years, with decent jobs and remuneration in the UK, which would enhance their social status on their return. They envisaged the higher income earned would enable them to become land and homeowners through sending money home, and that, upon their return, they would be richer and better placed in their community (Anwar, 1979 cited in Bhatti, 1999). However, life in the UK was not as promising as they had envisaged. Firstly, in the UK, ‘there was a strong preference for white European workers', as opposed to ‘aliens’ (Abbas, 2000: 4). Secondly, since education was not on the immigrants’ agenda, as employment and housing was (Abbas, 2000), they only occupied the lowest positions in the UK market, doing menial and ‘unattractive jobs that local people did not want’ (Barker, 1984; Brown, 1990; International Council on Human Rights Policy, 2010). Even then, the meagre earnings produced more income than they had access to in their homeland (Ballard, 2003). Typically, the Pakistani community, like most other ethnic minority immigrants, occupied the lowest stratum of the UK labour market (Dayha (1974: 83; Abbas, 2000). Their meagre earnings only supported basic living expenses and resulted in modest savings (Henley and Schott, 2001). This meant their earlier dreams were either unfulfilled or not quickly realised (Barker, 1984; Shaw, 2000; Henley and Schott, 2001). The majority of the immigrants were Muslim men from the western and eastern parts of Pakistan, mainly Mirpur and Sylhet, the remainder of the population consisted of other South Asians.

1.6.3. Immigrants and British current South Asian population

As the rapid growth of the British South Asian population continued by chain migration, four main categories became prominent. The first category, the Gujaratis, from districts in Saurashtra and the gulf of Cambay, is mostly (about 80%) Hindus, and the remainder Muslim. The second category comprising Punjabis from the Jullunur Doab is around 80% Sihks and the remainder either Hindu or Christian. The third category is substantially Muslim from the Mirpur, Rawalpindi and Guraj districts, and lastly are the Bangladeshis from the Sylhet district in the north-east (Ballard, 2003). Of the four categories, "the Sylhetis and Mirpuris communities have not, as yet, been able to carve out trajectories of upward mobility… as their Gujarati and the Doabi Punjabi peers" (Ballard: 2003:7). The Mirpur district is one of the least developed regions of Pakistan, comprising both lowland and hilly areas, difficult to irrigate, and so highly dependent on its high annual rainfall for farming (Shaw, 2004). The Mirpuri community have little education, but stringent clan loyalty (or "biraderi"). Even their British born offspring, who have a profound exposure to English social, cultural and linguistic conventions are still ardently committed to "their own ancestral roots, expectations and loyalties" (Ballard, 1994, 2003). This is evident in two main ways: settlement and marriage. The majority of the settlers organise their domestic lives "on their own terms" by formulation of "ethnic colonies" (close-knit communities), throughout cities in the UK (Balard, 2003; Ilcan, 2002). Furthermore, they usually prefer marriages to cousins, and the majority of their marriages are between first cousins (Shaw, 2000; Bawer, 2003; Charsley, 2007). Mirpuris tend to reinforce family connectedness, to produce intensely bound communities, via these marriages to close relatives (Ballard, 2003;

Charsley, 2007). This helps to fortify the notion of 'biraderi' against other clans, also permitting them to retain ownership of land and property, thus keeping available wealth within the clan (Shackle, 2010). In a UK context, this form of marriage and settlement can have implications for assimilation, acculturation, social mobility and health (Ballard, 2003; Hasan, 2009).

1.6.4 The immigrants initial settlement in the UK

When the immigrant men realised a return to their homeland was not imminent, they sent for their wives or fiancés and children, to join them. Most of them have since 'settled' in Britain (Blakemore and Boneham, 1994). This settlement steadily became more permanent and family orientated (Anwar, 1979; Modood, 1991; Abbas, 2000). Despite this settlement in the UK, the community maintains strong kinship links, with those back home. The Asian immigrants did not desire a "cultural migration in that the parents did not come with any desire to copy western styles of life" (Bhatti (1999: 24). They had kept to this resolve by retaining their own languages (e.g., Urdu) rather than learning the host (English) language. This is, however, more common with the women than with the men. It appears in the early days that, in order to survive, some of the male immigrants adapted to more westernised styles, discarding some of their religious and cultural traditions (Dayha, 1988). Furthermore, the Spokesperson of the Bradford Council of Mosques demonstrated the view of remaining distinct in his speech "As a minority, you close ranks and don't move forward so fast for fear of losing or diluting your identity" (Shackle, 2010).

1.6.5 Patterns of Immigrants' later settlement in major cities

The majority of the Asian immigrant population of the period settled in urban areas such as London, Bradford, Manchester and Liverpool, which could be in order to access better opportunities and an adequate transportation system. A good number of the Pakistani community moved into the West Midlands and Yorkshire, particularly, Birmingham and Bradford (Lupton and Power, 2004; Anto-Awuakye, 2009). In Bradford, for instance, they lived in close-knit communities and occupied most of the relatively cheap back-to-back housing (Shaw, 2004). The preference of life together in a close community setting is an important feature of most South Asian families. Even younger, married and British born members of the community prefer to live in close proximity to their parents and or extended families (Abbas, 2000). This is usually because of the younger generation's desire to continue the religious and cultural traditions of their parents. It is also as a defence against racism (Garcia-Coll et al., 1995), and more recently for support, particularly with childcare. Cluster living is widely modelled in Bradford and other cities, such as Birmingham (Abass, 2000). Another reason may well be to perpetuate a lifestyle with which they were already familiar before migration, where many of the Pakistanis lived in extended families, with up to three generations living in one household, and families lived in close vicinity to each other and were knowledgeable about the affairs of others (Dayha, 1974; Ballard, 1994, Abbas, 2000; Alexander, 2004).

The UK often refers to these areas of cluster settlement as the 'zones of transition' (Marshall, 1998). These are areas vacated by mobile Britons during the so-called 'white flight'– when upper and middle class whites left urban areas and moved into the suburbs, to create a homogeneous white community (Rex

and Moore, 1967). Because of the relocation of employment opportunities, the neighbourhoods vacated became increasingly impoverished (Owen and Johnson, 1996; Abbas, 2000). Many ethnic minority groups occupied these types of neighbourhood, for their relatively cheap accommodation. This mass gathering around deprived areas of cities and communities may have forged the origin of concentrated and perpetuated poverty and, consequently, the socioeconomic challenges confronting ethnic minorities in those communities. It is always possible that deprived communities could produce additional stresses for the families living there (Scott et al., 2006). The best dimensions of parenting, in these contexts, may largely depend on the quality of the neighbourhoods and the nature of the risks inherent within them (Shinn and Toohey, 2003). Unless these issues are considered in research conclusions, they are likely to be flawed, as it is possible to misinterpret contextual influences as individual parenting characteristics (Shinn and Toohey, 2003).

1.7 Need of further exploration of minority ethnic parenting

Whilst there have been an increasing number of studies about children, young people and family life in general, relatively few studies have focused on minority ethnic groups (Phoenix and Husain, 2007). There are fewer still British studies that directly relate parent and child outcomes for minority ethnic groups (Platt, 2005). As mentioned earlier, some studies are being prompted in various disciplines, exploring question(s) relating to parenting, health and child rearing owing to the social problem mentioned earlier in paragraph 1.1 and the increase in the UK BME population (Whiting, 1963; Nazroo, 2001; Szczepura, 2005;

Holden, 2009). Some researchers focused their study on the BME groups, but largely overlooked cultural diversity (D'Souza and Gracia, 2004; Cantle, 2010; Ali and Frederickson, 2010).

According to Aldous (2006: 1635), cultural beliefs have an impact on the value parents place on their children's education and certainly on childrearing, parent–child interactions with respect to schooling and involvement with the school. Research evidence has identified gaps in the study of parenting practices and culture of specific ethnic minority groups (Maiter and George, 2003; Barn et al., 2006; Phoenix and Husain, 2007; Elias and Yee, 2009). In addition, evidence suggests that more could be done regarding the social, cultural, economic, and health factors affecting BME parenting practices (Rauh, 2003; Traviss et al., 2012). Research has yet to provide an understanding of how different (e.g., health and socio-cultural related) stressors determine the parenting patterns of the Pakistani community, and this study hopes to fill that gap. Understandably, diverse stressors affect all parents. However, owing to their different opportunities and life chances, it often results in different outcomes for particular groups (Graham, 2004; Graham and Kelly, 2004; Platt, 2005; Cheng, 2007). It is also well acknowledged that some groups or families face more challenges than others (DCSF, 2008).

As a result, attempts must be made to understand how ethnic minority families construct their own needs and challenges. A better understanding, through adequate investigation and explanation of the Pakistani families' construct of their parenting experiences and behaviour, may help professionals'

understanding of the development of Pakistani children and enhance interventions (Aldgate et al., 2006; Huey and Polo, 2008). We will now examine these health and socio-cultural factors.

1.8 Health and socio-cultural factors influences on BME parenting

It is well acknowledged that 'health is wealth', and a healthy parent could become a productive member of and a promoter of wealth and sustainability in the society (Le Galès-Camus, 2006:1). Conversely, ill health, particularly mental illness, is characterised by isolation, financial hardship, risks for children and is a key cause of poverty and poverty a main cause of illness (Le Galès-Camus, 2006; Reupert and Maybery 2007). According to the Royal College of Psychiatrists (RCP, 2010: 11), 'mental illness is the single largest source of burden of disease in the UK'. It has a wide range of psychiatric symptoms, such as schizophrenia, major depression and anxiety, and bipolar disorder, that lingers and affects functionality in living skills, social interactions, family relationships, jobs, and/or education (Johnson, 1997; Reupert and Maybery (2007: 362).

In the UK also, postnatal depression affects 13% of women following childbirth (O'Hara and Swain, 1996; RCP, 2010). Maternal mental illness has a significant impact on children, as parental functioning is influenced by the symptoms, behaviours and expressions of the illness (Falkov, 2004; Reupert and Maybery, 2007). Therefore, the '*Think child, think parent, think family'* policy, regarding parents with mental health challenges and the welfare of children acknowledged that there is 'no health without mental health' (Diggins et al., 2011).

Currently, minority ethnic groups within the UK face diverse health-related challenges. These can be related directly to inequality and a variety of poor outcomes, such as socioeconomic deprivation and the problems of poor environment or the quality of one's neighbourhood (Kotchick and Forehand, 2002; Sampson, 2003; Rauh et al., 2003; Seaman et al., 2005). Attempts have been made to redress some of these issues. For instance, recent influences and requirements of the Race Relations Amendment Act (2000) have mandated the field of medicine to identify and address issues of healthcare services to a diverse population. Particularly, the NHS is to examine healthcare delivery to the ethnic minority population. Since it takes a well parent to look after a child, health is a parent's personal resource. In general, parents need personal resources and psychological well-being to provide supportive care to their children (Belsky, 1984; Hoghughi, 2004).

In this study, we investigate the impact of negative maternal mental health and psychological well-being, i.e., antenatal or postnatal depression, anxiety and mood swings, amongst other things, on Pakistani mothers' parenting pattern. So far, research has shown an association of maternal warmth, responsiveness and positive parent-child interactions with social, linguistic and cognitive outcomes in children which, in turn, influence their future academic achievement (Brody et al., 1994; Figueroa-Moseley et al., 2006; Waylen and Stewart-Brown, 2008).

Other studies show that when mothers have depression, they demonstrate negative behaviours that are detrimental to the child's development. These

studies specifically observed behaviours such as withdrawal, irritability, harshness, parenting aggravation and low warmth towards the child (Murray and Cooper, 1997; Sinclair and Murray, 1998; Kurstjens and Wolke, 2001; Petrou et al., 2002; Oates et al., 2004; Shuang, 2007; Wilson and Durbin, 2010; Tse et al., 2010). Thus, parental mental illness can affect the process of attachment or bonding with their child, and influence parental ability to socially connect with the broader society. The findings of this study could increase our knowledge in this regard, concerning the parenting patterns of Pakistani families.

Acculturation is a process that minority ethnic groups may have to go through, in order to settle adequately within the UK society and system. This may be one of the reasons why it is quite common, in research, to link race/ethnicity and outcomes together (Gunaratnam, 2003; Phoenix and Hussain, 2007; Chaudhry, 2011). The literature often use these terms (race and ethnicity) interchangeably, whereas in general, "ethnicity refers to a community that is assumed to share common cultural practices and history, encapsulating religion, language and territory" (Phoenix and Hussain, 2007: 4). Culture, according to Spicer (2010: 28), is the shared system of meaning in and through which humans live that shapes the expectations and hopes that parents have for their children and affects how they understand messages about being parents from their families and friends, as well as from professionals and the media. Bradley and Corwyn (2005: 468) surmise that culture helps determine both how parents interpret the needs of children and how they react to those needs.

Acculturation, therefore, takes place at the cultural and psychological levels of individuals, affecting and changing their behaviour (Pires and Stanton, 2000; Luijters et al., 2006; Chaudhry, 2011). In this respect, immigrant parents face the dilemma of maintaining and retaining their own cultural identity and cultural pride (Barlow et al., 2004; Bannor et al., 2009; Benjamin, 2009). On foreign soil, they may not be able to express fully the "folk theories of childrearing that dictate the customary parental practices" they believe in (Ogbu, 1981, in Kotchick and Forehand, 2002: 259). They face the challenge of ascertaining the perpetuation of the norm by subsequent generations, as they raise their children in a culture alien to them (Inman et al., 2007). It will be useful, therefore, to know how families of Pakistani origin, living in the city of Bradford, perceive themselves within UK society and how they construct the meaning they attribute to their experiences in relation to childrearing (Owusu-Bempah, 2002). As Luijters et al. maintain, (2006: 561, cited Chun, 1983), '[ethnic minority] individuals continually strive to place and define themselves in a world of relationships and meanings… [Thus], the sense of identity emerges as an individual clarifies these issues and s/he learns to place oneself within the total configuration'.

A vital part of the (minority ethnic) self-placement within the whole (majority) is acculturation and indexed through the language of communication. This study explores the language used in Pakistani families, especially in parent-child interactions, to inform on the school-readiness and preparation for outside socialising of the child as a preschooler. This will also reveal the level of maternal acculturation (if born outside of the UK), into the British culture.

The concept of ethnicity also encapsulates religion, especially among minority ethnic communities. In a multi-faith society such as the UK, religion tends to affect various aspects of life, including parenting. Many parents would want to maintain their religious beliefs and practices (Horwath et al., 2008). The Pakistani community in Bradford predominantly practices Islam, and normally imports Imams from Pakistan as Mosque leaders to reinforce their religious practices (Shackle, 2010). Religion, therefore, would likely be reflected in their parenting practices and it is both useful and needful to investigate this within the present study.

Despite the current UK demographic trends of increasing instability in family situations, disengaged families, an increase in lone parenting (ONS, 2004), changing working patterns and family lifestyles (Anto-Awuakye, 2009), the Pakistani communities manage to maintain continual adherence to traditional family values of high rates of marriage (Berthoud, 2001). Scholars have observed that South Asian migrants are not only more likely to implement traditional norms incorporating a higher value on marriage and larger families, but to include extended family living within a single household (Bhatti, 1999; Ballard, 2003; Qadir et al., 2005). This creates an immediate access-point to a support network within families and amongst the group. The present study will also benefit from an exploration of how the support network of the extended family influences the parenting practices of Pakistani women.

Education is by no means a guaranteed access to jobs, but without it, access to formal and well-paid jobs is difficult. In this way, the maternal level of education

is a clear indicator of social status (Stromquist, 1989). Low educational achievement creates future disadvantage and a variety of other negative outcomes, especially for minority ethnic groups (Cassen and Kingdon, 2007; Abuqamar, 2011). Scholars perceive a low level of parental education as a risk, indicating low-level academic achievement in children, but a significant level of maternal education is linked to high-quality parenting and to children's achievement in general (Garbarino, 2001; Magnuson 2007; Augustine and Crosnoe, 2010). A learned parent, for instance, can adequately engage a child in mentally stimulating activities and utilise the available resources within the community to contribute to the child's development. On the other hand, a parent with a low-level of education may desire this, but could be handicapped in seeing it materialise. This study will explore Pakistani mothers' level of education, and how it impacts on their parenting practices, for example, in engaging children in mentally stimulating activities, (such as, reading, singing songs, arts & crafts, puzzle games, constructive play, visiting local libraries, writing etc.).

In summary, this chapter introduces and states the rationale underlying the present study. It explains how the initial South Asian community migrated to the UK, and the subsequent chain migration that followed. It introduces the specific socio-cultural factors, namely health (especially, maternal mental health), level of education, religion, integration (or acculturation) and social support, which this study explores. It is, therefore, imperative to restate here that it is as yet unclear how these factors influence minority ethnic parenting, as very little

literature explores the wider economic, social, religious and cultural contexts of Bradford Pakistani parents (Abbas, 2000; Anto-Awuakye, 2009). This is the gap that this study attempts to fill. In order to tackle the scarcity of research on the influence of health and socio-cultural factors on Pakistani families, this research investigates the research question: 'How do socio-cultural characteristics and maternal health influence the parenting practices of families of Pakistani origin living in Bradford?'

1.9. Research aims

The research objectives are:

1. To explore Pakistani women's experiences of living in the UK among those who were 'Born in Bradford', 'Brought to Bradford' as children and who 'Came to Bradford' as adults and are living in Bradford city.
2. To identify significant differences in the experience of these three Pakistani women's groups.
3. To understand how different health and socio-cultural factors determine how Pakistani families raise their children.
4. To observe Pakistani mother-child interactions in exploring parenting patterns.
5. To understand the interplay of culture and religion in the Pakistani families' parenting patterns.

1.10 Overview of the Chapters of the Study

The general plan of each of the chapters of this thesis comprises an introduction, the body of discussion, and a conclusion. This chapter introduces and gives context to the study, setting out the aims and the importance of the study to the field of ethnicity and parenting in general, and Pakistani families in particular. Chapter 2 analyses the contents, quality and usefulness of modern parenting theories to determine their appropriateness for this study. In Chapter 3, the concepts of ethnicity and parenting are examined. Chapter 4 considers the socio-cultural factors that are the subject of investigation in the current study. It examines available literature on how these factors might affect ethnic minority parents. Chapter 5 focuses on the South Asian families in particular, delineating some of the pertinent literature in this area of study. Chapter 6 gives a detailed account of the research methodology used in the study and described the process of data analysis employed.

The result chapters (7 to 11) relay the findings of the study in accordance with the research objectives and situated within the Bronfenbrenner-Belsky Framework (BBF) of the Ecology of Parenting and in relation to the impact of the contextual and /or socio-cultural factors on the parenting patterns of families of Pakistani origin. Chapter 11, however, focuses on the findings of the ethnographic observation including the use of the HOME Inventory in assessing the quality of physical and home environments. Chapter 12 examines how mothers' parenting patterns compare. Finally, chapter 13 discusses the findings

of the study and suggests possible directions for future research in this area, before concluding.

1.11 Conclusion

The findings of the present study may enhance a better understanding of the way parents of Pakistani origin living in Bradford raise their children. The study uses a combination of Belsky's (1984) determinant of parenting and an ecological theoretical framework (Bronfenbrenner, 1979/1986). It employs a qualitative (ethnographic) technique of face-to-face interviews with mothers and ethnographic observations of mothers and their children. These techniques can help with the discovery of people's views and perspectives and can aid in developing explanations of social phenomena (Hancock, 1988). For example, ethnographic interview questions are designed to guide the researcher into how the view of culture affects the lives of those researched (Thomas, 2011). The technique centres on the construct of meanings of individuals' actions and explanations, facilitating a better understanding of the cultural interpretation of peoples' actions. This chapter gives an overview of the Pakistani communities' immigration to the UK, the settlement of some members of the group in Bradford, and discussion of the challenges they have faced. It explains how health and socio-cultural factors, maternal mental health, level of education, religion, acculturation and support network might influence parenting patterns. The next chapter will examine parenting theories and justify the choice of framework chosen for this study.

CHAPTER 2

THEORETICAL FRAMEWORKS OF PARENTING

2.1 Introduction

In the introductory chapter, we explored Pakistani migration to the UK. We saw how some members of the group came to live within the Bradford metropolis. This background helped to establish the historical and social context of the Pakistani group's residency in the UK and in particular, Bradford. In this chapter, we are going to examine some theories researchers have put forward about parenting, in order to assess their usefulness and appropriateness for the present study. In total, three theories were relevant to parenting only, as other theories explore child development and only give mention to the role of parents. The three theories are Belsky (1984) determinants of parenting, Ecological theory, and Parental Acceptance-Rejection theory (otherwise known as PARTheory). Often there are challenges in fitting the evidence of research findings into one view, without missing out subtle and essential insights that might emerge from a new research study (Bhatti, 1999). When faced with this limitation, it is often possible to combine a number of similar theories, which was the approach taken by this study. The final choice is a combination of two:

Belsky and Bronfenbrenner's ecological theories. This chapter examines the theories individually, emphasising the interconnectedness of nature and nurture in relation to parenting, as currently agreed by scholars.

2.2 The Nature versus Nurture

The nature-nurture debate has been a long-standing discourse and to some extent, has now assumed a steady state. Bornstein (2006) asserts, in the introduction to his book, "parenting includes genetic endowment and direct effects of experience that manifest themselves through parent's beliefs and behaviours". The purpose here is not to elaborate on the arguments, rather to establish a common foundation for the theories examined, and the reality of parenting and how they affect the present study. Since "nature abhors a vacuum", the act of parenting also, does not take place in a vacuum: the understanding of it can be placed within the theories. Proponents of the nature component argue that genetic variations (genes) are responsible for individual and group differences in human behaviour. Others maintain that genetic differences are opposed to flexibility and change in human behaviour (Scarr and Weinberg, 1983; Plomin and Daniels, 1987; Plomin, 1994; Lalumiére et al., 1996), for example, with reference to parents' level of education and children's academic attainment. Nature component proponents would argue that parents with a high level of education have better resources (ability, confidence, better jobs, income etc.) than parents with a low level of education. If parents with high levels of education transmit the genes to their offspring, that ability will be evident throughout the family line. Consequently, a high level of education will generate better income, through access to better jobs: highly educated families

would, as a result, have more income and resources, which would enable them to live in better neighbourhoods, and possibly have better access to facilities and improved health outcomes. Whilst this could happen, it is not exclusively the case, as, it would be tantamount to saying that only parents with the right genes can be good enough parents. If this is the case, then government policies will be ineffective in effecting change, as policy cannot affect genes per se. On the other hand, nurture component proponents would argue that environmental effects have more effect on children's educational attainments (Plug and Vijverberg, 2003). Therefore, poor environment will produce detrimental parenting behaviours and child outcomes. This notion will identify and generate more inequality, as only those living in ideal environments, as the notion implies, would have a high level of education.

Controversies over what influences the process of parents' childrearing behaviour and development in children: i.e., nature or nurture, have recently given way to new findings, showing evidence of the interconnectivity of the genetic (nature) and environmental (nurture) factors (Shonkoff and Phillips, 2000). Consequently, no disparity exists between the two; that is, it is no longer a case of nature against nurture, but "nature through nurture". As Shonkoff and Phillips (2000:41) also maintained, "nature is inseparable from nurture". It is now commonly acknowledged that both genetic and environmental factors play a significant role in behavioural development and, indeed, in various economic outcomes (Scarr and Weinberg, 1983; Plomin, 1990a, 1990b; Shonkoff and Phillips, 2000; Plug and Vijverberg, 2003; Rutter et al., 2005; Moffitt et al., 2006; DeLisi et al., 2010; Schaffer and Kipp, 2010). This background suggests

the exploration of theories that assume the interplay of nature and nurture not only in child development, but also in parenting. It is necessary, however, to consider how these theories contribute to the research project.

2.3 The importance of theories

Theories are part of established knowledge, determined by strict rules of evidence and rigorous peer review and are useful in any research (Shonkoff and Phillips, 2000; Anderson et al., 2005). They ensure models used in research can function in harmony with the reality of happenings in society; for instance, in unifying both the theory of the practice of parenting and the task of parenting. Theory also helps in constructing frameworks of what is known, and acts as a useful model for further exploration (White and Klein, 2002; Anderson et al., 2005). It was observed by Tudge et al., (2009: 3) that theory "provides a framework within which to explain connections among the phenomena under study, and to provide insights leading to the discovery of new connections". As an exploratory study, this research uses theory as an *a priori* specification to help with the initial construct of the study and the accurate review of research designs (Eisenhardt, 1989; Alaranta, 2006), to ensure that future research can examine and evaluate these theories in order to arrive at a coherent conclusion.

The implication is that theory and research can improve practice. Moreover, competency based practice would require a theory. Hence, both theory and practice require regular revisiting in order to enable modifications and consider diverse views and perspectives, e.g., of different ethnic groups (Crawford and Walker, 2007; Robinson, 2007; Bryman, 2008; Robinson, 2009; Trevithick,

2009). This ensures an appropriate comprehension and interpretation of differing cultural values and practices, and it may unravel the various needs of diverse ethnic groups, as represented in modern-day Britain. In turn, a better understanding of the needs of respective ethnic groups is enabled, which is essential for the adequate provision of impartial policies and services. As Owusu-Bempah (2002: 306) put it, "we can only understand people by respecting and studying how they understand themselves". In undertaking this present study, we examined a number of theories in order to gain a better understanding of what we know currently and to have a more holistic view of parenting (Maynard and Thomas, 2004).

2.4 Parenting Theories

Scholars have put forward several theories in the area of family life. The majority of them deal with childhood development; in effect, relatively few theories focus exclusively on parenting. The exploration of the subject of parenting, however, almost always entails recourse to childhood development. This may be because of the important contribution of parenting to child development and the fact that the lives of parents and children are closely knit (Kotchick and Forehand, 2002; Luster and Okagaki, 2009). The following theories provide vital clues into gaining an understanding of the influences on parenting.

2.4.1 PARTheory

PARTheory postulates that parents may be hostile and rejecting or warm and loving towards their children (Hussain and Munaf, 2012). Its advocates, Rohner et al., (2011: 1) purport that PARTheory is an evidence-based theory of socialisation and lifespan development that attempts to predict and explain the main causes, consequences and other correlates of interpersonal, and especially parental, acceptance and rejection in the USA and worldwide. Researchers have tested the PARTheory by conducting research across cultures and significant ethnic groups in the USA and around the world (Rohner et al., 2009). The theory attempts to answer five classes of questions through its three subtheories: personality subtheory; coping subtheory; and socio-cultural systems subtheory (Rohner and Khaleque, 2010). These sub-theories broadly cover issues of behavioural, cognitive, social and emotional development in the functioning of children and adults. The overall theory posits that parents may be warm and loving or hostile and rejecting, with each pattern of behaviour affecting the personality and development of their children (Hussain and Munaf, 2012). We will now examine the sub-theories in turn.

2.4.2 PARTheory Postulates:

2.4.2.1 Personality Subtheory

PARTheory has defined personality as "an individual's more or less stable set of predispositions to respond. These include affective, cognitive, perceptual and motivational dispositions and actual modes of responding (the observable behaviours) in various life situations and contexts (Rohner et al., 2011: 5). The definition supports the connectivity of nature (emotional, biological and learning), and nurture (environmental) factors and the sequence or order of

events across time and space (Rohner et al., 2011). Personality subtheory attempts to predict and explain key personality or psychological, in particular mental health related, consequences of perceived parental acceptance and rejection. It poses two questions, firstly, "Is it true, that children everywhere respond in essentially the same way when they perceive themselves to be accepted or rejected by their parents or other attachment figures?" Secondly, it asks, "To what degree do the effects of childhood rejection extend into adulthood and old age?" Beginning with basic human needs, i.e., expectation of comfort, support, care, safety, nurture etc., from central attachment figures, the theory posits the response that can be expected. When these basic needs are not satisfied, children (and adults, i.e., parents) are predisposed to respond emotionally and behaviourally in specific ways (Rohner et al., 2011). Parents are the primary caregivers for their children under normal circumstances and would normally provide for these basic needs. Significant others, such as the extended family, nursery staff and school teachers, for instance, could be included for infants and children; peers may be included for adolescents; whilst spouses, in-laws, and the extended family may be included for adults.

Children, in particular, tend to derive a sense of emotional comfort and security from the quality of the relationship they have with their attachment figures, usually their parents (Ainsworth et al., 1978; Ainsworth, 1989; Bowlby, 1982; Colin, 1996). When individuals feel rejected, it could affect them differently. However, in general, individuals who feel rejected are more likely to become anxious and insecure, and attempt to eradicate these feelings by increasingly seeking acceptance. The theory, however, added that this acceptance-seeking

tendency is usually temporary, as such individuals develop dependency. Younger children, for example, could manifest dependency by clinging to parents, whining or crying: older children and adults may continually seek reassurance, approval or support, as well as comfort, affection or solace from prominent figures in their lives. The theorists identify dependence and independence as a continuum, with both at either ends of the continuum. The needs of independent people were satisfied adequately; therefore, they are free from frequent yearning or behavioural bids for succour from attachment figures. The theory identifies other behavioural tendencies that could result from the feeling of rejection, in addition to the dependency mentioned earlier. It supports the view that rejection, by parents or other attachment figures, can also lead to hostility, aggression, passive aggression, or psychological problems, emotional unresponsiveness, immature dependence or defensive independence, impaired self-esteem, impaired self-adequacy, emotional instability and negative worldview (Rohner et al., 2011).

2.4.2.2 PARTheory's Coping Subtheory

According to the theory, it is possible and, in fact, expected that a small proportion of individuals who feel rejected will be able to cope and thrive emotionally despite their experience of rejection. These are referred to as "copers". Hence, this sub-theory deals with the question of how some rejected persons manage to cope with the psychological problems that most experience. However, this is the least developed theoretical and empirical process of the whole theory, for, as yet, we know very little with great certainty of what may be responsible for "copers" ability to cope. As a result, a multi-factor -

individualistic perspective is employed. This has three components: Self; Other; and Context.

First, the 'Self', the individual's personal (mental) resources may facilitate their ability to thrive. Second, 'Other', including the personal and interpersonal characteristics of the rejecting parent(s) and other attachment figures, as well as the form, frequency, duration and severity of rejection may have an effect. Third, 'Context', refers to other significant people (e.g., mentors) in the individual's life and within the environment, with whom the person grew up. This theory, therefore, takes the view that all other things being equal, the likelihood of children being able to cope with perceived parental rejection will improve with the presence of a warm, supportive, alternative caregiver or attachment figure.

2.4.2.3 PARTheory Sociocultural systems model and subtheory

This third aspect of the theory has its historical roots in Kardiner's (1939, 1945) work, which majored on examining individuals and their societies. It also bears a notable resemblance to Bronfenbrenner's ecological model (discussed below). The sociocultural subtheory recognises the complex ecological (family, community and sociocultural) context in which a child grows up, and consequently attempts to predict and explain worldwide causes of parental acceptance and rejection. For example, it posits that the likelihood of parents displaying any given behaviour (acceptance or rejection) is shaped mostly by the maintenance systems of that society (Rohner et al., 2011). It recognises that family experiences and the intervening experiences of the natural environment in which the family lives, the maintenance of the systems of its society, peers and

other adults in the society and the institutional expressive systems (e.g., religious traditions, preferences, non-survival-related beliefs and behaviour, etc.) work together to shape parents' behaviour. The traditional PARTheory explained here focuses on parental acceptance and rejection, but at the turn of the century (around 1999), there was a paradigm shift from parental to interpersonal acceptance and rejection. This new dimension emphasised that perceived rejection by an attachment figure at any point in life tends to be associated with the same cluster of personality dispositions found among children and adults rejected by parents in childhood (Khaleque, 2007; Rohner and Khaleque, 2010). This aspect of the theory is similar to Belsky's model discussed below, of the background (childhood) of parents as a determinant of how well (or ill) equipped, they are for child rearing. Furthermore, this new dimension extends its focus to all aspects of interpersonal acceptance-rejection, e.g., sibling acceptance-rejection, teacher acceptance-rejection, etc.

2.4.3 Advantages and disadvantages of PARTheory

The theory is ideal in that it supports the employment of a multi-method research strategy and draws from the literary and historical understandings of earlier years. Moreover, it draws from the conceptual framework of other previous studies and helps to provide its own conceptual framework for integrating empirical studies of parental acceptance-rejection. The framework is adequate in answering some questions as to the what, how and why, of acceptance-rejection in parents. It has been used widely in diverse cultures and amongst various ethnic groups, which might render it a more culturally sensitive tool than other

frameworks. In addition, the framework acknowledges rejection as the behaviour of an attachment figure, not as a judgemental or evaluative tool of determining good and bad parents, as might be implied in the West. However, it is evident that the most developed part of the theory is the personality sub-theory; more work is required to develop other two aspects. There are several indications from the authors that work is under way towards improving the theory. An integral part of its use for data collection is the account of the child who perceives acceptance or rejection, meaning that the theory would only be suitable for older children who are able to express themselves and are able to understand the concepts of acceptance and rejection. It is not suitable for 2 to 3 year olds. On the other hand, the theory might be used to find out about parents' childhood experiences and whether they perceive acceptance or rejection, which may be affecting their current parenting practices. If we use the theory in this manner, it becomes retrospective, and subject to memory recall issues, and such accounts may be difficult to tease out. Further, the theory may be useful in finding out how parents feel and why they feel that way (i.e., how they perceive acceptance or rejection). Data gathered from such may not be useful for future policy and current intervention to effect a change. Moreover, parents would have to use their long-term memory, which may not now be accurate, and any intensely negative experience may be exaggerated. The essence of this study is not to determine parental growing up experiences (past) only, but to explore what has been and is currently affecting their manner of parenting, of which experience might be a decisive factor. As Ogbu, (cited in Kotchick and Forehand, 2002:264) reinforced, "In every socio-cultural niche, parenting is guided by both past and

current conditions that dictate which child behaviours are most desirable and which childrearing practices are most effective at promoting those outcomes."

The model could also be ideal when investigating and explaining behavioural challenges in (grown-up) children and possibly in exploring reasons for parental hostility and aggression towards them. Whilst this theory will not be used for these reasons, we will acknowledge its link with other theories and allude to this where applicable in the study. As mentioned earlier, if we use the well-developed personality aspect of PARTheory to investigate parents' childhood experiences, it will render detailed explanation of parents' developmental history, as Belsky (1984) packaged under personal psychological resources of parents.

2.5 Ecological Theory

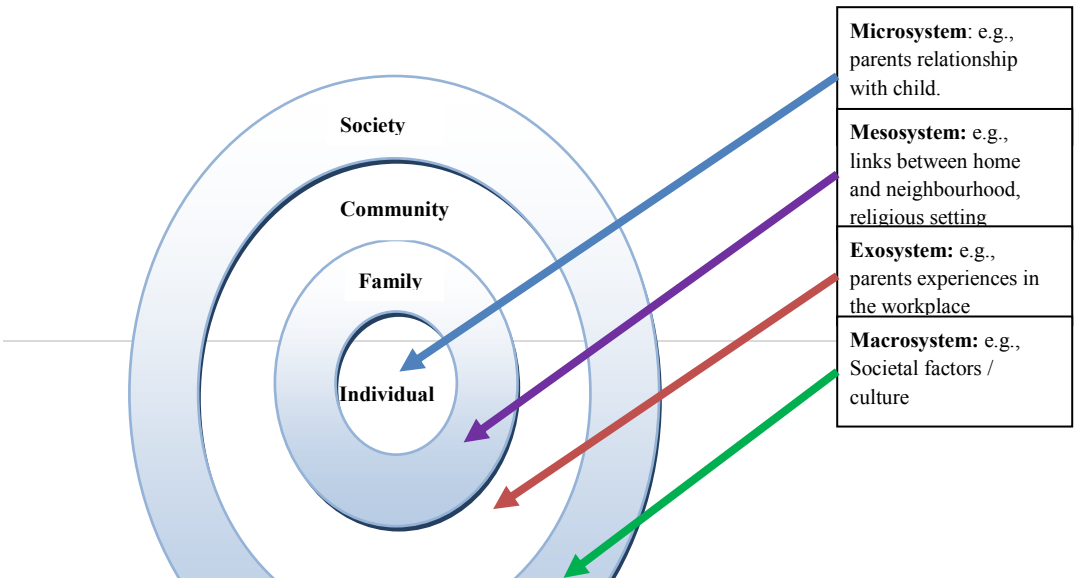
The second theory is Ecological theory, a context-based (bio-ecological) model, which supports a bidirectional relationship between parents and their children and between the parent and the context (Avan and Kirkwood, 2010). The framework can be applied across disciplines and has the capacity to explore from children's essential developmental domains through to general human development [i.e., from cradle to grave]: we use it in this study to explore parenting. As PARTheory above, ecological theory can be a useful model in predicting parenting processes and child outcomes by exploring the diverse settings within which parents and their children function (Bronfenbrenner, 1979;

Meyers, 1998). This is particularly useful as the framework is assessable empirically, so it can be used to make vital contributions to community interventions or public health and policy decisions (Kotchick and Forehand, 2002; Avan and Kirkwood, 2010).

2.5.1 Bronfenbrenner's Ecological Framework

From a sociological perspective, ecological systems theory can be used to explain parenting concepts in relation to the interactions of individuals within society (Crawford and Walker, 2007). This perspective often uses a broader view to explain individuals' interactions and their influences by examining different strata of the society in which the parents live (Hall, 2008; Rohner et al., 2011). An example of this approach is Bronfenbrenner's ecological framework. Whilst Bronfenbrenner describes the influences of environmental factors on children, this study will use the theory to explore their influences on parenting. For instance, where the framework shows the developing child embedded in a series of environmental systems, this study places parents in the centre of this series of factors that might interact with each other, as well as the parents (Bronfenbrenner and Morris, 2006). In this way, the framework will enhance our understanding of the impact of these multiple influences on parenting (Sudbury, 2010). This is particularly useful in showing how social context presents both opportunities and challenges that might influence parenting patterns (Kotchick and Forehand, 2002; Avan and Kirkwood, 2010).

Bronfenbrenner (1979) argued that development does not occur in a vacuum; rather the environmental setting impacts the developing person. Similarly, there could be individual, community and socio-cultural influences on parenting. Bronfenbrenner's framework described the model of systems as a collection of elements with relationships, which describe how one element affects the others (Sudbery, 2010). He identifies the ecological environment as four subsystems, in the way they act or interact with the processes of the individual, context and time (Smith et al., 2003; Bronfenbrenner and Morris, 2006). A system would usually have its boundary, but the characteristics of any layer of the system may affect the conduct of other systems. Hence, changing an element in one system, - e.g., if the level of maternal education changes at the microsystem level, from illiteracy to educated, it could easily alter or initiate changes in other segments (mesosystem and exosystem) or the larger system as a whole – i.e., macrosystem (Sudbery, 2010). Using Bronfenbrenner's concept would mean viewing influences on parenting as belonging to part of a diverse system. This makes ecological theory amenable to examining the influence of individual, family, community, and socio-cultural level factors on parenting practices (Ji, 2007). Diagram 2.1 below shows the position of parents in the four subsystems, using Bronfenbrenner's model.



2.5.2 Bronfenbrenner's web of systems

Applying the framework, we situate the parent at the individual level, or in the microsystem layer (core) of the cycle. From there, he/she interacts with the child, family members, extended family network and other intimate carers, e.g., in care giving processes. At this (individual or microsystem) level, the immediate surrounding and its structures, both within and between families and the environment, directly affect the parent. Through bi-directional relationships, which emerge between parents and children in the same home environment, the child's distinctive characteristics affect his/her parents, siblings, other close-by caregivers such as grandparents, nursery staff and neighbourhood, just as much as they affect the child (Ji, 2007; Waylen and Stewart-Brown, 2008). That is, caregivers influence the child as well as the child influencing their beliefs, lifestyle and behaviour (Smith et al., 2003; Ji, 2007). For example, a child may influence his or her parents' sleeping patterns and the choice or use of a language at home. For instance, a child may positively influence his or her immigrant parent to speak English instead of the parents' language. The child's preference for the English language may provoke the immigrant parents to learn English or provide the necessary motivation to go through the acculturation process. Children can also affect parents negatively, such as altering their sleeping

patterns; this may impinge on the emotional and psychological wellbeing of the parents, especially if this alteration causes minimal sleep and persists for a lengthy period.

The next level is the mesosystem, which refers to relationships that emerge between the parent's core settings and the impact on their behaviour elsewhere (Meyers, 1998). This is also the family level, where what transpires between the nuclear family and the extended family, religious setting, and neighbourhood could affect the parent's conduct. The layer represents the level at which a network of interactions between personal settings takes place (Berk, 2000; Sudbery, 2010). For example, a parent's investment of time in reading to the child, might affect his/her cognitive functioning in school, but work commitments may also restrict a parent's time (Piotrkowski, 2004; Sidhu et al., 2008).

The exosystem (the community) level accommodates both the microsystem (individual parent) and mesosystem (the family). This is where a larger societal influence is assumed, and where even though parents may or may not have direct interaction they are still affected by it (Ji, 2007). A hectic parental work schedule, for example, could limit access to community support services, and might affect the quality of care a child receives. In turn, the child's emotional well-being could be limited, having a negative impact on the parent, who can easily feel guilty about not providing 'adequate care' for the child. It could also limit a parent's awareness of what is available within the community and the ability to advocate for better services there. The outermost (society context) layer

defines where customs, cultural beliefs and legislation interact and influence other systems. This invariably can affect parenting practice. For example, in the South Asian culture, parents prepare children from their earliest years for their eventual adult role, in which males traditionally stay with their parents and take care of the entire family, whilst females support their spouses, and care for the house and children (Roland, 1988; Roopnarine and Hossain, 1992; Jambunathan and Counselman, 2002). The interaction of the respective levels with each other reflects the integrated and complex nature of parenting (Crawford and Walker, 2007).

The ecological framework could serve as a practical model in research in studies pertaining to the social and cultural context of parenting. Findings from some studies that utilised the ecological concept reported that parenting practices often influence child outcomes, such as academic performance (Maccoby and Martin, 1983; Seginer, 2006). Evidence in the literature on the understanding of the broader social and cultural environmental influences on BME parenting is scant (Hotchick and Forehand, 2002; Traviss et al., 2012). The ecological framework, however, provides the possibility of exploring these complexities. Jay Belsky takes the work of Bronfenbrenner further in his model of the determinants of parenting.

2.6 Belsky's (1984) determinants of parenting

Belsky's research on child maltreatment also examined influences on parents whilst raising their children. He proposed that childrearing patterns are

influenced by the characteristics of the individual parent and the child and also of the context in which the parent-child relationships take place (Plug and Vijverberg, 2003). Concerning child maltreatment, Belsky wanted to find out whether similar factors influenced parents who were not performing as expected, and parents that were functioning properly. This would support the notion that whatever influences parenting would determine how parents carry out the task of childrearing, which in turn would be relevant in the development of the child. This investigation identified the three broad determinants of parenting: personal psychological resources of parents; characteristics of the child; and contextual sources of stress and support. We examine these sequentially:

2.6.1 Personal psychological resources of parents

Belsky posits that parents are products of their background, or developmental history, which would have had an impact on their personalities and hence, their parenting behaviour. According to previous research, environments that would enable optimal child functioning would be characterised in the early years of life by warmth, having adequate attention, stimulating activities, and sensitive, responsive and non-restrictive caregiving. As the child grows, parents would use induction or reasoning, consistent discipline and expressions of warmth to build healthy individuals, with positive self-esteem, regularised internal controls, and who are able to perform on both social and educational fronts (Baumrind, 1971; McCall et al., 1973; Maccoby and Martin 1983; Maynard and Harding, 2010; Smith, 2010). Belsky also argued that, if across their childhood, parents were raised to become sensitive, mature and psychologically healthy adults, then, they

in turn, would be better placed to be able to provide comparable developmentally flexible and growth-promoting care for their children. Conversely, if these resources were lacking in the parents while they were growing up, they may not display the required maturity, or be psychologically equipped and sensitive enough in their parenting efforts. For example, if parents experienced maltreatment in their childhood, they, in turn, may maltreat their own children (Belsky, 1984). Although in general, the question of maturity may occur in case of first-time mothers, teenage mothers, and adults with mental health problems, evidence has shown that first-time mothers interact more affectionately, sensitively and in a more stimulating manner as they get older (Russell, 2006). This still indicates possible immaturity and vulnerability whilst they are inexperienced at infant care giving. Teenage mothers, also, are presumed to be less mature psychologically and often show less desirable childrearing practices, are less realistic in their expectations and can also be less responsive towards the needs of their new-borns (Roosa et al., 1982; DCSF, 2007). Most of these teenage mothers will still be at secondary school, or will have left school at a minimum age, and are likely to be unmarried. They may have had little or no support during pregnancy, labour or delivery, which could increase their risk of difficulty in parenting their children (Kiernan, 1995; DiCenso et al., 2002; Swann et al., 2003; DCSF, 2007; Essex and Pickett, 2008). Even with these scenarios, proper discretion may be required, as some mothers belonging to certain communities may marry and have children young, as in some South Asian communities.

Belsky (1984) used three distinct sets of data to link parents' psychological well-being to parental functioning. First, he used data of mothers with mental health challenges, especially depression, which can undermine parenting efficacy. Maternal depression results in a range of symptoms that could be hostile and insensitive and that can easily compromise the development of children (Berg-Neilsen et al., 2002; Oates et al., 2004; Kiernan and Huerta, 2008). The second data set consisted of parents who were separated from depressed parents in their growing up years. Such stressful experiences could pose a risk, not only of depression repeating itself, but also of difficulties in caring for young children and may lead to compromised care of children.

Finally, Belsky undertook some inter-generational studies, and used research studies of some fathers (when they were children). Some of these fathers, when growing up, had high-level paternal involvement, others had a low-level. Belsky used these findings to forecast a high level of involvement for the two groups of fathers in their paternal roles of caring for their own children. He explained this by Bronfenbrenner's (1960) Freudian theories of identification and male personality development. This explains why highly involved fathers produced highly involved offspring, who provided the same experience for their own children, whereas, fathers with low-level paternal care, with the possibility of weak identification, developed a compensatory process prompting sons to parent their children in a way that is contrary to their own experiences. A number of studies have linked different parenting behaviour and parent-child relationships to differences in the development of children (Wise, 2003).

2.6.2 Child Characteristics

This is the second aspect of the determinants of parenting put forward by Belsky. He maintained that parenting is easier or more challenging according to the characteristics of the child, particularly the child's temperament (Gauvain and Fagot, 1995; Atella et al., 2003; Hagekull and Bolin, 2003). Thus, parents who perceive their infant's temperament to be difficult would usually have less interaction with them (Miyake et al., 1985; Kochanska et al., 2004; Pelco and Reed-Victor, 2003; Neitzel and Stright, 2004; Russell, 2006). The best parent-child relationship is determined by the best fit of parent and child temperament - indicating the point at which the mother finds the child's temperament amenable.

2.6.3 Contextual sources of stress and support

Belsky's third factor of the determinants of parenting is the contextual sources of stress and support. It was at this point that Belsky linked-up to an ecological perspective (discussed above) – and stressed the positive impact of support on psychological well-being in general, and mental health in particular. Overall, support relates positively to parental functioning, as it provides love and interpersonal (emotional) acceptance from others, instrumental assistance (providing information, advice or physical help) and social expectations (giving instruction, teaching, training and guidance on what is or is not acceptable behaviour). Belsky also pointed out certain sources of stress to support, such as the marital relationship, or social network, although this can also be a positive factor when the appropriate level of desired support is received. He also identified work, unemployment and redundancy as sources of stress.

2.7 Advantages and disadvantages of Belsky's model

Belsky's model is useful for identifying what determines or influences the way parents carry out the task of childrearing, and why there may be differences in parenting. The framework takes note of the historical account of a parent's own development. However, it does not account for change that could occur at any stage of life. This can be due to health, accidents, or unforeseen circumstances (failed marriages, lone parenting, illness, death etc.). The framework covers certain aspects, particularly dyadic relationships, where parents and children affect each other, and the way parents raise their children, yet there are other multiple factors influencing parenting patterns, which were overlooked. For instance, it ignores issues of cultural approaches to parenting, religion, beliefs about children and their development and parents' expectations of the future that could affect what they do and how they do it at present (Bornstein, 1991; Wise, 2003). It also overlooks the broader social context, and economic factors and influences, such as social conditions, social exclusion, racism, migration, neighbourhood quality, etc. There are short-term effects and long-term factors that could influence some parents to act differently in different contexts. For example, some parents, in order to give their children better chances (long term) that eluded them (e.g., education, job prospects, access to diverse economy, more choices) in life, would be more aspirational in the way they raise their children (short term). Also, immigrants, who are uncertain of what the future holds (short term), and where they will live (and settle) in the future, may want to raise children who are flexible, and can fit into multiple societies (long term). The usefulness of this theory is that, amongst other things,

it explores parents' resources and sources of support and also stresses (e.g., maternal level of education, extended family support, and acculturation) that could help or hinder their parenting practices. When these resources are available and utilised (e.g., high level of education), they can help to enhance parent-child relationships or to promote parents' resilience to a given, though foreign, context in which they might find themselves. This may be the case for Pakistani parents living in the UK. However, when these resources are lacking (e.g., low levels of education), they may undermine the parenting effort or place limits on parental vision and aspirations. This useful aspect can be linked with the provision of the ecological theory, which we considered above.

2.8 Framework for the present study

Initially, we proposed to use ecological theory, but amended this when we examined other theories. Having explored the benefits of each framework and undertaken more work to research the theories, and given thorough consideration to the relevant model that would appropriately answer the question of this research, Belsky's determinants of parenting seemed better suited.

Belsky used ecological theory to formulate the three broad aspects of the determinants framework (Kotchick and Forehand, 2003; Luster and Okagaki, 2005), making Belsky's (1984) model relatively more up-to-date than the original Bronfenbrenner (1979) ecological theory. Therefore, Belsky's (1984) model can provide the framework with which this study can explore Bronfenbrenner's (1979) Ecological theory. In order to explore the influence of contextual factors on parenting, it is possible to examine Belsky's model within

an ecological framework and this combination is hereby termed, the Bronfenbrenner-Belsky Framework (*BBF*) to provide a theory of context that allows a deeper understanding of how parenting may be influenced by contextual factors. Kotchick and Forehand, refer to this framework as the ecology of parenting as shown in diagram 2.2a., below and adapted in diagram 2.2b., further down.

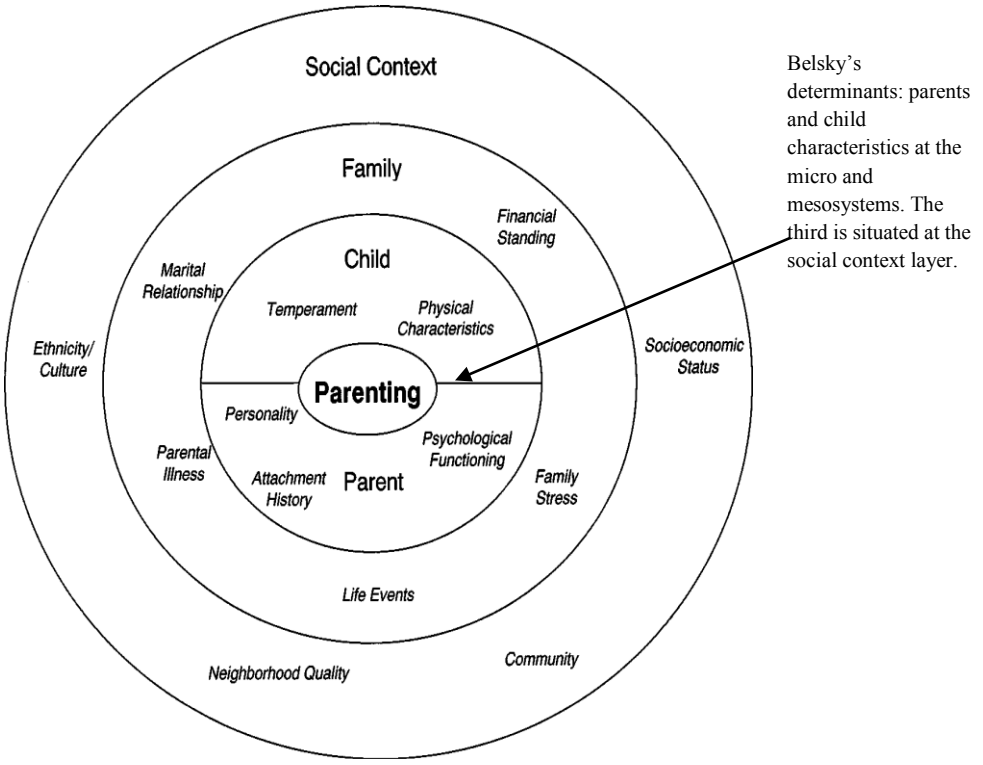


Diagram 2.2a: **The ecology of parenting** – embedding Belsky's framework.
Source: Kotchick and Forehand, 2002: 259

This model is further reconstructed to show the factors considered in the study as depicted in diagram 2.2b. Some of the factors appear in more than one level, e.g., the level of education. Although, it is a personal resource of the parent, the skills

derived are used in interacting with the wider society and can determine the quality of such interaction.

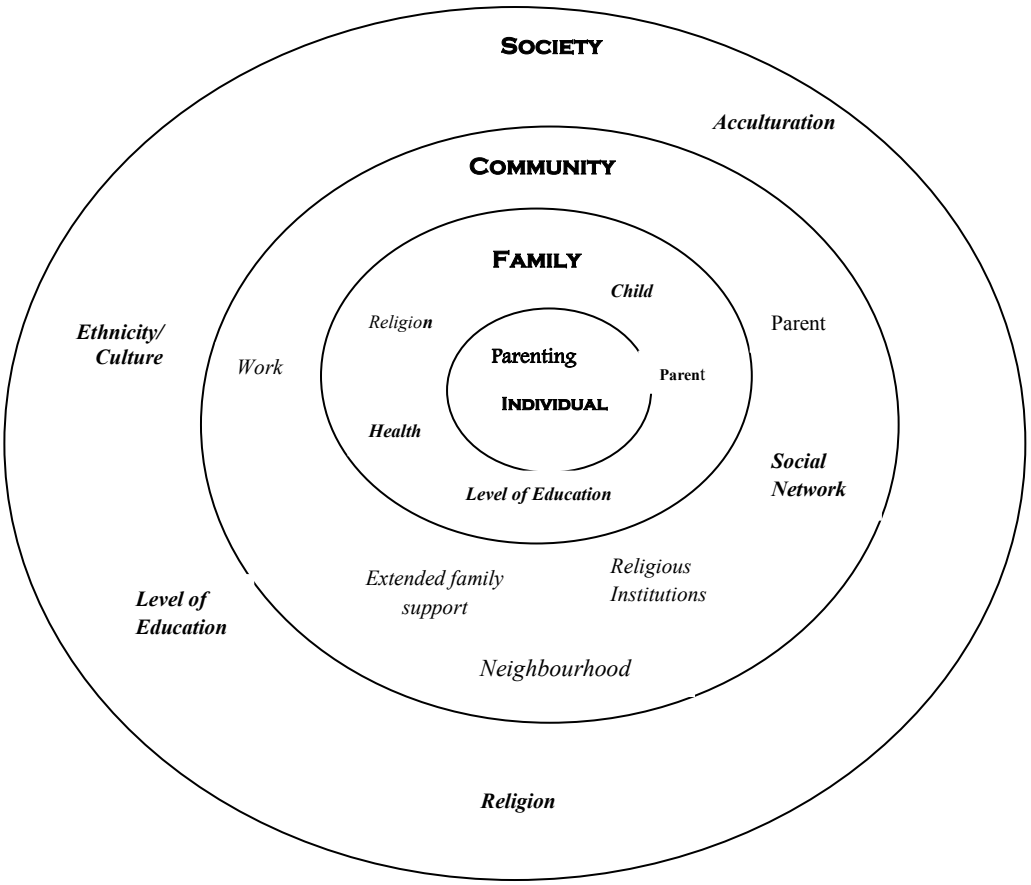


Diagram 2.2b – Adapted Web of systems showing sociocultural factors explored in the study

2.9 Conclusion

This chapter explored three different theories and examined both their advantages and disadvantages. In a sense, all the theories are interlinked, and the chapter alludes to aspects of overlap amongst the theories. PARTheory will not be used owing to its limitations of time and the factors covered. The theory is, however, ideal for children who understand and can articulate the concept of rejection, or to explore parents' feeling of acceptance-rejection, when they were growing up. This would require the use of long time memory, which may not now be accurate. It has been possible to link the two remaining theories, Bronfrenbrenner's and Belsky's together, in order to have a more robust conceptual framework for the study. Essentially, the study will focus on Belsky's (1984) determinants of parenting, but within an ecological framework to emphasise the influence of contextual factors. The next chapter will examine the literature on how ethnicity influences parenting.

CHAPTER 3

ETHNICITY AND PARENTING

3.1 Introduction

The primary aim of this chapter is to review the existing literature on ethnicity and parenting. This is crucial, given the current diversity of the UK population. Evidence recorded in the literature of assumptions made about BME parenting were usually based on data consisting of much of the majority ethnic groups' norms and less, or more inadequate, minority ethnic data (Kotchick and Forehand, 2002). Some research found that when researchers are from minority ethnic groups, they can present a different interpretation, because of the different experiences they have brought to the research (Chao, 1994; McLoyd et al., 2000; Phoenix and Hussain, 2008). Current understanding of ethnicity, particularly in the UK context, still lacks adequate presentation in the area of ethnicity and parenting, supporting Demo's and Cox's (2000: 889) suggestion of the "need to redouble our efforts to understand childrearing in its ethnic and cultural context". Conducting this review will help to inform this study and to locate its contribution within the body of existing knowledge.

3.2 What is Ethnicity?

The definition of ethnicity has shifted in meaning over time as people have constructed different uses and boundaries (Goulborne and Solomos, 2003). The cultural dictionary defines it as "Identity with or membership in a particular

racial, national, or cultural group and observance of that group's customs, beliefs, and language." It is widely acknowledged that there is no scientific or biological basis for racial segregation, but only as a social construction (Gunranatam, 2003; Robinson, 2007, Kotchick and Forehand, 2002; Robinson, 2009). The term "ethnicity" merely connotes a people or tribe, whilst an ethnic group will usually refer to a people, tribe or group-identification with a shared religion, language, geography, and often physical appearance and all its attending culture (Senior and Bhopal, 1994; Sewell, 2009). In addition, Fernando (2002: 13) contributed to this knowledge that race is primarily physical, culture is sociological, and ethnicity is psychological. This helps in understanding Hall's (1992: 257/8) stance that, "we all speak from a particular place, out of a particular history, out of a particular experience, we are all …ethnically located, and our ethnic identities are crucial to our subjective sense of who we are". Often people may choose which characteristics they want to define themselves by at any given point in time, this shows the fluidity of the concept, when it does not relate to genetic or historical ancestry (Bolaffi et al. cited in Karlsen and Nazroo, 2006).

The term ethnic group, specifically 'minority ethnic group' often connotes a difference (including physical appearance), associated with negative inferences, and it can convey disadvantage or inferiority. This is not particularly helpful, as research might further reinforce this notion (Gumaratnam, 2003; Sewell, 2009). There are some families amidst the so-called minority ethnic groups, who have managed upward mobility into the medium and upper classes, although these may be relatively few when compared to the majority ethnic group (Ballard, 2003). Nevertheless it becomes practical to use the term *minority ethnic group*

to explore differences in experience and outcome. In this context, the effect of ethnicity upon the south Asian families, especially Pakistani mothers, awaits exploration.

3.3. What is Parenting?

Barlow et al (2004) cited Alvy's (1988) assertion that parenting is one of society's most 'personal and possibly most important activities' (Barlow et al., 2004), and Cowan et al., (2005: xi) claim it is "fundamental to the survival and success of the human race … and its primary object of attention and action is the child". There is no consensus on the most suitable definition of parenting, though researchers have made many attempts to describe the concept. Hoghughi (2004:5) defined it "as *purposive activities* aimed at ensuring the survival and development of children". He acknowledges that to do this requires access to certain core resources. This definition presents what parents 'do' and 'should do' in order to fulfil their social, legal and other obligations in any given social context (James and James, 2008) and is both limited and simplistic.

Firstly, it is limited as it implies that parents are the only actors in parenting, whereas parenting entails parent-child relationships with a substantial bi-directional relationship (Loulis and Kuczynski, 1997; Shonkoff and Phillip, 2000; Penn, 2005; Waylen and Stewart-Brown, 2008). Secondly, it is simplistic to assume that the input of *purposive activities* with children will equal output (i.e., desired child outcomes). This creates room for error. Evidence from the literature attests to the fact that modern parenting is fraught with challenges; for

example, limited resources, social inequality, economic hardship or poverty, mental and physical health problems, network and support issues and the possibility of separation/divorce (Hoghughi, 2004; Katz et al., 2007a; Katz et al., 2007b; Palmer et al., 2008). Since these challenges potentially affect the effectiveness of parenting (Belsky, 1984), they increase the possibility of biasing the definition of parenting. This could occur, for example, by defining parenting in such a way as to assume that a parent who cannot afford basic essentials due to lack of resources is a bad parent. The definition needs to be flexible, and to recognise the universal values of parenting that exist across cultures and/or socioeconomic status in order to avoid situations in which parents may be systematically provoked into feeling incompetent and inadequate in raising their children (Zeitlin et al., 1995; Evans et al., 2008; Hudson, 2009). In their study of *parenting in ordinary families,* Waylen and Stewart-Brown (2008: 3) defined parenting as, 'a process or group of activities (occasionally regarded as socialisation) (Maccoby, 1992), the ultimate aim of which is to help children develop into happy, well-adjusted, competent, productive, caring members of society (Bradley and Wildman, 2002), able to establish and maintain healthy relationships with others'. No doubt, a researcher must work with the definition that most appropriately suits his/her study and this definition is more robust than the previous one, as it indicates progression in parenting and emphasises specific indicators observable in a well-developed child.

Perhaps, however, the definition is more suited to "ordinary families", and not those who might find themselves in not-so-ordinary families. The types of families that live in "two worlds" (Bhatti, 1999) are possibly constrained by

contextual factors and their beliefs and culture, which may differ from those in the ordinary families. Then again, if the terms '*ordinary families'* as used by the authors were meant to imply or describe all European, white and Westernised families, then that is misleading. Since, *European*, *white and westernised,* is also, not a homogeneous group. English white families too, have diverse socio-economic backgrounds, and their (e.g., parents) level of education would significantly influence their socio-economic statuses. Moreover, in relation to health, the notion of 'poor people behaving poorly' is irrespective of ethnicity; but has been found to be consistently related to "poor childhood conditions, low levels of education…" (Lynch et al., 1997: 809).

However, whilst the parenting of ethnic minority families shares some overlap, it is also distinct from parenting in westernised ordinary families. The area of possible overlap means parenting is, in the words of Bornstein (2009: x), "pleasures, privileges, and profits as well as frustrations, fears and failures." Even then, Frabutt (1999: 245) maintained "Parenting in minority families involves a complex interplay of several factors that impinge upon the nature and quality of parenting."

In a more recent study by Keller et al (2009: 412), which focused on the early months of life, the authors defined parenting as a "cultural practice that enables children's development and the acquisition of competence in a particular socio-cultural environment from birth onwards". We prefer this definition because it places parenting deeply in the cultural domain and alludes to parental preference or influence within their socio-cultural setting, presumably also acknowledging the resources available to parents within that context. Park and Kwon (2009)

argued that parental beliefs on how to raise children are fundamental to the cognitive aspects of parenting.

Hale-Benson (1986) buttressed this further, by highlighting the essential differences between the worldviews of Africans and Europeans. She explained that vital differences in worldviews result in cultural variations between ethnic groups; these in turn, lead to disparities in socialisation practices and, consequently, lead to ethnically based variations in childrearing, and how these children communicate, learn and process information. As regards worldviews, there are suggestions that Europeans and Americans place value on independence, individuality and personal empowerment, and this is embedded in their childrearing practices (Varnum et al., 2010). African and Asian cultures have been observed to place a higher emphasis on interdependence. Hence, they raise their children to be collective, cooperative, obedient, respecting of authority, and sharing (Barlow et al., 2004; Leyendecker et al., 2009; Davis-Kean and Sexton, 2009).

Park and Kwon (2009) argued that parents choose their parenting practice based on their belief system. Substantial amounts of research evidence have suggested many factors influence parental beliefs - factors such as cultural background (e.g., Hess et al., 1980; Frankel and Roer-Bornstein, 1982; Goodnow et al., 1984), and level of education (Stevens, 1984; Keller et al., 2009; Park and Kwon, 2009; Hartas et al., 2011). Also, the background and personal experiences of parents, their socio-economic status, economic resources, religious and spiritual beliefs and political conditions influence values connected to the goals

of parenting and expectations of children (Ninio, 1979; Stevens, 1984; Elias and Ubriaco, 1986; Park and Kwon, 2009; Rasmussen, 2009). This will also have an impact on what parents consider necessary or acceptable for their parenting practices in any given context (Goodnow and Collins, 1990; McLoyd et al., 2000).

3.4 Ethnicity and Culture in parenting

It is acknowledged that the way individuals do and view things differs in ethnic groups depending on how and where they grew up (Henley and Schott, 2001; Hughes, 2003; Hughes et al., 2006; Leyendecker, et al., 2009). The understanding of parental roles and responsibilities tends to vary according to a groups' culture, and childrearing beliefs and parenting practices are largely influenced by parents' ethnic background and the level of resources to which they have access (Leyendecker et al., 2009). For example, many of the observable variations in parenting practices of some minority ethnic groups are largely due to cultural backgrounds and religious beliefs. A relevant example of this may be the parenting patterns of families of Pakistani origin compared with patterns observed in European families. Anto-Awuakye (2009) found in her research that informal or folk theories of parenting still form part of Pakistani families' parenting practices. However, the majority of the existing research on ethnic communities' parenting practices were based on Westernised psychological traditions, and would have failed to locate the origin of some ethnic groups' repertoire of parenting principles within their own culture (Ogbu, 1981; Okagaki and Luster, 2009). In addition, Modood et al., (1997) found that

the South Asian community reported a stronger faith identity than ethnic identity, and class identification intersected their faith and ethnic identifications. This suggests that exploration of socio-cultural factors might generate findings that could increase our knowledge about minority ethnic parenting practices. Understanding the subjects of ethnicity and parenting are explored under two broad headings: parenting styles, practices and ethnicity, and contextual factors (Phoenix and Husain, 2007). We examine parenting styles and practices in this chapter and will consider the contextual factors in the following chapter.

3.5 Ethnicity, parenting styles and practices

Most of the research undertaken over the years has focused on parenting styles, and accordingly, has classified almost all parents (Elias and Yee, 2009). Darling and Steinberg (1993: 488) defined parenting style as the "constellation of attitudes toward the child that are communicated to the child and that, taken together, create an emotional climate in which the parent's behaviours are expressed". Studies of the parenting styles of families were conducted initially with adolescents utilising Baumrind's (1968) model (Baumrind, 1991; Aunola et al., 2000; Afifi, 2007; Elias and Yee, 2009). Baumrind, from her studies, conceptualised three typologies of parenting: authoritative; authoritarian; and permissive parenting. In total, four categories of parenting are common in research; a fourth, added to the original (three) by Maccoby and Martin (1983), was termed 'uninvolved parenting'. In the main, the typology was constructed from the dimensions of warmth (responsiveness), conflict and control strategies. The underlying principles of these typologies were their description of the normal variations in parenting, revolving around control (Darling, 1999).

Authoritative parents encourage children's independence and individuality and use responsive attitudes with appropriate control to optimise the development of competent behaviour in children (Chen et al., 1997; Leyendecker et al., 2009). According to the theorists, these parents rank high on measures of warmth and responsiveness as well as on measures of control and maturity (Maccoby and Martin, 1983).

On the other hand, authoritarian parents are more demanding and directive, and not responsive (Darling, 1999). They possess many characteristics associated with interdependence, and they rank high on measures of control while scoring low on measures of responsiveness, warmth, and bidirectional communication (Maccoby and Martin, 1983; Leyendecker et al., 2009). Permissive parents are more responsive, but with little control, though some of these according to Darling (1999), may be 'more conscientious, engaged and committed to the child'. These parents are less likely to set and enforce strict rules and boundaries for their children (Leyendecker et al., 2009). Finally, neglectful-uninvolved (or disengaged) parents are neither responsive nor able to control their children (Darling, 1999), thereby scoring low on measures of responsiveness, warmth, and control. There is no UK work on parenting style and ethnicity. However, a number of pieces of USA research and articles suggest that African and Asian parenting styles differ from those of the Europeans and Americans (Frabutt, 1995; McLoyd et al., 2000; Phoenix and Husain, 2007).

Nonetheless, scholars have contested applying a parenting style typology universally, as it mainly represents and normalises the parenting practices of

westernised parents, and may not be applicable to non-westernised parents (Chao, 1994; Stewart et al., 2000; Phoenix and Husain, 2007; Robinson, 2007, 2009). This, they claim amounts to judging ethnic minority parents' behaviour by the standards of the majority group, has led to a pathological interpretation of the minority groups (Berthoud, 2001; Phoenix and Husain, 2007; Robinson, 2009).

Some have argued that the concept of authoritarian parenting, often attributed to African-Asian parents, may be ethnocentric, and not accurately reflect, or wrongly interpret the parenting practices of these groups (Chao, 1994; Gorman, 1998; Maiter and George, 2003). Also, the effectiveness, or otherwise, of a typology is only relevant within the given social context in which it is practiced. For instance, authoritative parenting associated with outstanding academic performance found amongst European-American children did not have similar associations in African and Asian American children, whose parents would normally be classed as authoritarian (Darling and Steinberg, 1993; Darling, 1999; Phoenix and Husain, 2007). In addition, Chao (1994), elucidating from an East Asian perspective, reveals that parenting styles have varied cultural meanings. She argued that an authoritarian parenting style must be understood from an Asian-American cultural perspective for it not to be given the negative connotation of the Western perspective (Chao, 1994; Barry et al., 2009). Other researchers found a 'no-nonsense' approach of supportive, involved, effective monitoring, consistent discipline related to positive emotional, behavioural, educational and social outcomes to parenting among rural African American families (Brody and Flor, 1998; Brody et al., 2002; phoenix and Husain, 2007).

Chao also cited discipline as one area of significant difference, which has created a misunderstanding between the Black and Minority Ethnic (BME) and the majority groups. The literature described the use of corporal punishment and authoritarian parenting styles as characteristics of BME groups, particularly, African and Asian families (Chao, 1994; Segal, 1999; Robinson, 2007). Other studies found changes to this assertion that a generational shift has begun among BME groups (in Britain) regarding child rearing practices. They are increasingly using co-operative strategies more than physical control in discipline: less use of physical discipline (Hylton, 1997; Robinson, 2007).

The conclusion from Whaley's (2000) review of the literature suggests that physical discipline has different effects in westernised and non-westernised families. Whilst it is linked with disruptive disorders in Europeans families, no such link was found in African American families; in white families negative behaviours both result in spanking and emanate from it, but in black families, spanking follows negative behaviour and not vice versa. This, however, should neither give way to unwarranted assumptions about ethnic minority families, nor 'essentialise' a practice to the detriment of children and permit their abuse. In the study of Punjabi families in Britain, Dosanjh and Ghuman (1996), found that both first and second generations of Punjabi mothers do not approve of physical punishment as a way of disciplining their children, although a minority would use it 'as a last resort' (Dosanjh and Ghuman, 1996: 172).

3.6 Ethnicity and Fatherhood

Another area of interest within the topic of ethnicity-parenting is fatherhood. The UK research on fatherhood is extremely scarce, much of what we know about ethnicity and parenting having focused mostly on mothers, with few exceptions (e.g., Hauari and Hollingworth, 2009; Salway et al., 2009). No doubt, mothering is paramount to the development of children, but overlooking the role of fathers only provides a partial presentation of parenting knowledge (Phares, 1996; Barnard and Solchany, 2002; Bornstein et al., 2007), as parents can have and do contribute distinct influences in the home and towards the development of the child (Campos, 2008; Harris, 2010). Also, there is some research evidence linking paternal involvement with desirable child outcomes (Flouri and Buchanan, 2004; Waylen and Stewart-Brown, 2008; Harris, 2010).

The literature presents views of 'absent fathers' in some ethnic minority groups and a traditional practice of unequal sharing of parenting responsibilities between couples (McVicker Seth, et al., 2005; Phoenix and Husain, 2007). Whilst there may be cultural variations in the role of fathers as caregivers, some practices of fathers in minority groups have countered several of these negative stereotypes. Minority ethnic families on low income, and non-resident fathers, who are educated and working are more likely to be involved at some level with their children (Coley, 2001; Campos, 2008; APA, 2012).

Historically, Milkie et al., (2002) observed that mothers were more actively involved in several dimensions of child rearing, including disciplining children,

playing with children, providing emotional support, and monitoring children's activities. Current social demands expect fathers to get involved in all aspect of childcare and childrearing (Milkie et al., 2002; Olavarria, 2003; Lamb and Tamis-Lemonda, 2004; Every Parent Matters (DfES), 2007; Wall and Arnold, 2007; Hauari and Hollingworth, 2009). This inequality in parenting responsibilities is not limited to ethnic minorities or to a particular set of families, but is believed to be present across diverse family types (Deutsch, 2001). It has also been observed that where parents share parenting duties equally, it is the result of a strongly-shared ideology and a shared commitment to parenting (Deutsch, 2001).

LaRossa (1988) delineated two elements, the culture and the conduct of fatherhood, in his *Fatherhood and Social Change* study. He defined the *culture* of fatherhood as shared norms, values and beliefs surrounding men's parenting and, the *conduct* of fatherhood as what fathers do, i.e., their paternal behaviour (p451). This is expressed in a recent study by Salway (2009) and her colleagues, which studied fatherhood among Asian 'groups' in order to understand the experiences of Asian fathers, identified as Bangladeshi Muslims, Pakistani Muslims, Gujarati Hindus and Punjabi Sikhs (p5). They found a culture of fatherhood where men considered that the act of becoming a father was a significant life event and a key component of their self-identities. Many did not want to be associated with the typical authoritarian Asian father figure; rather they associated fatherhood with commitment, responsibility and pride. The study found that the conduct of fathers ranged from direct to indirect care for and of their children. Most fathers contributed materially, some were involved in caring,

bathing, personal childcare, and some provided sole personal childcare, across all groups. This is consistent with findings in other research that show some fathers become primary caregivers for their children (West et al., 2009). The authors found that fathers provided nurture and protection for their children, "by supporting educational achievement, providing social, cultural and religious resources, supporting emotional development and providing discipline" (Salway et al., 2009: 6). The fathers raised concerns about the vices in the wider society such as, drugs, alcohol, pre-marital sex, etc., as bad influences that caused them to be ancious for their children. This, in addition to the stereotypical perception of their own community that would see them as domesticated fathers caused them concerns. This shows the need to eradicate gender stereotypes and encourage more fathers' involvement in the society.

Hauari and Hollingsworth (2009) examined parenting beliefs and the practices of fathers from four ethnic groups: White British; Black African; Black Caribbean; and Pakistani. Their study findings are similar to the former, that fathers' roles are changing relative to societal expectations but that certain key roles remain within the fathers' domain. These include bread winning, discipline and protection. They have particularly observed "in both Pakistani and black families, the father's ability to engender a greater level of respect in his children is seen as important in ensuring that children grow up to be disciplined and well behaved in society, and this parental behaviour is seen as 'normative' in these cultures" (p44). This seems to suggest that black children, particularly black youths, benefit from authoritarian discipline or father figures (Deater-Deckard et al., 1996). The general indication is that most fathers are playing a greater role in

childrearing, but there is still a need for more participation, especially in challenging gender stereotypes.

3.7 Conclusion

This chapter examined the concepts of ethnicity and parenting in the existing literature. It explored the influence of culture and beliefs in ethnic minority parenting and revealed the pivotal roles that both fathers and mothers play in childrearing. The next chapter will examine socio-cultural factors to see how these contextual factors impinge on ethnic minority families' parenting patterns.

CHAPTER 4

SOCIOCULTURAL INFLUENCES ON ETHNIC MINORITY PARENTING

4.1 Introduction

In the last chapter, we examined ethnicity and parenting, in the quest to identify how the former can impinge on the latter. The focus of this chapter is on the socio-cultural factors, mostly contextual, that could directly or indirectly influence the parenting patterns of minority ethnic groups in general and families of Pakistani origin in particular. There is consistent evidence that contextual factors influence parenting, but the specific ways in which these affect the parenting practices of ethnic minority families is not clear (Kotchick and Forehand, 2002; Phoenix and Husain, 2007). We begin with the exploration of the influence of moving culture.

4.2 Contextual influences on Parenting Characteristics

4.2.1 Moving cultures

Culture and cultural awareness surround us from birth (Henley and Schott, 2001; Keller et al., 2009). Culture, as defined by Owusu-Bempah (2002: 304) "is a composite structure of the real and the symbolic: beliefs, mythology, religion, ideas, sentiments, institutions and objects of a given group transmitted generationally and internalised in varying degrees by its members. It includes childrearing practices, kinship patterns and the ethics

governing interpersonal relationships". When applied to the notion of migration, and indeed settlement, it implies that people moving from one, known or familiar, to another alien, or unknown culture. When parents are involved in this process of moving between cultures, it could be psychologically complex, as cultural transition is neither a simple variable nor a stress free process (Phinney et al, 2006). Neither do such transitions between cultures always involve two stagnant cultures, but cultures that could be highly dynamic and possibly evolving (Pires and Stanton, 2000). Adjusting to take on another's culture, therefore, could become more challenging for some parents than others. For example, research conducted in various domains of work in the UK, reveals culture and ethnicity as causes of communication problems and conflicts (Luijters, et al. 2006). These studies also suggest culture and ethnicity create barriers to effective and satisfying relationships in practitioner-patient communication in health services, responsible for differences in parenting patterns and access to many needed services (Patel, 1995; Harmsen, 2003; Nisbett, 2003; Schouten and Meeuwesen, 2006). This indicates that significant cultural differences still permeate the UK social strata and more is yet to be learnt about UK diverse cultures (Zeitlin et al., 1995).

Similarly, culture and ethnicity are implicated in parenting when moving from one culture to another. There are also sub-cultures within every culture, which can be influenced by social class, employment, levels of education, neighbourhood quality, length of stay in a region of domicile, etc., and different unwritten rules of social conduct could apply which may cause

friction between cultures otherwise viewed as a whole (Henley and Schott, 2001). We established in previous chapters that cultural values influence parenting and childrearing behaviours (Kotchick and Forehand, 2002), meaning that cultural values are part of the parents' resources that inform their understanding of how to take care of their children. In a sense, *acculturation* – the process of cultural exchange influences this, in the course of exchanging of cultures (Bornstein, 2006). It can be argued that acculturation could destabilise parents, as the familiar culture they hold dear may conflict with the culture in the host country e.g., independent versus interdependent worldviews and practices, explained below (Triandis, 1990, 2001). Before we consider acculturation, we will examine the concepts of independent versus interdependent worldviews.

4.3 Independent versus interdependent worldviews

Parenting takes place in every culture, but with different social orientations (Robinson, 2007; Varnum et al., 2010). These could be independent or interdependent in nature (Triandis, 1990, 2001). An independent orientation emphasises individualism, self-direction and self-expression (Varnum et al., 2010), whilst interdependent orientation endorses collectivism, harmony, loyalty and connection (Varnum et al., 2010). In general, societal values influence parental behaviours and interaction, but within cultural differences do exist (Super and Harkness, 1994; Robinson, 2007). Some have argued that these two basic values are fundamental attributes that distinguish one

culture from another (Varnum et al., 2010) and separate Western from non-Western cultures (Kagitcibasi, 1996; Robinson, 2007).

Scholars reckon Europeans tend to be individualist-independent, whilst Africans and Asians have been observed to be collectivist-interdependent (Varnum et al., 2010). However, these assertions might not generalise to the groups concerned due to inter and intra differences among cultural groups. Further, it does not imply that one worldview is better than the other. Rather, there are positive and negative aspects to both worldviews. Besides, the contexts and the range of options individuals, families and groups are accessible to, in respective culture may be dissimilar (Varnum, 2011).

For instance, Lau (2003: 95) explained that "the importance given to interdependence and the need to preserve harmonious family relationships has given rise to structures that do not conform to western European norms, such as extended family groups within the same household". Extended families and respect for elders (or authority figures) for instance, are essential parts of the collectivistic (such as Asian's) culture – and the disruption of these serve as a source of stress for BME families (Dwivedi, 2002; Robinson, 2007). Conversely, these 'collective and cooperative' views could also be oppressive and gender-biased - e.g., in allocation of tasks and limited educational opportunities for women - and therefore, problematic, resulting often in conflicts, dissonance and ill health (Sonuga-Barke et al., 1998; Sonuga-Barke and Mistry, 2000) . Then again, it may be argued that irrespective of worldviews "familiarity leads to liking; familiarity breeds

contempt" (Norton et al., 2007: 97) and that when people live too closely to each other, it can engender conflicts. In similar vein, the individualist-independent views could also generate self-centredness, racial discrimination towards others and equally problematic, resulting in ethnocentrism, socially and systematically excluding others and seeing difference as deficiency (Robinson, 2007, 2009).

This argument further suggests that these basic values (individualism versus collectivism or independent versus interdependent worldviews) also lead to different cognitive habits (Varnum et al., 2010). As a result, scholars reckon cultures with independent-individualist orientation tend to be more analytical, whilst those with interdependent-collectivist cultural orientation tend to be more holistic (Varnum et al., 2010; 2011).

Overall, it might be that independent and interdependent worldviews work best and as intended when it is practiced within and entirely limited to the context where it was initiated, and among the people for whom it was intended. For example, an independent view might work best among English white families, who subscribe to it and within England only. The interdependent view also, might work best among Pakistani families who subscribe to it and within Pakistan only. Once we start to consider migration, clash of cultures, interaction and inter-relationship these concepts become complex and incompletely understood to generalise and apply.

4.4 Acculturation

Acculturation is one of the ways to determine an individual, family or group's cultural adjustment, which shows how much a minority culture absorbs (or acculturates) into the host's (majority) culture (Ghuman, 2003; Phoenix and Husain, 2007). Acculturation is defined "as the mutual adaptation of behaviour and habits among people with different ethnic backgrounds" (Luijters et al., 2006:562). It refers to the process of adopting the language, attitudes, culture and behaviours of a new host or dominant country (Phoenix and Husain, 2007; Kim et al., 2009). It is believed that a host country's language acquisition is essential for better integration into its culture. An individual, family or group, may speak the home (own) language, combine own language with English or speak only English; some evaluations of the acculturation process reveal the use of English language as a dominant component in acculturation (DeVane et al., 1990; Cobas et al., 1996; Scribner, 1996; Zambrana et al., 1997). This implies that limitation in the host language acquisition could hinder how well an individual, family or group integrates and operates even at the lowest levels, within a host culture. This could have an impact on areas of health and access to services and well-being (Pires and Stanton, 2000; Chaudhry et al,. 2011; Husain et al., 2012). Acculturation is, therefore, perceived as an individual, family as well as group process (Pires and Stanton, 2000). There is some research evidence that South Asians mothers' susceptibility to distress or depression is due to the inability to communicate in English (Weich et al., 2004; Chaudhry et al., 2011). Even though acculturation processes are multidimensional, there are

clues to suggest that ethnic minority parents struggle to maintain their treasured values and identities during the process (Hylton and Grant, 1997; Bornstein and Cote, 2006; Phoenix and Husain, 2007).

A study by Ghuman (2003) of South Asian families born or educated in Australia, Britain, Canada and the USA found that in all the countries, Hindus are more keen to acculturate than their Muslim counterparts, who prefer to maintain their home culture. They also found the place of abode influenced acculturation. For example, Canadian-born South Asians were more willing to acculturate than their British counterparts. Additionally, they found class influenced acculturation as the young professionals among those born and educated in these four countries were more willing to acculturate. This seems to suggest that a reasonable level of acquisition of the host language, education and work could boost self-efficacy, status and confidence of immigrant parents to acculturate. Other researchers observe that an increased level of exposure to Westernised culture or acculturation to the majority urban culture can be accompanied by worsening health and developmental outcomes in minority ethnic groups (e.g., Zambrana et al.,1997; Rauh, 2003; Perreira and Cortes, 2004; Madan et al., 2006). This means, the more individuals are fully acculturated into the UK culture, the more they are likely to engage in risky health behaviours, the main exceptions to this being mainly due to cultural and/or religious reasons (Gill et al., 2007; Hawkins et al., 2008).

This is obviously a pertinent observation, substantiated by research in both the UK and USA. The awareness that acculturation can be detrimental to health and well-being may cause reluctance to go through an adequate process of acculturation (Hawkins et al., 2008). Notwithstanding, more sophisticated questions must be asked: for instance, at what point or level does acculturation become detrimental to health? What aspects of acculturation affect migrants' health? What would amount to an increased level of exposure and acculturation? Some research evidence reveals that the longer immigrants reside in a host country, and emulate their habits, such as health behaviours like drinking and smoking, the immigrants' habits and health worsens (Ebin et al., 2001; ; Lara et al., 2005; Castro, 2007; Lutsey et al., 2008; Johnson et al., 2010). Other research evidence suggests that a high level of acculturation accounts for improved health outcomes for migrants (Singh and Siahpush, 2001).

Evidence is conflicting and inconclusive; however, it seems acculturation could have both negative and positive effects on minority ethnic families depending on what is being examined: e.g., health, opportunities and well-being, amongst others. Even then, the possibility of adverse health in acculturation might affect immigrant parent's willingness to go through the process of, or limit their level of, acculturation. It can be further argued that this assumption of acculturation leading to adverse health only transfers personal responsibilities of immigrant parents onto the society. Mostly, adverse health tends to occur when immigrants start to emulate some of the health behaviours, such as drinking, smoking, taking illicit drugs, of the host

country. In this case, immigrants can choose their own behaviour and exercise appropriate judgement in acculturation and the levels they deem necessary to be fully functional within the host's culture.

Other societal pressures such as racism and social exclusion might affect the health of some immigrants; moreover, other influences might provoke some immigrants to want to fit-in, whilst some may have no interest whatsoever in the host's culture, which could lead to separation or a low level of acculturation. In general, three levels of acculturation, low, bicultural and high, are identified in the literature (Berry 1990; Miranda et al,. 1998). In high acculturation, ethnic minority parents totally immerse themselves into (or assimilate) the host's culture (e.g., child rearing practices), whereas in low acculturation, individuals characteristically separate themselves from participation, and show no interest in the dominant culture. However, there is a continual interplay between the minority and majority cultural practices in bicultural acculturation (Berry 1990; Miranda et al., 1998). This is considered the most healthy, but is not without its own challenges.

It was observed by Inman et al (2007: 93) that, "Parenting becomes a complicated interplay between enculturation (socialising to one's own ethnic culture) and acculturation (socialising to the dominant culture)". Additionally, research found that bicultural acculturation involves a level of stress, which migrant parents must be prepared to accommodate (Luijters et al., 2006). Research evidence suggests that a high level of acculturation and low SES are associated with negative health outcomes, whilst a high level of

education is a protective factor in acculturation (Lutsey et al., 2008; Johnson et al., 2010).

Acculturation can be influenced by the parents' level of education. For example, high levels of education could spur interest and research into the host's culture, in order to create an increased awareness, which can then be used to make informed choices about what to accept, what to adapt and what to abandon in the host's culture. The role of parents' acculturation within the developmental context may influence their children's outcomes (Kim et al., 2009). Naturally, all those born in the UK and those brought in as children or young people would be more acculturated to the British way of life than their parents. The level of acculturation of the parents (who came into the UK as adults), and grandparents, who might have been part of the initial influx of immigrants, or who came later from overseas, is equally vital. This is because of their direct involvement in caring for, or acting as part of the support network that cares for the child. Usually, the language spoken at home to children, or the language spoken when they are in with carers within the support network, may help to identify the level of acculturation. In addition, length of stay in the UK can be used, although, length of stay within a dominant culture does not necessarily signify acculturation.

In their study Cassens and Kingdon (2007) found that not speaking English at home was only a temporary disadvantage for most African and Asian children, as they tended to overcome this at secondary school. This suggests, though, that children may still be handicapped throughout their primary

education. Such a handicap may jeopardise their academic achievement in other subject areas, as they focus on acquiring the English language in order to understand the subject. This may happen at the expense of grasping the essential learning required to understand the subject or content of study.

4.5 Maternal level of education

Parental education refers to the highest academic qualification achieved by a parent (Hawkins et al., 2008). Low-level educational status is the education that is limited to, or equivalent to, the usual mandatory level within a society (Bürgi et al., 2010). Maternal educational level may influence the desire and ease to acculturate and ultimately the level of acculturation. There is evidence linking higher maternal education to better child survival and child health (Barrera, 1990; Bicego et al., 1993; Hobcraft, 1993; Golding et al., 2009; Hartas, 2010; Abuqamar et al., 2011). Mothers' ethnicity, place of origin, and immigrant generational status have been found to have profound effects on their children's educational outcomes (Rauh, 2003). The level of the mothers' education, occupation and income have links to their material and social circumstances (Graham, 2004). For example, higher maternal education could give rise to marriage to a spouse with similar attributes, resulting in living in better communities (Abuqumar et al., 2011). Individuals' social, economic and physical environments often play a decisive part in their childrearing practices. For instance, higher maternal education can give access to high-status employment, which would afford

better resources (high wages, educational materials etc.) to support optimal parenting and provision for the child's academic success (Davis-Kean, 2005; Augustine and Crosnoe, 2010). Thus, the level of the mothers' education can influence their behaviour, involvement with their children's early learning and or school and invariably, how their children perform socially and academically (Desforges and Abouchaar, 2003; Bagdi and Vacca, 2005).

However, whilst better education allows for better employment (especially if full-time) it also places demands on the mothers' time, making it difficult for mothers to make a personal positive and adequate contribution to their children's academic success (Stone, 2007). This is also true of less privileged mothers working longer hours in menial jobs (Augustine and Crosnoe, 2010), but through outsourcing, high wages can mitigate adequate academic support for the child. Arguably, though, adequate may not be tantamount to appropriate, as it is missing a maternal input or dimension, and may lack the essential quality inherent in the home learning environment (Augustine and Crosnoe, 2010). There is evidence that a quality home environment has a positive influence on literacy and reading development in the early and middle school years, even overcoming factors such as low maternal education and intelligence (Parker et al., 1999; Bradley et al., 2001; Rauh et al., 2003; Arnold and Doctoroff, 2003).

In addition, researchers have found that, when parents provide home environments rich in opportunities for learning through shared book-reading, constructive play, and exploration, the children usually display higher

language and cognitive skills both in the preschool and primary years (Weigel et al., 2006; Edwards et al., 2008). Low levels of maternal education can be limiting. As revealed in the study by Schaller et al. (2007) of Mexican mothers in the USA, mothers verbal desire and vision of academic achievement for their children had to be acted upon via some intervention, such as parenting programs to help the mothers with low education realise their goals (Schaller et al., 2007; Lipman et al., 2010). Other findings support this notion that parents with low education may require support and coaching to improve their own literacy before they can adequately help their children at home (Zeece, 2005).

Therefore, low levels of education are generally perceived to indicate low-level academic achievement in children, while, high levels of maternal education are believed to be closely linked to high-quality parenting and children's achievement (Magnuson, 2007; Augustine and Crosnoe, 2010). On the other hand, Schaller et al (2007: 352) suggest that despite risks associated with low parental education, a parent's attitude and involvement in education enhance a child's chance of academic success.

The level of parents' education may not be that vital in influencing children's academic outcomes (Graham, 2004). However, engaging a child in activities within the home is essential to good parenting and this could be influenced by the level of parents' education. A study found home-learning activities to relate positively to reading achievements in Hispanic children,

while school-involvement was found to be positively linked to achievement for black and white children (Cooper et al., 2010: 875).

4.6 Religion

Religion is of extreme importance to some ethnic minority communities, and it seems an indispensable contextual factor in parenting (Phoenix and Husain, 2007; Hasan, 2009). It is acknowledged that religion has a bearing on ethnicity, and influences parenting (Utting, 2007; Horwath et al., 2008). For example, in their work, *Varieties of Religion-Family Linkages,* Snarey and Dollahite (2001: 646), observed in respect of Christianity, that "religious faith and family relations are interrelated in positive, statistically significant, and psychologically interesting ways…[and that] religious beliefs and practices strengthen marriages and parent-child relationships."

Many immigrants arrive in the UK with the intent of 'continuing' their religious beliefs and practices – including diverse faiths and practices (Horwath et al., 2008). Religion then, can affect many aspects of life in the UK. It may enhance or limit the level of immigrants' acculturation into a host culture. Versi (2010) studied a religious community, the *Khoja Nizari Isma'ilis* from East Africa, who migrated to Canada. Her research found that, through religion the group acculturated successfully into Canadian culture, including community structures, social resources, and guidance from their Imam. Also, religious beliefs can enhance or inhibit group health related behaviours, as there are religious observances in most diets. Often ethnic and

religious identities overlap. Most Pakistanis' religion is Muslim - practising Islam - (Henley and Schott, 2001), whereas, there are others united by their religion, for instance, Roman Catholics from England, Africa and America, even though they have disparate cultural needs. Further, within every religion are diverse beliefs, variations and practices (Henley and Schott, 2001). A religion which to an outsider may seem unified may actually be more diverse from an insider perspective. This applies to Christianity [as in Evangelicals, Pentecostals, Charismatics, Orthodox, and Catholic]. Such a difference is similarly observable in Islam, and often expressed, according to Robinson (1988 cited in Abbas, 2000:16), "…in terms of dress, custom, culture and variation in religious tradition and as such organisation". In contemporary Islam for instance, there are three sects: *Shia, Sunni and Wahabi*; and within these varieties, the *Barelvis,* the *Tablighis* and the *Ahmadiyas* are all variants of Sunni Islam. To an outsider, this may not have much meaning, but from an insider's perspective, there is religious variation, Versi (2010: 12) explains further that;

"Sunni Muslims… believe that Prophet Muhammad did not directly appoint a successor to lead the community following his death. Shia Muslims, who represent a minority within Islam, believe that the Prophet did in fact appoint a successor, his cousin and son-in-law, Ali. For Shia Muslims, Ali was the first Imam."

This shows diversity within a religion that might appear as one to outsiders. Of course, this is one of possibly many differences, but it does challenge the

temptation to remain naive about religious matters. Up to now, as vital as religion is amongst immigrant communities in the UK, there is scant research that links religion to parenting (Larson and Larson, 1994; Phoenix and Husain, 2007; Horwarh et al., 2008). However, September 11th (9/11) in the USA and 7th July, 2005 London bombings have increased the attention paid to religion. For the purpose of this study, it is essential to know more about religion in order to facilitate our understanding of how it might impact on parenting and childhood development. Also, such knowledge would help to underpin appropriate support and interventions, since religion may shape family life and parenting, and it can aid professionals in more effective work with parents (Mahoney el al., 2001; Horwath et al., 2008; Mahoney 2005, 2010; Versi, 2010).

This section will focus on the Islamic religion, as the main religion amongst the participants in my research. One study showed young British Pakistani men from Bradford viewed Islam as an important facet of their spiritual, economic political and moral life (Alam and Husband, 2006). The Islamic culture prescribes ideals for all aspects of life, including home and family.

It was observed that the Islamic culture generally views children as inherently good and emphasises the role of parents and the environment in their development (Obeid, 1988). A woman's primary role is that of a wife and mother, particularly in the child's early years of life. Belkin (2011) buttressed this in her report of South Asian mothers, linking childrearing to religion, that, "Child-rearing can be hard and challenging work, but when

engaged in with the intention of pleasing Allah and carrying out the work he has assigned to us, it becomes an act of worship from beginning to end".

The very essence of a woman's education, if she has been educated, is linked with her responsibility for the early training of her children (Stewart et al., 1999). In the home, mothers show affection, whilst fathers are expected to discipline their children (Irfan and Cowburn, 2004; Anto-Awuakye, 2009; Salway et al., 2009). In Urdu, the word *tarbiat* parallels the idea of *chiao shun* ('teaching' or 'training'), used by Chao (1994) with reference to the Chinese culture. *Tarbiat* was used to connote "teaching" and "supervision" in the Islamic literature to spell out parental duties towards their children (Stewart et al., 1999). Whilst "Marriage is the basis of Islamic family and society" (Irfan and Cowburn, 2004: 96), gender issues still present a challenge in the Islamic faith, which does not permit a Muslim woman to marry outside of her [Muslim] religion, but if she did, the marriage is considered illegitimate (Irfan and Cowburn, 2004). This observation does not extend to Muslim men, who can also have many wives.

A study of Asian fathers conducted by the Fatherhood Institute showed that British Muslim men (from Pakistani and Bangladeshi origin) are more likely to be married between the ages of 16 and 24. Previous research reported about eighty-five per cent of Muslims are more likely to marry by parental arrangement (Modood et al., 1997); recent research, however, reveals a more pragmatic approach is evident among the younger South Asians (Irfan and

Cowburn, 2004; Alam and Husband, 2006). Intra family marriages create a bond, which naturally affords a close-knit or relative support network.

4.7 Support Networks

Schwarzer and Buchwald (2004: 435), explain social support as a special kind of social interaction that can appear in different ways and that can be both a psychological and a tangible resource provided by a social network, for example, by friends, family members, and/or colleagues. It can involve provision of information and a "special kind of social interaction that leads individuals to believe that they are valued, respected, and loved and that helps them to cope with major life stressors and the challenges of everyday life". Social support networks ensure access to help required at a given time, for example, women with little or no education might be able to access educated members of their family or other women in the community with a higher level of education (Kravdal, 2004). Receiving appropriate help can reduce stress and the tendency to maltreat the child (Bishop and Leadbeater, 1999). In their study of acculturation and social network support on depressive symptoms among elderly Korean immigrants, Kim et al (2012) found those with high levels of acculturation and social support had a lower level of depressive symptoms than those having a high level of acculturation and low level social support. Within the Pakistani community, the notion of the family is not restricted to father, mother and children, but the extended family remains an integral part of their social lifestyle (Kathane, 2000; Mand, 2006; Anto-Awuakye, 2009). The group's observable norm reflects

living in close-knit communities and larger households of five people or more (Ballard, 2003; An-Nisa and Fathers Direct, 2006). There is a huge reliance on family support networks, particularly for childcare purposes (Bell et al., 2005). Emerging evidence suggests that British South Asian families have strong family relationships, and female elders play unique roles (Anto-Awuakye, 2009).

This section examined four (acculturation, maternal level of education, religion and support network) of the five factors that might influence parenting practices in ethnic minority families, with special reference to the Pakistani community. The fifth factor, health, is examined next.

4.8 Ethnicity and Health

Health was originally defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO: 1946). It has also been acknowledged that the definition was simplistic, besides being also now old and contested; it, nonetheless, highlights the positive aspects of health, emphasising both physical and mental health. As the Ottawa Charter for Health Promotion (1986) stated, "Health is a positive concept emphasizing social and personal resources, as well as physical capacities". However, health could also be negative, when individuals are free from disease and illness (Baggott, 2004). Thus, health could mean different things to different people, but in general, it encompasses the absence of disease, good functionality and personal wellbeing, acceptable

quality of life, sense of community belonging as indicated by meaningful social relationships (Pickett and Pearl, 2001; Laverack, 2004; Labonte and Laverack, 2008; Poortinga et al., 2008; Barcher, 2010). There is a marked difference therefore between the medical model of health – mere absence of disease - and self-perception of health, which might consider the physical, psychological and social aspects of health.

Self-perceived health is an individual's assessment of the state of their health and wellbeing in general. Such self-assessment of health has been found to be characterised by intense and complex factors including and going beyond functionality, physical and psychological wellbeing (Sheilds and Shooshtari, 2001). Scholars found self-perceived health assessment to be reliable and can be associated with essential health scales and medical judgment; for instance, Sheilds and Shooshtari (2001:37) assert that "when individuals rate their own health, they tap into information that has important prognostic power".

Based on research findings a number of suggestions have been made regarding the potential benefits of self-perceived health; including predictability of chronic disease incidence, recovery from illness, decline in functional ability, access to healthcare services and mortality predictability (Kaplan et al., 1996; Sheilds and Shooshtari, 2001; Bacher, 2010). Research has further indicated that the robustness of self-perceived health can aid its usage in diverse settings as it over-rides different meanings of words and symbols and language difficulties (Idler and Benjamini, 1997). Its tendency

to include diverse experiences could also become its shortcoming, but given its primary usefulness, self-perceived health can be used in surveillance of the health of the population, to assess needs, interventions and their effectiveness (Naidoo and Wills, 2005; Rona et al., 2006).

Moreover, it is believed that "the social conditions in which people live powerfully influence their chances to be healthy" (WHO, 2004:1). Without doubt, parenting effectiveness can be impaired by a physical illness or psychological disorder: hence, health is an indispensable parental resource. Culley and Dyson (2010: vii) observed that whilst minority ethnic groups experience the same range of illnesses as the majority ethnic population, many within such groups consistently report worse health than the general population. Further evidence shows the prevalence of some specific conditions (such as higher rates of heart diseases and diabetes) within some minority ethnic groups (Sproston and Nazroo, 2000; Graham, 2007; Culley and Dyson, 2010).

Notwithstanding, individual health is influenced by many factors, such as age, constitutional characteristics, health behaviours, living and working conditions, food supply and access to essential goods and services, as well as the economic, cultural and environmental characteristics of their society (Dahlgren and Whitehead, 2007). Graham (2007: xi) shed further light on this, asserting that "some people have a better chance of living a long and healthy life than others". This suggests there are health inequalities in the

UK, and the Pakistani communities might be experiencing a measure of such inequality (Graham 2007; Culley and Dyson, 2010).

4.8.1 Exploring known facts of the health of BME families

Numerous factors (positive health, protective factors and risk factors) could influence BME families' health. Generally, positive health factors would contribute to, or promote the maintenance of optimum health (Dahlgren and Whitehead, 2007). For example, health technological advancements have improved the provision of increased healthcare services (protective factors), which in turn has promoted positive health and well-being (i.e., reduced risk conditions) of women and children (Redshaw and Heikkila, 2010). BME communities would also have benefited from these. Health inequalities remain a huge challenge, especially the health of socioeconomic groups (Graham, 2000; Graham, 2004; Graham and Kelly, 2004). The South Asian communities, especially Pakistanis and Bangladeshis, along with African-Caribbeans, were groups identified as being socioeconomically disadvantaged, having higher rates of poor health and chronic illness than the white majority (Graham, 2004). Since, the present study includes only women of childbearing age, it is crucial to explore existing knowledge about their health experiences to ascertain how this might influence their parenting practices.

4.8.2 BME women's experience during pregnancies

Studies have identified ethnicity as one of many factors affecting childbirth and neonatal outcomes, subsequent to a normal pregnancy (Lydakis et al., 1998; Patel et al., 2003). Factors such as gestation age, birth weight, rate of complications and the health of both the mother and baby after birth have been linked to ethnic origin (Lydakis et al., 1998). BME families experience pregnancy (labour, gestation period, fetal maturation, etc.,) differently from their white colleagues (Tuck et al., 1983; Kurji and Edouard, 1984; Papiernik et al., 1986; Papiernik et al., 1990; Pearson, 1991; Omigbodun and Adewunmi, 1997; Patel et al., 2003). This also suggests that racial and ethnic identities may well influence childhood development (Chavez and Guido-DiBrito, 1999).

A London-based study of over 122,000 pregnancies with spontaneous onset of labour conducted by Patel et al. (2003), investigated gestation age and fetal maturation, and found ethnicity differences in the normal gestation period. The study utilised St Mary's Maternity Information system (SMMIS) database, which covers eighteen out of twenty hospitals in the former North West Thames Region since 1988 (Patel et al., 2003). With self-reported ethnicity data, the study utilised the White European (93, 370) as the control group, against the Black (African and Caribbean) (7853) and Asian (Indian, Pakistani and Bangladeshi women) (16,192) singleton pregnancies, which were examined for gestational differences. Their findings suggested a shorter normal gestational period (by about 5 days) for Asian and Black women as compared with White European women. Their finding confirmed the

former, revealing the presence of meconium stained amniotic fluid (first faeces of newborn baby), as a sign of fetal maturation. This was prominent in preterm Black and Asian infants and full term Black infants compared to white European infants, suggesting earlier fetal maturation may occur in Black and Asian babies (Patel et al., 2003). This study showed differences in gestation and possible fetal maturation period. It did not explore why these differences exist.

4.8.3 BME infants birth weight and perinatal outcome

Some researchers have judged birth weight to be a key determinant of perinatal outcome (Madeley, 1982; Kurji and Edouard, 1984). Several studies, which compared the birth-weights of infants born to women from different ethnic groups tended to find minority ethnic infants to have low birth weights, and significant differences were also found in birth-weight between children of women born in different countries (Pearson, 1991). Between 1982 and 1985, low birth-weight was recorded as common, particularly among women born in East Africa and less so among births to women born in the UK and Ireland (Balarajan et al., 1989; Pearson, 1991).

A study conducted in a relatively affluent area of West London by McFadyen et al. (1984), compared infants born to Hindu (664), Moslem (132), and European (486) women. The researchers found Asian women (Hindu and Moslem) were much smaller, and their gestation period was shorter than the European women. The study also examined the relationship

between birth-weight and other factors and found infants born to Hindu and Moslem women were lighter than the European infants, although after adjusting for biological and social factors such as maternal weight, height, smoking etc., only the Hindu infants remained lighter, while infants born to Moslem women and European women were similar. Since a higher proportion of perinatal deaths were observed among ethnic minority groups (Raleigh et al., 1990; Bundey et al., 1991; Lyon et al., 1994; ONS, 2008), the research suggested where there is a high level of low birth weight, there is usually a corresponding increased level of perinatal deaths (Kurji and Edouard, 1984).

The study undertaken by Kurji and Edouard (1984) explored ethnic differences in pregnancy outcome. The study used data on the incidence of low birth weight and perinatal death rate from published data of the Office of Population Census and Surveys, and found that the perinatal death rate worsened with a higher incidence of low birth-weight. However, they observed areas where there were a large number of New Common wealth and Pakistani births that had low perinatal mortality rates, despite the high recorded incidence of low birth weight. They concluded that in such areas, the relationship (of high level low birth weight, yet, low perinatal death) is more complex.

In terms of what might be responsible for low birth weight, Eaton et al.'s (1984) study examined the nutrient intake of pregnant Asian (from the Indian subcontinent) women in Birmingham, UK. It used the weigh and

recall techniques, at five-weekly interval from 18-38 weeks of pregnancy. The study found low nutrient intakes in the Asian women compared with previous studies and a lower European Recommended Daily Allowance (RDA) during pregnancy (Eaton et al., 1984:466). The energy intakes of some of the women were reported to be extremely low. In one instance the woman was observed neither to be particularly underprivileged nor fasting. Whilst this study identified this unique problem of low nutritional intake among Asian women, it failed to examine why this was so. For example, could it be due to the small frame (stature) of these women, or an inability to take in and retain nutrients in pregnancy?

Gilles et al (1984) undertook a retrospective study, which examined the stillbirth and infant mortality rates in Bradford and compared the Asian with the non-Asian community. They gathered data regarding "all births and infant deaths occurring within a health district" and obtained detailed information from maternal and neonatal notes, hospital and coroners' necropsies, and death certificates. They also conducted bimonthly perinatal mortality meetings, where stillbirths and neonatal deaths were discussed (Gilles et al., 1984: 214). They observed mortality patterns in three categories: stillbirths; early neonatal deaths at under one week; and infant deaths from one week to one year. They also observed rates and patterns of congenital abnormality within these three categories. Their study consistently found a higher level of mortality in the Asian population that persisted until the end of the first year (Gilles et al., 1984: 214). This finding corresponds with other research that shows that the high risk of death for

babies born of Pakistani mothers continues into the post neonatal period (Pearson, 1991). The researchers also noted that stillbirth and early neonatal death rates from congenital abnormalities were twice and almost four times higher respectively in Asians than non-Asians, with the prominence of multiple congenital abnormalities (Pearson, 1991: 89).

A more recent study conducted by Gray et al (2009) of the National Perinatal Epidemiological Unit, seeks to understand the variations in infant mortality rates between different ethnic groups in England and Wales. The study confirms a substantial level of inequalities in infant mortality rates exists between White and ethnic minority groups in England and Wales. Also, the authors confirm that Caribbean and Pakistani babies were more than twice as likely to die before the age of one and the Pakistani group had the second highest infant mortality rate of all ethnic groups (Gray, 2009 : 1-2). This is consistent with other findings of high mortality throughout the first year of life in Pakistani families (e.g., ONS, 2008). Half of all infant deaths in the Pakistani group, in contrast, were due to congenital anomalies - mortality in the Caribbean families being particularly high only in the first month of life, and due mainly to low birth weight. About a quarter of infant deaths in White families were attributable to congenital anomalies and some to low birth weight (ONS, 2008). The National Child-Birth Trust (NCT, 2008:2) summary report on Social Inequality in Maternal and Perinatal Mortality observed that Black African women had the highest proportion of maternal deaths of all ethnic groups. Women from minority ethnic groups in

comparison to the majority group were also found not to fare well with other pregnancy complications.

The results from a Canadian study by Rey (1997), which compared preeclampsia and neonatal outcomes in chronic hypertension between white (208) and black (74) women indicated that Black women with chronic hypertension when compared with White hypertensive women have a higher rate of superimposed pre-eclampsia (Rey, 1997; Lydakis et al., 1998). Chappell et al. (2008) explained that in the UK, pre-eclampsia complicates about four to six per cent (33, 500) of pregnancies annually - and that "it remains a major cause of maternal, fetal, and neonatal morbidity and mortality …" (Chappell et al. (2008:1002).

Further pregnancy complication among ethnic women was identified in a UK retrospective study conducted by Lorigan and colleagues. The study examined the incidence and characteristics of women who develop a second (or recurrent) molar pregnancy after a previous episode. Molar pregnancy is defined in the free medical dictionary as an abnormality during pregnancy; chorionic villi around the fetus degenerate and form clusters of fluid-filled sacs; usually associated with the death of the fetus. The authors found a trend towards an increased risk of second molar pregnancy in Indian/Pakistani women when compared with Caucasian women (Lorigan et al., 2000: 291). All these studies point to the health challenges faced by BME women when pregnant or giving birth. Research evidence has also raised concerns regarding the "many rare abnormalities, serious or fatal genetic recessive

disorders, congenital heart malformations and terrible disabilities" found in children originating from certain ethnic backgrounds, particularly prevalent among children whose parents are involved in, for instance, consanguineous or blood-relation marriages (Hasan, 2009: 277; Shaw, 2009). This, however, does not explain the possible reasons for other minority ethnic groups, although migration, diet, health behaviour, social and health inequalities, among others, have been suggested.

4.8.4 Socioeconomic inequalities in health

The studies mentioned above and most of the health-related research evidence indicate a significant level of health challenges in pregnant ethnic minority women, some suggesting higher mortality rates. Others reported higher levels of physical and psychological ill health among the BME groups in general (NIMHE, 2003; ONS, 2008). Consequent to these reported health problems, ethnic minority groups are usually discussed in the literature as a pathological community (Phoenix and Husain, 2007; Robinson, 2007). However, these findings may indicate that other factors or conditions and/ or poor services may be responsible for the diverse health and social challenges faced by ethnic minority groups (Kurji and Edouard, 1984). The issues may, in fact, lie in inequalities in health and social life, that is, in the social advantages enjoyed by some and the disadvantages others endure, and much more (Graham, 2007; Gray et al., 2009). For example, Gray et al (2009: 5) cautioned against putting forward theories or conclusions that fail to consider "…such factors as culture and acculturation, experience/perception of

racism, gender inequality, maternal stress, and putative biological (genetic) differences between ethnic groups. In general, these theories also fail to adequately integrate these factors (along with more 'traditional' risk factors) into life-course models, which capture the cumulative, personal, trans-generational and historical disadvantage." This shows a complex relationship between ethnicity and health outcomes, rather than solely maternal unhelpful practices hampering their health outcomes.

Besides, some evidence indicates that minority ethnic groups, more than their White counterparts, often display favourable behaviour such as higher rates of breastfeeding and lower rates of smoking and drinking alcohol during pregnancy (Erens et al., 2007; Hawkins et al., 2008; Mcfadden, 2009). Some minority ethnic women may not fall into this category, if they have resided for a long time in the UK, indicating acculturation, and have engaged in risky health behaviours (Hawkins et al., 2008).

It is also possible that other issues might explain health inequalities among ethnic minority families. For instance, standardised or generalised treatment and interventions, common tools for measuring and screening various aspects of health, quality of life, social measures, etc., may need to become more adaptive, culture-specific and of acceptable quality for use with ethnic minorities (Fischbacher et al, 2001; Nazroo and O'Connor, 2002; Bhopal et al, 2004; Williams, 2007). This was exemplified in Duff et al's (2001) study. When the authors realised there was a lack of quantitative data evaluating measures of satisfaction with maternity care in women from minority ethnic communities that provided numerical estimates of outcomes (p.216), they

developed a new Sylheti (a dialect of Bengali that does not have a widely accepted written form) questionnaire - the survey of Bangladeshi women's experience of maternity services (SBWEMS). The "Sylheti and Bengali languages differ sufficiently for Sylheti speakers to have difficulty understanding Bengali": nineteen out of twenty Sylheti-speaking women could not comprehend the questionnaire in the Bengali version (Duff et al., 2001: 216/7). This study is discussed further below.

Arguably, every woman, irrespective of ethnicity, experiences pregnancy differently (DH, 2009b) and requires adequate, person-centred pregnancy care with necessary screening (ACOG, 2006). However, since research evidence abounds, confirming various pregnancy complications with minority ethnic women, and establishing different experiences in pregnancy gestation age, fetal maturation etc., this should indicate that pregnancy care for women belonging to the BME groups needs to be of high ethnic quality and sensitivity. For instance, research evidence has found associations between age of pregnancy at the commencement of antenatal care and outcomes for mothers and babies (Gortmaker, 1979; Ryan et al., 1980; Rowe and Garcia, 2003). It should provide antenatal services geared to the stage of pregnancy at the time women attend or interventions that are geared appropriately to solving the problems. This might require service improvement to address the specific challenges facing particular groups, and can effect the prevention and early detection of problems (Balarajan and Botting, 1989; Bundey et al., 1991).

In a similar vein, Gray et al. (2009) suggested help should not be limited to ethnic minority women of child-bearing age, but across age groups, within the minority ethnic population. In their exploration of why UK-born Pakistani babies have high perinatal and neonatal mortality rates, Bundey et al (1991), conducted a prospective study with 4934 babies from different ethnic origins – in which they suggested the referral of Pakistani women for expert ultrasonography at 18 to 20 weeks of pregnancy. This may be the period they are most susceptible to developing complications. Presumably, this would help prevent, or detect problems early, in this group. Such a venture might be particularly worthwhile, as close-knit communities allow health professionals to reach people in larger numbers.

4.9 Cultural competence in healthcare

Such action may necessitate working beyond the general proviso of antenatal care. Health professionals would need to develop a cultural awareness (Leishman, 2004) and cultivate the necessary 'attunedness' to the cultural disposition of their clients and how this might affect the care given to members of the ethnic communities during pregnancy and thereafter. A Scottish study by Leishman (2004) on the perspectives of cultural competence in healthcare revealed that health professionals were aware of profound limitations in their knowledge of other cultures. Box et al (2001) found ambivalent attitudes towards race, and this became evident in the way professionals treated BME parents and children.

The Page et al., (2007) and Redshaw and Heikkila (2010) studies found ethnic minority parents reported differences in their experience of care. They complained of being treated with little respect and poorer professional communication. For professionals to become more culturally aware and maintain cultural sensitivity is, in accordance with the concept of Evidence-Based Medicine, defined as "The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (Sacket et al.,1996: 71), from which Evidence-Based Practice (EBP) is derived. Health professionals' willingness to work in partnership with BME women is a requisite to providing ethnic-specific-pregnancy-care (Davis et al., 2002).

By employing the knowledge in their professional practice with the evidence of research that so far has revealed ethnic differences in the experiences of pregnancy, and in conjunction with the expertise of BME women (derived by extracting required ethnic specific care information from them) professionals should ensure these women receive the necessary care appropriate to them and to the stage of their pregnancies. In general medicine, EBP emphasises that health professionals realise that someone suffering from a particular disease is an expert on what it is like to be in that condition.

Similarly, ethnic minority women are 'experts' in their ethnicity-related needs, and should be appropriately involved in developing their own care. As advocates of EBP have asserted, such practice would involve "a shift in the culture of health care provision away from basing decisions on opinion,

past (routine) practice and precedent towards making more use of science, research and evidence to guide clinical decision-making" (Appleby et al., 1995:150).

These issues are critical to consider, as they emphasise the need for cultural competence in practice and elaborate the requirement for more equitable healthcare services and environments (Dedier et al., 1999). In addition, the cumulative effects of sickness, structural challenges, feelings of being treated with little respect, living in a hostile environment etc., can influence effective parenting practices of ethnic minority mothers (Benjamin, 2009). Ethnicity and socioeconomic positioning of ethnic minority mothers is multidimensional, complex and can impinge on parenting practices.

4.10 Health behaviours among BME groups

Conner (2001: 6506) defined health behaviours as any activity undertaken for the purpose of preventing or detecting disease or for improving health and well-being. Hence, the frequency of key health behaviours (such as alcohol use, smoking, diet, exercise, screening, sexual behaviours) are often examined. A few studies have suggested that poor people behave poorly (e.g., Lynch et al., 1997). In general, the literature records lower alcohol consumption and related problems among the BME groups compared to the majority group (Purser et al., 2001; Orford et al., 2004; Heim et al., 2004; Jayaweera and Quigley, 2010; Jayaweera, 2011). Culture and religious beliefs are some of the main reasons for this. Heim et al's (2004: 221)

reports on the alcohol-related findings of a survey of 16 to 25-year-old Indian, Pakistani and Chinese young people living in the Greater Glasgow area, there were 174 participants in this study. They gathered data via face-to-face interviews utilising the interviewer-administered questionnaire conducted with a purposive sample of young people from the Pakistani (73), Indian (47) and Chinese (54) communities. They found lower consumption of alcohol compared to the general population in the age group surveyed. However, the presence of alcohol consumption was found to be existent and possibly increasing in the targeted age group when compared with research findings of older populations of the same ethnicities (Heim et al., 2004).

In a similar vein, Cooper and Khan's (2007-online) article reviews alcohol consumption and tobacco smoking amongst South Asian Indians in Britain. Their review of eighty-five articles found increased (mis)use of alcohol and increased tobacco smoking among South Asians, especially Indians, both male and female. They suggested that the stress of settling in another country other than the immigrants' familiar terrain could be responsible. Whereas peer-pressure is blamed for young people's drinking and smoking behaviour, that is, a result of external influence of the society or friends outside their ethnic community and also of own ethnic-friends who drink alcohol (Heim et al., 2004; Cooper and Khan, 2007). It may also be that, as mentioned above, these participants wanted to fit-in, and were therefore eager to be part of the new culture (an indicator of acculturation), as they might believe it is expected of them to fit-in, in order to survive life within the UK.

The above studies did not give any indication of specific BME women's health behaviours. Other research evidence suggests that women from the BME groups are less likely to smoke and or consume alcohol compared to their white counterparts (Erens et al., 2007; Hawkins et al., 2008). For example, Hawkins et al's (2008) study compared smoking and alcohol consumption during pregnancy and after birth initiation and duration of breastfeeding among 8588 British/Irish white mothers and BME mothers, who were part of the Millennium Cohort Study. They also examined how indicators of acculturation – measured by generational status, length of residency in the UK and language spoken at home – were associated with smoking and alcohol consumption (Hawkins et al., 2008:1053).

Their study findings confirmed that minority ethnic women were less likely to smoke or consume alcohol - probably for cultural and religious reasons (Orford et al., 2004; Gill et al., 2007) - but were more likely to initiate breastfeeding for a minimum period of four months. Among ethnic minority groups, first and second generation mothers were more likely to smoke and less likely to initiate breastfeeding for a minimum of four months. They found that immigrants became more likely to commence smoking during pregnancy for every five years they have spent in the UK, inculcating the 'Western' norm. Thus, they concluded that, "after immigration, maternal health behaviours worsen with length of residency in the UK" (Hawkins et al., 1052/5).

Some studies conducted outside of the UK and USA (for example, in Germany and Turkey), found younger women, with a lower SES, and having a number of children in their families (i.e., a number of previous births), and having a partner who smokes or, without a partner, and lacking adequate prenatal care, were more likely to smoke during pregnancy (Schneider and Schütz, 2008; Ergin et al., 2010). The Turkey-based study also found migration was a risk factor in daily smoking (Ergin et al., 2010).

4.11 Pregnant BME women engagement with pregnancy-related services

Maintenance of good health in pregnancy for both mother and child requires considerable antenatal care. Some research evidence has indicated that social disadvantage and ethnicity account for most of the BME women's experiences (Petrou et al., 2001; Kupek et al., 2002; Rowe and Gracia, 2003). Some women from socially disadvantaged groups, who were associated with established increased risk of poor pregnancy outcomes, were more likely to have complex health needs, linked with poor antenatal attendance. Hence, they were also less likely to access and receive the care they required (Rowe and Garcia, 2003; NCT, 2008).

In a systematic review of studies assessing the association between attendance for antenatal care and women's social class and ethnicity, Rowe and Garcia (2003) found that eight studies, reported in nine papers addressed this question. Three out of the five studies, which examined the link between antenatal attendance and social class, found that women from lower social

classes were more likely to book late for antenatal care and or make fewer antenatal visits than affluent women. The other two studies did not show significant social class differences, and they claimed that the small number of participants in some of the groups made assessment of any association difficult (Rowe and Garcia, 2003: 118). Four out of five studies reported association between antenatal and ethnicity – all finding women from Asian origin more likely to book late for antenatal classes than White women. One study that examined the number of antenatal class attendances found women from Pakistani origin made significantly fewer visits than White British women (Petrou et al., 2001; Kupek et al., 2002; Rowe and Garcia, 2003).

Researchers have acknowledged, and raised concerns regarding health inequalities, experience of health care environments and barriers to accessing healthcare (The Black report, 1980; Nazroo, 1997; Aspinall and Jacobson, 2004; Szczepura, 2005; Hawkins et al., 2008). These could have 'knock-on effects' on attendance of antenatal classes in the UK. Another obvious barrier is language, because professional-patient communications will be largely limited [with or without interpretation], especially on intimate matters of pregnancy. Some ethnic women may also lack the knowledge of what is available and how to access services required, due to illiteracy and or inability to communicate in English (Chaudhry et al., 2011). This, of course, is more pertinent to recent immigrants, asylum seekers, immigrants who could neither read nor speak English (Rowe and Garcia, 2003; Lavender et al., 2007). In addition, young maternal age, level of education, maternal mental health, lack of support, and circumstances surrounding the

pregnancy, e.g., out of wedlock (particularly in traditional ethnic families) are other possible reasons for non-attendance or late antenatal attendance. These are issues worth exploring with ethnic families, as poor antenatal attendance could have an adverse effect on the mothers and their unborn children (Rowe and Garcia, 2003).

4.12 Exploring BME women's perception of healthcare services

Despite the dire need, only a few studies have explored the perception of BME women and their response to the diverse services available to them during pregnancy, and how (and why) they have engaged or not engaged with such services.

Duff et al (2001) partly attempted this when they evaluated satisfaction with maternity care in women from minority ethnic communities within four hospital settings providing maternity services in London, using a two-stage, psychometric study. At the first stage, in focus groups, in-depth interviews were utilised, followed by a second stage of quantitative psychometric methods. All Bangladeshi women who gave birth at four hospitals in the west, north and east London between June and October 1997 were eligible. Those excluded were women who had stillbirths or neonatal deaths, a baby requiring care in the special care baby unit or a baby given up for adoption. By using a consecutive sampling strategy, they identified women from their obstetric discharge records and had two purposive samples of 40 women in the antenatal and postnatal phase. One convenience sample of six women in their antenatal phase and three consecutive samples of 60 women in the

postnatal phase participated in stage one. In stage two, 135 (main sample) eligible women were interviewed two months (plus or minus two-weeks) after a live birth. Fifty women in the retest subsample were re-interviewed two weeks after the initial interview (p.217). This was the study mentioned above, that adapted and developed a Sylheti-questionnaire for ethnic minority women. This study showed the need for and the possibility of adapting an existing measure for cross-cultural purposes. They achieved this by utilising three key components: a qualitative investigation of women's views to guide the adaptation process; use of international gold standard methods for translating and adapting a measure for cross-cultural use; and the use of standard psychometric techniques to evaluate the reliability and validity. Unfortunately, their findings focus more on the acceptability, validity and reliability of the 121-item questionnaire, and women's perceptions (and experiences) of the maternity services were not dealt with.

Some other studies have tried to understand why there is a low uptake of maternity-related services among BME women. In a prospective study of 1499 pregnant women in two UK hospitals, Dormandy et al (2005: 347) assessed whether lower uptake of prenatal screening for Downs syndrome in women from minority ethnic groups and socioeconomically disadvantaged groups reflects negative attitudes towards undergoing the test or greater inconsistency between uptake and attitudes. The authors found higher uptake in white and socioeconomically advantaged women than others. They found no difference in attitudes towards undergoing the test. They also found lower uptake of screening for Downs syndrome in minority ethnic and

socioeconomically disadvantaged women. South Asian women that had positive attitudes were less likely to act in accordance with their attitudes than white women with positive attitudes. This lower rate of informed choice was thought probably to be due to a failure to offer the test to the BME women, or a decline of the offer, or both (Dormandy et al., 2005: 350).

In a systematic review of UK studies, Rowe et al (2004) assessed social inequalities in the rates of prenatal screening according to social class and ethnicity. The review included studies published after 1979 that assessed the provision and uptake of screening or diagnostic tests for pregnant women (Rowe et al (2004: 180). They reviewed nineteen studies reported in twenty papers, covering screening and or diagnosis for Downs syndrome, neural tube defects, haemoglobin disorders and HIV. Out of these, they found ten of the studies reported data on socio-demographic factors associated with testing being offered or received (Rowe et al., 2004: 180). Nine studies reported on utilisation or uptake of screening or diagnosis for Downs syndrome or neutral tube defects, and one suggested utilisation of testing was significantly lower in Asian women than White women. Two studies were found to have indicated that utilisation and uptake of screening and diagnosis were lower in Asian women. Another of their studies indicated that both acceptance of screening and uptake of amniocentesis were lower in Asian women. A small number of studies suggested that South Asian women might be less likely to be offered testing for haemoglobin disorders and Downs syndrome, thus raising serious questions about equity in the

availability of prenatal screening to all pregnant women from all ethnicity (Rowe et al., 2004; Graham, 2007).

Overall, most of the research evidence has signalled diverse health challenges, starting from pregnancy for the ethnic minority women in comparison to their White counterparts. It might be of benefit to know how these challenges affect the women after delivery and onwards, and how it might affect their parenting patterns.

4.13 BME groups' experience of mental health problems.

Mental health problems are commonly reported occurrences worldwide. In general, no society, ethnic group or culture is immune from them (Barbato, 1997). In England, one in four adults experience a diagnosable mental health challenge (Singleton et al., 2001), and one in six experiences this at any given time (ONS Psychiatric Morbidity, 2001). Moreover, Britain has been described as an unequal country, more so in relation to gender, age and ethnicity (Graham, 2007; National Equality Panel (NEP), 2010). People from BME communities face immense challenges emanating from inequality, social exclusion and social deprivation, such as direct racial discrimination, poverty, living in poor housing in deprived areas, lack of adequate support systems and unemployment. Additionally, higher levels of chronic illnesses such as diabetes, and higher levels of infant mortality contribute to stress within BME families (Greene et al., 2008). These can exacerbate the experience of mental health problems (Butt and Box, 1998; ODPM, 2004;

JRF, 2007; Utting, 2007; Gervais, 2008). Taking the issue of support system as an example, childbirth is a significant life event that permanently changes women's roles and status (Seel, 1986; Oates et al., 2004), but for BME women (as non-Westerners in a Western society) it is a significantly located experience. Since, giving birth in a different environment from their own familiar terrain limits their access to the usual childbirth rituals - the familiar cultural provision, guidance and social support readily available in their home countries (Oates et al., 2004).

A perspective put forward by Putnam (2000) also suggests that ethnicity is the key contributor to diminished social capital networks. Anto-Awuakye (2009: 23) reckons that geographical relocations and distance from one's homeland creates an unstable foundation for sustainability that provides social support, even though these provisions might offer protection against depression in BME women's countries of origin. Seel (1986:182) termed these the 'birth rituals', which mark the transition to parenthood. However, just as majority standards should not be used to judge minority behaviour, so also minority behaviour and or experiences should not be judged entirely by the standards or customs in their own countries, as they are currently located within a multi-cultural environment, which might require some adapting, adjusting and flexibility (Berthoud, 2001). An adequate knowledge of minority ethnic standards or customs will allow relatively acceptable interventions and or perspectives that afford BME groups some reasonable level of comfort and social values (Hoang et al., 2009).

Oates et al. (2004) undertook a qualitative study of postnatal depression across countries and cultures to explore whether postnatal depression is universally recognised, attributed and described and to find out people's perception of the remedial measures necessary for morbid unhappiness within the context of local services (ps10). Their study took place in fifteen centres in eleven countries (Austria, France, Italy, Ireland, Japan, Portugal, Sweden, Switzerland, Uganda, UK and USA). They recruited three different groups of informants - new mothers from health centres, parental support groups, nurseries, crèches etc., relatives (grandmothers and grandfathers) and health professionals. The authors piloted the informant interviews in different cultures and countries and in a variety of languages. For about a year, the interview guide was refined to accommodate meanings and other cross-cultural equivalences.

The researchers received assistance in the technique of informant interviewing (s11). Each centre conducted a similar form of enquiry: focus groups of between four and six women with babies aged 5-7 months, interviews with three fathers, three grandmothers of babies, three clinicians and three health planners/ administrators in positions of influence.

Their findings reveal some common themes on the contributors to happiness and unhappiness (s14). For example, during pregnancy, physical illness and discomfort, tiredness, lack of sleep, unsympathetic maternity staff, with little time to talk [raised by all European centres and by the UK Asian groups], and physically traumatic delivery were common issues raised as a source of unhappiness. After birth, crying babies, difficulties in feeding (breastfeeding

was not mentioned as an issue for Asian and Ugandan groups), loneliness, lack of emotional and practical social support, poor relationships with partners, family conflict and tiredness emerged strongly from all centres as causes of unhappiness subsequent to birth. Surprisingly, mothers-in-law were cited as a source of unhappiness following delivery in every centre (except in Sweden). The authors mentioned how this was "eloquently" described by the UK Asian and Japanese women. Only the Ugandan women mentioned conflict concerning sexual activity after delivery. The UK Asian women and new mothers in Uganda emphasised infidelity on the part of the husband, as a source of unhappiness. Grandmothers in these countries also expressed this view (Oates et al., 2004: s13).

The authors also found that while morbid unhappiness was widely recognised by participants in all centres, it was not described as 'postnatal depression' in Portugal, Switzerland, Uganda and by the UK Asians (s.13). Most centres saw a lack of social support, family conflict, sleeplessness and problems with the baby as a cause of postnatal depression – while social support from family (and in Europe, friends), practical and emotional support from partners and having someone to talk to were universally expressed as the remedy for postnatal depression. Only in the USA did they make mention of antidepressants. Across all the centres, relevant professionals (health visitors, mental health professionals and psychologists) were mentioned as potential helpers. However, the UK Asians did not regard professional or medical help as appropriate (Oates et al., 2004: s13).

The view of the health professionals in the study was consistent with the other participants in terms of the aetiology of morbid unhappiness as being predominantly psychosocial. However, views differed in relation to the "morbid unhappiness as representing a spectrum of severity with different causes and solutions" (s.14). Professionals spoke of 'more resources and more professionals' and increased need of talking therapies as solutions for morbid unhappiness. UK professionals mentioned the need for more counsellors, mental health professionals and more training for health visitors. The authors were surprised at the "lack of awareness among health professionals in the UK about Asian women's needs" (s.14). They observed that professionals' acknowledged the Asian group's increased and specialised needs, but assumed the extended family was protective, whereas, the women themselves saw it as a source of difficulty. This view is supported in other studies (e.g., Shah and Sonuga-Barke, 1995 and Sonuga-Barke and Mistry, 2000). Consequently, they suggested that health professionals need to go beyond the perceived translation services and provision of female doctors for Asian women (Oates et al., 2004).

Lorna Templeton and her colleagues explored the experiences of postnatal depression in women from BME communities in Wiltshire, UK. They collected data from six women from various minority ethnic groups who had given birth within a six-month period of 1999 using semi-structured interviews. They also conducted two focus groups sessions with about a dozen women across the region with current and past experience of postnatal depression. Both methodologies (interviews and focus groups) combined,

provided qualitative data from about twenty women (Templeton et al., 2003: 212). They conducted telephone and face-to-face interviews with health professionals (GPs and health visitors) who worked with the women (Templeton, 2003). Their study identified three broad areas, mentioned by the women; a fourth 'other' category was created to accommodate other issues raised. The main themes identified were issues specific to pregnancy and birth, issues in relation to health care and issues specific to culture (Templeton et al., 2003: 212). These are congruent with the issues already discussed above.

4.13.1 Paternal depression among BME families

A lot of emphasis has been placed on maternal postpartum depression in the UK, but there is a dearth of research into paternal postpartum depression (Ramchandani et al., 2008; Paulson and Bazemore, 2010) and particularly on paternal depression among BME families (Greene et al., 2008), and how the condition, might impinge on their capability to parent their children. It is commonly acknowledged that men from African-Caribbean origin and Black British born men are more likely to be diagnosed with serious mental health problems, such as schizophrenia, than the general population. They are also more likely to be involved in coercive mental health interventions and are also over-represented in the criminal justice system (Lelliott et al., 2003; Keating, 2007, Greene et al., 2008). But, men from Indian and Chinese ethnic groups are less likely to be admitted to mental health services (Suresh and Bhui, 2006).

In essence, the negative experiences of children could increase and perpetuate due to the absence of fathers with mental health problems and fathers who are locked away (in mental institutions) for similar reasons (Greene et al., 2008). In a recent USA meta-analytical review, Paulson and Bazemore (2010) examined prenatal and postpartum depression in fathers and their association with maternal depression. The studies in the review dated from January 1980 to October 2009 and assessed paternal depression during pregnancy, the first postpartum year or both (Paulson and Bazemore, 2010: 1962); this yielded forty-three studies involving 28,004 participants. The overall meta-analytic rate of paternal depression between the first trimester and one year postpartum was just over ten percent (10.4%), suggesting paternal prenatal and postpartum depression are significant public health concerns. They observed the timing of the fathers' experiences, and found that fathers experienced the highest rates of depression three to six months postpartum. A few studies measuring paternal depression during this time suggest some sort of caveat in the interpretation. For example, the USA had a high paternal depression rate (14.1%) whereas the international rate was 8.2%. It was suggested that paternal depression is significantly more prevalent when the woman is also depressed (Pinheiro et al., 2005). In Brazil, fathers' rates of depression were found to be higher after the birth than before it (Huang & Warner, 2005).

A UK study by Ramchandani et al (2008), examined the association between depression in fathers in the postnatal period and later psychiatric disorders in

their children. It also investigated predisposing factors for depression in men, following childbirth (p390). The population based ALSPAC study cohort of 10,975 fathers and their children were recruited in the prenatal period and followed up for seven years. The author assessed paternal depressive symptoms with the Edinburgh Postnatal Depression Scale, and later child psychiatric disorder (DSM-IV) with the Development and Well-Being Assessment (DAWBA). Participant fathers were assessed in week 18 of their partners' pregnancy and at 8 weeks, 8 months and 21 months after the birth of their infant. Their children were assessed at ages 6 years (81 months) and 7 years (91 months) by maternal and teacher report (p393). Questionnaires measuring children's emotional and behavioural functioning (the Strengths and Difficulties Questionnaire) was used at age 6 years while a structured psychiatric questionnaire (the DAWBA) was administered at 7 years of age. The authors found that depression in fathers in the postnatal period was significantly associated with psychiatric disorder in their children seven years later. This was independent of maternal depression (p390).

4.14 Conclusion

This chapter examined the contextual factors that could impinge on parenting practice. It explored how diverse health and socio-cultural challenges confront and affect the BME communities. The evidence seems persuasive enough to suggest that BME families face real difficulties. What is missing is the influence of these factors on BME parenting patterns. This is the focus of the present study, as an understanding of the culture and parenting of such groups is imperative to understanding their practices. In

order to understand the cultural meaning of south Asian parenting, the next chapter explores the available literature on Pakistani families.

CHAPTER 5

REVIEW OF PARENTING IN PAKISTANI FAMILIES

5.1 Parenting in South Asian (Pakistani) families

"For many years researchers [in US and Britain] were intent on comparing the behaviour and skills of minority children with mainstream children without taking into consideration the cultural contexts in which minority and mainstream children develop" (Rogoff and Morelli, 1989: 346).

5.2 Introduction

The previous chapter examined health and sociocultural factors that could influence parenting practices in minority ethnic families. This chapter specifically explores the Pakistani culture. Culture in the West often considers childhood as a stage of human development that must be protected (James and Prout, 1997), thus it is readily accepted in many western cultures that children have rights to be heard and protected from a harmful societal or adult world. This view is not necessarily shared in other cultures and has raised various questions as to who is in charge of parenting activities and what influences the parenting patterns of some groups (Anto-Awuakye, 2009). There are expectations in the British context, that parents have a responsibility and an obligation to provide emotional nurturing, warmth and a loving environment, which ensures that children's physical, holistic health and wellbeing are catered for (Parenting

Fund, 2007). This can sometimes be difficult for some parents, as it is difficult to access, appreciate and rightly judge the parenting and childrearing practices of a population or social groups, without understanding the cultural values and beliefs surrounding them and knowing how they reflect their uniqueness and establish their cultural practices (Groce and Zola, 1993; Bloomfield et al., 2005). It is only when this is done that we can give meaning to, and/or provide a context for interpreting parenting practices: the following passages attempt to explore this.

There are few available studies of the Pakistani culture in the psychological literature (Stewart et al., 2000), so this review is based on work from a few studies. For example, Stewart and her colleagues undertook some studies, which focused on parenting in Islamic cultures, particularly the Pakistani culture (Obeid, 1988; Stewart et al., 1999, 2000). Sandra Anto-Awuakye's study explored the child rearing practices of South Asian communities (Indians, Pakistanis and Bangladeshis) living in London's East End (Anto-Awuakye, 2009). Irfan's (2004 and 2008) studies examined discipline issues in British Pakistani and South Asian Muslim communities. From a study conducted on *Functional Parenting in Pakistan,* by Stewart et al. (2000) and contributions from other studies, I was able to identify salient characteristics of the Pakistani culture that might aid my understanding and provide a basis for the present study.

5.3 South Asian families' beliefs regarding pregnancy

Largely, Islam and an older South Asian heritage mould the Pakistani culture (Stewart et al., 2002). Pregnancy among Pakistani women is a protected condition, during which women are advised to take exceptional care of their health and well-being, incidentally, not necessarily by health professionals, but by female elders within the group. Freidson (1970) referred to this as the 'lay referral network', to indicate how people with health issues may check out their symptoms with others in their family, or with friends to assess whether or not they should see their doctor (Culley and Dyson, 2010). For instance, for a British Pakistani (Muslim) mother to seek advice from a mother-in-law regarding pregnancy is commonplace (Culley and Dyson, 2010). Some women would follow the advice from mothers or mothers in law, irrespective of whether it was considered to be practical advice or was associated with folk beliefs. Anto-Awuakye (2009: 59) explained how a participant put it, "*My mothers in law said, don't go here and don't go there [during pregnancy]"*.

Other participants in the study explained how they were restricted during pregnancy from undertaking certain household chores (e.g., making Chapatti (mixing dough)) and how some food should be avoided (e.g., spicy foods) or other types of food they should eat. For instance, Anto-Awuakye found some South Asian mothers believed if they ate light coloured food, such as porridge oats, during pregnancy, their babies would be white, but if they had dark coloured food it will cause the complexion of the baby to be dark. This was linked to beliefs across many Asian cultures that physical attraction and

desirability is having a white European complexion and features; hence, light and dark food is linked with light and dark skin, which also relates to the Indian caste system (Anto-Awuakye, 2009: 61). If the majority of Pakistani women hold these beliefs, it is possible that it will affect how they view and attend antenatal classes. It might also reflect on their nutritional choices and attitudes towards certain foods.

5.4 Folk beliefs and pregnancy

Folk beliefs are held dear by Pakistani women. Owing to a folk belief in bad spirits, which must be avoided during pregnancy and after birth, some South Asian women (commonly, Bangladeshis and Indians) may have difficulties with technology in pregnancy, wishing to avoid the transmission of bad spirits through cameras and baby's milk bottles. Pakistani women may be implicated also, as Anto-Awuakye mentioned that they wear the *tawiz* necklace with Islamic scriptural inscriptions, for protection against evil spirits (Anto-Awuakye, 2009).

5.5 Child-birth practices in South Asian families

The South Asian culture has a belief system surrounding the first forty days after birth – "a forty day rest period" when women are taken care of by female members of the family. This is a highly regarded period, even by British born South Asian mothers. They report the vulnerability felt during this period, and agree that the 40-day-rest is a significant part of post natal recovery, as they only have to attend medical appointments during this period. Cultures across the

world express the value of the forty day rest – a time for maternal rest and establishment of routines (e.g. breastfeeding, bonding etc.). In the Muslim tradition, it also has a religious connotation, in conjunction with abstinence from sexual intercourse in the same period, as bleeding is perceived as a period of uncleanliness (Anto-Awuakye, 2009). The evidence from Anto-Awuakye's (2009) study suggests that South Asian women, especially Indians, are aware of folk beliefs, the extent to which it is practised in the Pakistani culture is unknown. However, it is important for those who uphold these beliefs, that the significance placed on folk beliefs for the protection of the mother and child and in sustaining life might affect their health decisions during pregnancy, as they may be ranked higher and could be at variance with the advice and services health professionals attempt to offer these women. It is important to know whether this is the case among Pakistani women, in order to avoid potential confusion and misunderstanding by professionals, because having babies may be a universal biological event for all women, but pregnancy and birth experiences are not (Rice and Nyo, 2000; Cheung, 2002). This seems to occur in a cultural context and to be shaped by views and practices inherent in the parents' culture (Hoang et al., 2008).

5.6 Impact of female elders in South Asian culture

The Pakistani culture has strong family relationships, and places significance on marriage, the extended family and inter-generational families cohabiting in one household (Kathane, 2000; Mand, 2006; Anto-Awuakye, 2009). Within such a setting, the role of female elders - grandmothers, mothers or mothers-in-law – is

predominantly to perpetuate folk beliefs, communicating traditional childrearing practices, including breastfeeding and cultural norms and direct involvement in day-to-day childcare. Pakistani families' childrearing practices revolve around interdependency among the group, and the *"Family 'Biradari' means everything"* (Anto-Awuakye, 2009: 43). [B*iradari* - a word used in Pakistani communities meaning 'brotherhood' - hence, family *Biradari,* is clan loyalty, family unity and kinfolk oneness]. Living arrangements in Pakistani families involve extended families living together in single households, consisting of a large family membership of two or three generations, or families living within close proximity to each other (An-Nisa and Fathers Direct, 2006; Anto-Awuakye, 2009). Usually, leadership in such households is gender biased, male, and by age.

Lau (2003: 95) observed that in the traditional Asian family, relationships are hierarchical between the sexes as well as between the generations – authority is invested in grandparents or the most senior male members. Therefore, in the home, the mother-in-law has a position of eminence, requiring respect and submission of the mother or daughter-in-law. Daughters-in-law are expected to be humble towards them, as children are expected to be towards adults. To show humility therefore, means "not looking a person straight in the eye, and covering the face when one speaks" (p50) – Anto-Awuakye, observed how similar characteristics were identified in research conducted on child rearing practices amongst Ghanaian children: " a child who dared to look an adult in the eye was considered impertinent and rude" (p.50) (Anto-Awuakye, 2000). Harper and

colleagues (1978) also observed that Asians, Indians and Pakistanis tended to avoid gazing or gazed just slightly.

Grandparents in these families were essential participants, who provided support and care, often contributing to child care. Grandmothers play vital roles in providing care and support to mothers during the child's infancy (Anto-Awuakye, 2009). In return, children reciprocate by caring and supporting their own parents in old age. It is also possible that family members share the responsibility of raising children across the family network. Taking care of parents in old age is perceived as dutiful and responsible, irrespective of marital status, social and economic circumstances (Anto-Awuakye, 2009).

With regard to showing humility and not gazing at an elder, it is important to note however, such a demeanour would be interpreted in the British context, either as lacking confidence (unassertive) or avoiding the issue at hand, being evasive (Mercer, 1984). Cultural (mis)interpretation of body language and the meaning attached to a conduct could, therefore, either have a negative or a positive effect in understanding social groups. Robinson (2009: 38 cited by LaFrance and Mayo, 1976) implied this, when it was asserted, "cultural differences in nonverbal behaviour can be a source of miscommunication". This is a particularly noteworthy observation between Whites and non-whites, as much misinterpretation could have consequences for BME group members. For example, if they were involved with the criminal justice system, and in interpreting meaning in professional-clients communication, or attachment between a parent and a child (Bowlby, 1988).

Lena Robinson reported Winkel and Vrij's (1990) study of the frequency and effects of gaze behaviour in cross-cultural interactions between police officers and civilians (Dutch and Surinamers in the Netherlands (Robinson, 2009:44). In the study, the authors observed that the degree of integration of Surinamers into Dutch society did not affect their gaze behaviour, indicating the stability of this pattern of behaviour. The Dutch subjects viewed this black gaze behaviour negatively and evaluated it as more suspicious, less congenial and more tense. The authors noted how the officers misinterpreted nonverbal communication, when questioning a black civilian. They found the civilian averting his gaze incessantly, to show respect to the white officers, who interpreted it (erroneously) as indicative of untrustworthiness and rudeness. The officers made comment that the Surinamers were always lying because, "they never look you in the eye".

5.7 Infant feeding practices among South Asian women.

The South Asian culture appears to view breastfeeding as a positive and an acceptable way of feeding, and South Asian fathers in particular prefer it (Anto-Awuakye, 2009). Breastfeeding is, therefore, encouraged across culture and across generations. In one study, more than ninety percent of Bangladeshi, eighty-two percent of Indian and seventy-eight percent of Pakistani women initiated breastfeeding of their infants (Thomas, 1997; Hawkins et al., 2008). Family support and maternal determination help to sustain breastfeeding in painful periods and difficult times, such as tiredness and lack of sleep. Mothers who were unable to continue to breastfeed for the recommended six months

often expressed regret concerning this (Anto-Awuakye, 2009). In addition, Ingram et al (2003) notes that the gender of the baby, family support and mental health also influenced breastfeeding patterns.

5.8 Childrearing practices in South Asian culture

Generally, the Pakistani culture encourages co-operation with others, and in childhood, obedience, acceptance of the authority of elders, as well as conformity, are much valued (Stewart et al., 1999). The ability to be respectful to the family elders and other people occupying positions of power and authority, such as religious leaders, is considered a serious parental trait on which to raise children (Anto-Awuakye, 2009). The culture and the religious writings emphasise parental responsibilities in raising their children (Stewart et al., 2002).

Stewart et al (1999, cited Obeid, 1988) explained that Pakistani culture highly prized the idea of girls learning to obey and to grow up like their mothers, and boys like their fathers. Accordingly, girls are monitored and supervised cautiously, though also cherished, as they are perceived as 'guests' in their parental homes. Affection may often be lavished on them, 'til they find their future happiness in their husbands' and in-laws' homes (Stewart et al., 2002). It is acceptable for girls to marry at a young age, e.g., in their teens (Irfan and Cowburn, 2004). The roles of both parents are distinct, with the fathers playing the authoritative figure, responsible for discipline; while mothers are the real head of the family to whom children turn to for economic, physical and

emotional support (Bhatnagar, 1983 cited in Stewart et al., 1999; Irfan and Cowburn, 2004).

5.9 The role of religion in South Asian childrearing practices

Religion plays a prominent role in Pakistan, and this is reinforced in child rearing. Central to Muslim families is the regulation of religious practices, such as following the dictates of the Qu'ran (Koran) and praying five times (*namaz*) daily, at sunrise (Fajr), midday (Zuhr), late afternoon (Asr), sunset (Maghrib) and night (Isha) (Abdul-Bari, 2002; Anto-Awuakye, 2009). In a study conducted by Stewart et al. (1999), young Pakistani women (102) were interviewed regarding their perception of parenting behaviours. They found that the traditional values of religion and maintenance of family *Izzat (*pride, honour, self-respect) were emphasised as fundamental values across Asian cultures; it was also acknowledged that it was easier for women and children to bring their family name into disrepute through inappropriate behaviour (Stewart et al., 2002). In order to maintain family pride and honour, good behaviour is a vital requirement. For that reason, *Izzat* was seen as a precursor to acceptable behaviour. Irfan and Cowburn (2004: 89) cited an incident in an introduction to their study on *Disciplining, Chastisement and Physical Child Abuse* as follows:

> *"An Asian girl aged 15 was beaten by her mother with an iron rod to the extent that the girl was covered in bruises. The mother justified the beating by stating that her daughter came home after three days and admitted to sleeping with different men and that she was on drugs.*

According to the mother, the daughter's behaviour was against Asian culture, izzat and religion".

5.10 Child discipline in South Asian Families

In Pakistani families, the idea of *Izzat* is linked to discipline, hence the use of shaming strategies as a childrearing practice, as a child who does not learn to maintain the family honour is likely to dishonour it, consequently bringing shame to the family (Stewart et al., 1999). To this effect, South Asian parents prefer to exert full authority over their children, to prevent dishonour and shame, and keep their status in the community (Irfan and Cowburn, 2004; Irfan, 2008). Absolute obedience is emphasised in childrearing, and the intervention or motives of outside agencies (such as Social Services, government and the NSPCC) is not fully understood, viewed suspiciously, and considered as interference into private affairs (Irfan, 2008). The notion of discipline, particularly physical punishment, remains open to debate in British society, even though it is still widely used as a disciplining technique in most families (Irfan, 2008).

If modern research links poor parenting with negative consequences in child health and wellbeing and also accountable for the social ills of the British society (Gillies, 2008), then, there remains a tendency for some parents to interpret that to mean: "spare the rod and spoil the child" as a means of controlling children's behaviour. Moreover, every society has its own childrearing norms, including the disciplining of children. Understanding what constitutes child abuse is quite

diverse across cultures (Irfan and Cowburn, 2004). Research seems to be particularly inclined to attribute pathological conclusions or negative parenting labels to parents, social, or different ethnic groups that may believe in a different approach to the majority norm (Phoenix and Hussain, 2007; Anto-Awuakye, 2009).

This is because, often, in research the comparison is being made between minority and majority cultures, particularly, how much the minority culture aligns with the majority. It can be argued however, that, researchers rarely venture to find out if the practices within the majority group are acceptable to the minority; otherwise comparisons will only be based on what is acceptable to the majority culture. For instance, physical punishment in some ethnic minority families might be viewed as abusive by western standards, but in fact, forms an acceptable part of parenting and a normative function in childrearing (Irfan, 2008). No form of abuse should hide behind the cultural sensitivity claim, as too much cultural sensitivity may lead to a lack of protection for children at risk of abuse (Irfan and Cowburn, 2004).

A Leicester-based, UK, study of the view of the South Asian communities, by Irfan (2008) explored the group's perceptions of child disciplining and physical punishment. The study did not differentiate between the South Asians who participated. Data for the project was collected through a series of three phone-in radio programmes on the BBC Asian network and was supported by the National Society for the Prevention of Cruelty to Children (NSPCC). In the course of the three phone-in radio shows, topics discussed were "Children and

Violence in the Home", (had 8 calls); and "Smacking" and "Physical Chastisement" (had fourteen calls), making a total of twenty-two calls for content analysis. The analysis indicated that the majority of South Asian parents believed that they "have the liberty and the right to use physical punishment to discipline their children" (Irfan, 2008: 159). The majority of these respondents were observed to have had strong traditional attitudes towards the disciplining of children, believing that parents needed to be strict in order to control the behaviour of their children. Generally, such parents did not believe in excessive physical discipline, which might lean towards violence and abuse. The author commented that many South Asian parents in Britain experienced cultural displacement when they were forced to accept what they considered to be "Western standards" of childrearing practices as appropriate and to reject traditional ones as unacceptable (p160).

In another UK study, Irfan and Cowburn (2004) explored the perception of British Pakistani 16 to 25 year olds about physical child abuse in order to understand more about the values they held in relation to child protection. Out of 150 questionnaires addressing childhood discipline, chastisement and physical child abuse experiences and perceptions distributed through voluntary organisations, universities and one Asian video shop, 52 (50 women, 2 men) questionnaires were returned. The authors discounted the 2 from the male respondents as they were numerically too small for meaningful analysis. The majority, just over fifty percent (52%) of the respondents were Pakistani, originally from Mirpur and from the rural areas of Pakistan. The findings with regards to chastisement revealed slapping as the most common form of

punishment (65%), and of the number of children who had experienced this, nearly half (41%) considered it as part of disciplining and not an act of abuse. About 42% of respondents did not consider spanking as an abusive act. Where abuse was mentioned, siblings scored highest (at 35%), among the perpetrators of physical abuse followed by mothers (33%) and fathers (19%), (Irfan and Cowburn, 2004: 96). The study revealed that participants who had parents from a professional background living in the UK, enjoyed more parental tolerance and that women and children from that class participated more often in the decision-making processes. Overall, the participants indicated that mothers are the principal source of sustenance and love, with whom children generally have deeper emotional bonds and more intimate contact (Irfan and Cowburn, 2004).

5.11 Differences in generations of South Asian parents

In general, first generation Asian parents brought up their children the same way in which they were trained as youngsters in their country of origin (Ghuman, 1999; Robinson, 2007). Children were brought up to be respectful and obedient to their elders. Also, first generation Asians were found to hold contact with the immediate and extended family as extremely important (Modood et al., 1994). Second generation South Asians were observed to have changed their socialization practices and parents were more likely to give freedom to their children to pursue their interests and hobbies (Ghuman, 2003). The second generation were committed to the immediate family, but the same commitment was not seen in relation to the extended family (Modood et al., 1994). Instead of

whole families living as extended families in larger households, parents might opt to live with only one of their children (Modood et al., 1994: 49).

5.12 Conclusion

This chapter examined patterns of parenting observed in the literature on Pakistani families. However, it appears that there is a lack of literature examining the influence of health and socio-cultural factors on the parenting patterns of these families. This study aims to add to knowledge in this respect.

CHAPTER 6

METHODOLOGY

6.1 Introduction

The focus of this chapter is to provide an account and justify reasons for the research questions and design, the process of data collection and the approach to the data analysis. I employed detailed narratives in this chapter for guidance, and as suggested by some scholars, for the purposes of self-critique and self-reflection (Johns, 1995; Minghella and Benson, 1995; Bolton, 2005; Bond, 2006; Taylor, 2003, Taylor, 2006). The study seeks to understand parenting patterns in families of Pakistani origin by exploring the impact of acculturation, level of education, social support, religion, and maternal mental health, in the interactions between mothers and their children. The crux of the study is to understand how and why the parenting patterns of Pakistani families may differ from the ethnic majority group. A qualitative methodology, using face-to-face interviews with mothers, and ethnographic observations of mothers and their children, was chosen. Qualitative investigation allows observation of phenomena, as it examines events in an in-depth and holistic manner, through the collection of narrative data, using a flexible research design (Polgar and Thomas, 2000; Preston and Green, 2003; Boyce and Neale, 2006). The techniques are particularly useful in discovering people's views and perspectives and they help to develop explanations of social phenomena (Hancock, 2002); they focus on the meanings of individuals' actions and explanations, as well as aiding a better

understanding of the cultural interpretation of actions and behaviour (Savage, 2000; Genzuk, 2003). We begin by reiterating the research question, aims and objectives.

6.2 The Research Objectives.

This research study seeks to answer the question: *'How do socio-cultural characteristics and maternal health influence the parenting patterns of families from Pakistani origin living in Bradford?'* The research seeks to explore the influence that health and socio-cultural factors have on families of Pakistani origin living in Bradford with regard to their childrearing practices. The objectives of the study were exploratory, as the researcher had no prior knowledge of Pakistani parenting practices, so was operating with no preconceived notions and was better placed to enhance the production of original knowledge (Gunaratnam, 2003).

The study objectives are five-fold. The first was to explore experiences of living in the UK among Pakistani women, who were 'Born in Britain', 'Brought to Britain' as children and who 'Came to Britain' as adults and were living in Bradford city. The second was to identify key differences in the experiences of these three Pakistani women's groups. The third was to understand how different health and socio-cultural factors influenced how Pakistani families raised their children – the factors being: maternal mental health; level of education; religion; integration (or acculturation); and social

or support network available to the families. The fourth was to observe Pakistani mother-child interactions in the home environment. And the fifth was to examine the interplay of culture and religion in Pakistani families' parenting patterns.

6.3 Background of Dataset used

Sampling is dealt with later in this chapter. However, due to the importance of the dataset used, and for clarity as I continue to refer to it in susbsequent paragraphs, it appears necessary to discuss the BIB dataset and the team upfront.

6.3.1 *The BIB cohort*

The BIB programme is a longitudinal cohort study of over 13,500 babies born in the city of Bradford, West Yorkshire, with their parents. The broad research aims of the programme are to undertake public health interventions towards improving diet, good parenting and levels of physical activity in the city. Specifically, studies examine how genetic and environment factors affect health, child development and subsequent life in adulthood. Also, it investigates how nutrition, the environment and social factors impact mothers' health and wellbeing, with the view of improving the health of mothers and their children. According to the BIB study summary, the influence of the study so far has been positive, as a number of changes have been put in place to improve health and wellbeing in the city. These include the development of the Yorkshire Congenital anomalies register, a paperless

information technological system in maternity care and a routine vitamin D supplement given in antenatal care (BIB, 2012). It was originally intended that the recruitment of participants would be from the main cohort. However, this became impossible, as recruitment into this cohort closed in December 2010, whilst ethical approval was only obtained in February 2011, and the amendment approved in May 2011. The alternative, given the constraints was to use the BIB 1000 subset, which follows children on specific aspects, such as the prevention of childhood obesity. They were followed-up at 6, 12, 18 months, and 2 and 3 years old.

6.3.2 *The BIB Team*

The BIB team consists of personnel directly in charge of the collection, collation and management of the study cohort (database). The team facilitated the drawing of participants for the present study following appropriate ethics approval, governance and adherence to the necessary protocol. A number of meetings between the members of the team and the researcher took place. The research aims and objectives were explained to the team, and the inclusion-exclusion criteria elucidated. As the team were on the verge of commencing the necessary follow-up of the BIB subset, we came to an agreement that, in the first instance, letters concerning the study (see Appendix 6), would be sent to potential participants via the follow-up team, inviting mothers to take part in the study. Each potential participant was given the letter and a copy of the participant information sheet (Appendix 8) for the study. Interested parents gave the BIB member their

details and a dedicated member of the team assigned for this purpose passed these onto me.

I followed-up by telephone calls to the parents, first, to answer any questions that might be raised and second, to arrange times and places for interviews. At this point, a couple of mothers declined, following their husbands' disapproval. Others generally, arranged times, dates and venues, usually their own homes, for the interviews. I maintained regular contact with the study's dedicated person in the BIB team, to let her know how many interviews had been conducted and whether referrals were still needed. Oftentimes, I called the BIB office in the morning to find out if any referrals were waiting for me, and/or to find out when the follow-up team would be conducting their subsequent visits. This ensured I played an active role in the recruitment exercise. The proactive effort ensured I had the necessary information on time if the dedicated person was not available, e.g., off sick or on holiday.

When a potential participant was referred, the name, address, contact number(s), when to contact, and the child's date of birth were given. Verbal consent was obtained on the telephone, but before the interview took place, participants were shown a copy of the participants' information sheet to confirm they had seen it, and had no further questions, after which they were given a consent form to sign. I dealt with any further questions raised by participants before the consent form was signed. Having set out this context,

I continue narrating how the study evolved and developed, beginning with how I identified a topic for the study.

6.4 The influence of research and theory

In the introductory chapter (para., 1.5) I discussed how I developed an interest in the study. I intend to tie my whole experience together here to show how relevant theories (see chapter 2), and research (see chapter 4 on literature review) informed my study, and the development of the Topic guide (Appendix 2), which was used to collect data for the interviews.

6.4.1 Identifying topic for the Study

I am interested in studies of ethnicity, health (particularly mental health) and culture because it resonates with who I am and with my cultural experience and training in mental health. This is particularly salient in qualitative research, as an awareness of one's own identity, and experiential knowledge can help to guard against possible and potential bias (Trevithick, 2009), even when the qualitative researcher cannot be detached from his or her research (Mills, 1959; Strauss, 1987; Marshall, 1998; Maxwell, 2012). To this end, I found the contribution of Glesne and Peshkin, (1992: 104) pertinent:

"The subjectivity that … I had …could not be foregone, could, to the contrary, be taken as "virtuous." My subjectivity is *the* basis for the story that I am able to tell. It is a strength on which I build. It makes me who I am as a person *and* as a researcher, equipping me with the perspectives and insights that shape all that I do

as a researcher, from the selection of topic clear through to the emphases I make in my writing."

More importantly, in conducting the literature review, I observed that many concerns were raised about the inequalities, health problems and suboptimal health outcomes, low socio-economic status etc., of the BME community - (though not a homogenous group by any means) (e.g., The Black Report, 1980; Brown, 1990; Frabutt, 1999; Graham, 2007; Karlsen, 2007; Cantle, 2010). However, fewer studies in the UK had attempted to explore the impact of these factors on BME parenting. A recent review by Phoenix and Husain (2007) of parenting and ethnicity, identified salient issues such as the inappropriate use of parenting styles instead of parenting practices, with the BME community, pathologising of BME groups and the portrayal of fathers in BME families as absentees. They suggested a focus on specific aspects in future research on ethnic minority groups. For example, such research should give " '**insider**' accounts of the range of parenting practices, …and **how they go about the task of parenting**, from children as well as parents" (Phoenix and Husain, 2007: 35). Further, they suggested *investigations into the neighbourhoods where minority ethnic parents live*, "their **kinship networks**", and the importance of **religion** to everyday parenting practices (Phoenix and Husain, 2007: 36). In addition, they suggested research that would show:

"The long-lasting effects of different kinds of separations from caregivers that have arisen **for socio-economic and possibly cultural reasons among particular ethnic groups**. This suggests a need to know more about how parenting history intersects with **ethnicity** and whether or not it produces group effect" (Phoenix and Husain, 2007: 37)

Some of these suggestions, as highlighted above, formed the basis of my research, including the topics and factors investigated in this study (Locke, et al., 2010). They contributed to the development of the Topic (or Interview) guide (discussed below) and informed the specific topics it covered. The questions asked in the topic guide, were such that they would generate information that would answer the research question. Consequently, when a research call that combined my interest and allowed the exploration suggested by Phoenix and Husain became available I applied to undertake the project.

Moreover, the question and topics studied in this research require a theoretical framework that allows an insider view of the family, through guidance on influences around individuals, their family and the wider society. Belsky's determinants of parenting provides the framework for answering the question of influences in Pakistani families, whilst Bronfenbrenner's (1979) Ecological theory provides the necessary a priori specification within which one can explain connections among the factors under consideration in this study (Tudge et al., 2009). I undertake this study to have an opportunity to carry out primary research, make an original contribution, learn more about the culture of others, and as a prerequisite for an academic career.

6.5 A learning process

There was a learning process involved. I had undertaken a taught Research Methodology module, in addition to my Masters programme, prior to commencing this study, and spent another term revisiting the Research Methodology module. These adequately prepared me and gave me a broad overview, as well as hands-on experience of conducting research. Subsequently, I commenced this research with a year-long and continuous literature review of available data relevant to my research. This proved challenging, as matters concerning parenting, ethnicity, and health span numerous papers, multidisciplinary journals, books, academic and the grey literature, as well as each discipline having its own terminology and technical terms. This process helped to clarify my aims and the approach that was best to achieve them. I studied articles, journals and books on how to read, understand and assess qualitative studies (May and Pope, 2000; Barbour, 2001; Shaw, 2003; Greenhalgh, 2006; Kuper et al., 2008). The whole process was somewhat demanding and laborious, and some aspects [e.g., period of seeking ethical approval] were also acutely time-consuming, I made progress via the pathways of learning, unlearning and re-learning (Covey, 1989; Ward, 2011).

6.6 Ethics and Supervision

This study required ethical approval as a primary study involving contact with people in the community, (DoH, 2005; Redwood, 2005; Descombe, 2008; Oliver, 2010; Wertheimer, 2011). Research ethics was developed as a practical procedure to safeguard research subjects, including members of the

public and NHS patients and staff within the healthcare services, against abuse and exploitation (Wertheimer, 2011). Practically, it prevents the repetition of certain unethical and exploitative historical events regarding the removal and retention of human organs and tissues at post-mortem examinations. It therefore, emphasises the need for researchers to make explicit to all participants, the risks, benefits and options available in taking part in a specific piece of research (DoH, 2003; 2005). In fulfilling this obligation, I formally obtained various ethical approvals before the commencement of the study (Redwood, 2005), which were given by the University of York's Humanities and Social Sciences Ethics Committee (HSSEC) in July 2010 and NHS R&D Bradford Teaching Hospital Foundation Trust in December 2010. Finally, the NHS Research Ethics Committee (REC Ref: 10/H1306/89) approved the study in February, 2011 with an amendment in May 2011. Further clearance was given by the Research Governance of Bradford Royal Infirmary in May 2011. Part of the role of The NHS Research Ethics Committee (REC), based in every NHS locality, is to ensure adherence to appropriate research processes and designs (Yank and Drummond, 2002). Throughout the research period, my work was subjected to reviews by the Thesis Advisory Panel (TAP), and regular scrutiny by my supportive supervisor(s).

6.6.1 Ethical considerations and disseminations

All information gathered in the course of the study is confidential and participants' pertinent and identifiable details are not disclosed in any part of

the research write-up. Study participants are given pseudonyms to protect their identity and ensure that the data provided cannot be traced back to them. Whilst the location of research and cohort group - "Born in Bradford", cannot be anonymised as such, as the dataset was identified by the Funders of the study, no identity is disclosed in reports, presentations or any other forms of dissemination. The study is incorporated into a doctoral thesis. I will be seeking opportunities to publish the results of the study in peer reviewed academic journals and possibly publish the findings in a book. I also seek opportunities to give verbal feedback to the participants, by convening up to two meetings on the hospital premises. No doubt there may be other opportunities to disseminate the results of the study at relevant health and social care conferences.

6.7 Formulating the research question

The literature review presented me with numerous challenges of possible areas of interest. Many gaps were evident, from the scant research on ethnic minority parenting, with the greatest being in the cultural reality of BME parenting practices in the UK (Hart, 2006[1], 2006[2]). However, the main struggle was to strike a balance between what the University requires and my interests, and between what is achievable in the time I have and what could be original, with the available information serving as the basis for the present study. The research required an in-depth study of group parenting practices, which involved meeting participants in their homes and learning about them. I am predisposed to explore peoples' lived experiences, as cultural matters

and people's construct of their experiences can only be fully understood and appreciated from their lived experiences instead of just numbers (Hatcher et al., 2005). I applied research methodology procedures: PICO concept (i.e., Population, Intervention, Comparison and Outcome), as shown in table 4.1 below, and I used PICO theory in formulating the research question (Sackett et al., 1997; Hart, 2006). This helped me to clarify the question to some extent, and engaging the support and help of my supervisor refined it further, Utilising the criticisms of the NHS ethical committee, I arrived at a definite, focused and answerable question.

Table 6.1: Utilising the PICO Concept

Concept	**Comment**	**Application**
Population	[who] already decided	families of Pakistani origin (or parents)
Intervention	explore possible influencing factors	e.g. socio-cultural influences
Comparison	Not applicable	To explore how the above factors might influence parenting in a population group
Outcome	Better awareness and an increased understanding	Of the parenting patterns in population under study.

6.8 Choosing an appropriate method

I am compelled by the fact that in principle and in practice, researchers should provide evidence that reflects the experiences of the diverse British population, to aid effective policies or strategies in danger of being

undermined by lack of relevant data (dfes.gov.uk). It becomes imperative to explore the reality of specific ethnic minorities' to address this lack. In the course of my reading, I came across suggestions from some investigators that a cross-cultural, ecological and Black perspective should be incorporated into research in order to better understand BME parenting patterns and the development of their children (Robinson, 2007). I particularly observed that the Americans are already in the forefront of such development, due to the amount of available materials based on the American populace. In this respect, the UK still lags behind in studying BME parenting, although some progress is being made (Robinson, 2007). Many authors and researchers also support the need to incorporate trans-cultural perspectives into theory and practice (e.g., Bhatti, 1999; Bhopal, 2007; Elias and Yee, 2009; Robinson, 2007, 2009). Such perspectives, they believe, must be based on research conducted and theories developed with relevance to the BME families.

A review of the District of Bradford by Darlow et al (2005: 8) suggests that further research into the socio-economic and ethno-cultural circumstances of a range of groups within Bradford is necessary. They also noted, "only a small proportion of research studies provide a robust *comparative* dimension, either in relation to other groups within the District or with similar groups in other similar cities in the UK or overseas" (Darlow et al., 2005: 10). This supports the point that integrating a trans-cultural perspective in research is vital within a multicultural society, to enhance its representativeness (Robinson, 2009; Elias and Yee, 2009), although acknowledging this need does underestimate

the demands and challenges imposed by such an exercise. This is particularly due to the diversity of tradition, culture, religion, language and origin among the British (BME) groups in general and even among the types of South Asians (Sikhs, Hindus, Muslims etc.), represented in Bradford. Generally, though, there is an understanding that the wider society usually affects the experiences and behaviours of individuals and/or groups within it (Nazroo, 2001; Robinson, 2009). The present study seeks to explore and draw on a premise of possible commonly shared experiences of ethnic minority groups within a majority (or a dominant) group in Britain (Nazroo, 2001; Barn et al., 2006; Robinson, 2009).

6.9 Study design and justification

This is a commissioned study as part of CLAHRC. It stipulated that the project and its design was based on the premise of … *in-depth studies* of Pakistani families within the *Born in Bradford cohort study*. This implied a purposive enquiry, to facilitate a better understanding of patterns or observed behaviour within Pakistani families and/or community. These have two implications. First, it necessitates a purposive selection of participants that would typically represent the [Pakistani] group in some way. Second, it demands a specific approach to facilitate an understanding of the distinctiveness of a group or culture (customs, beliefs, practices and behaviour), and the meaning they attach to them. Based on empirical work, ethnographic/naturalistic research methodology is commonly acknowledged

as the best approach to use (Fetterman, 1998; Harris and Johnson, 2000; Bowling, 2002; Schensul, 2005). This supports the fact that qualitative studies sometimes answer questions that quantitative studies are limited in answering (Pope and Mays, 1995), although, both methods can mutually enrich one another in a common project (McKinlay, 1993; Pope and Mays, 1995).

Whilst, quantitative research methods could be efficient and can describe group characteristics, I decided not to use it because the prime interest was to collect detailed information rather than collecting numerical data and analyse them using statistical and or mathematically-based methods (Creswell, 1994); instead, I needed to obtain data that are primarily exploratory in nature. Consequently, an ideal technique would allow me obtain insider perspectives and experiences of culture, behaviour, meaning and variations to behaviour, which may resonate with the complexity of human nature and behaviour, within their natural habitat and in context. The sampling will be built to satisfy the specific needs, i.e., suited for the specific purpose of the research. This decision was also influenced by the explicit request of the funders of my research for an "in-depth" and exploratory study of the participants. Therefore, it was anticipated that funders would expect to see that the final report has participants' direct speeches and or narratives (Corben and Sainsbury, 2006). Hence, the analysis of the exploratory data has to be such as would accommodate the "inclusion of excerpts from transcripts [*in order to*] help to clarify links between data, interpretation and conclusions (Corben and Sainsbury, 2006:1).

As stated above, this study involves a significant level of human interaction, individual perspectives, and constructs, understanding of actions and meanings, and close researcher involvement in the setting of the study as well as demonstrating realistic interest in participants' lives. It is important to develop a method to fit the purpose and context of the research (Murphy et al., 1998; Clough and Nutbrown, 2007). Such a method should help to explore and explicate the contexts in which participants' function, to enhance understanding of many aspects of the participants' world (Kuper et al, 2008). Moreover, in order to learn and understand a group's culture and construct of meaning; i.e., uncovering peoples' interpretations and the meanings attached to what they perceive as their beliefs and social reality (Turnbull, 2002; Burr, 2003; Andrews, 2012), it requires a research method that can support adequate access and interaction with participants for optimal information gathering (Savage, 2000; Banton, 2005). A researcher cannot grasp the entirety of a group's culture by only a few hours of interaction or observation (Alexander, 2000). Yet, more can be captured during such a few hours than from a distance and with mere concern with quantification. Nevertheless, researching peoples' perspectives is subject to social construction, and the meaning attached to them, contextualised – that is, it is only relevant to the particular context in which participants find themselves (Murphy and Dingwall, 2001; Atkin and Chatoo, 2006; Clough and Nutbrown, 2007). Yet, it ensures that the purpose of undertaking qualitative research is properly thought through, and a group's ideal is captured at that point in time and thus is given a voice. Qualitative ethnographic design is

most appropriate to answer the question that this study poses, as it fits the nature of the enquiry (Gunaratnam, 2003; Clough and Nutbrouwn, 2007).

In addition, as the study entails acquiring knowledge, method and lived experience and the perspectives of an ethnic minority community, the study recognises that the history and cultural framework of participants might characterise the research setting, as well as participants' ideologies, values and particular ways of thinking. For this reason, the research design acknowledges and provides for this historical-social dimension (Burman, 1992; Murphy and Dingwall, 2001). The significance of conversing with people is that it helps to construct knowledge of, and to gain a better understanding of, their experiences, attitudes, feelings and meanings. This is particularly suitable for ethnographic research methodology; hence, interviews and participant observation are most relevant (Kvale and Brinkmann, 2009). Initially, I considered focus group interviews, but this method was later discarded, because it would have taken participants away from their homes, which were crucial to the study. Gaining access to Pakistani women for focus groups would have been problematic for various reasons.

Some participants find public speaking rather challenging, and other participants may not be willing to disclose personal experiences in public, especially since the Pakistani community is close-knit, and the researcher's confidentiality obligation may be conflicted (Culley et al., 2007; Jankie et al., 2011). Also, Culley et al., (2007) made reference to how the use of focus

groups, access to and recruitment of participants, can be challenging for an outsider, who may not understand another's culture or the language spoken to them in cross-cultural research. The only alternative was to explore conducting focus group interviews at places where Pakistani mothers would ordinarily go or gather, such as the Children's Centres.

However, when I made contact with the potential children's centres that might have hosted the groups, it transpired that they were under different governing authorities. Moreover, a number of the Children's Centre managers approached were not certain of the procedure regarding clearance for access to the centres for research purposes. It would seem to have required a substantial amount of time to conduct focus group interviews, as it would have entailed seeking diverse sources for ethical approval. Furthermore, some of the Pakistani mothers who had access to the Children's Centres were not included in the BIB cohort, which is paramount to the study, so I judged that conducting focus group interviews under such circumstances could undermine the integrity of the research. I discarded this option to save time and preserve the integrity of the study. However, I acknowledge that focus group interviews might have added another (possibly) rich dimension to the study (Culley et al., 2007; Jankie et al., 2011).

6. 10 Interviews

Kvale (1996: 5) defines a qualitative research interview as "An interview whose purpose is to obtain description of the life world of the interviewee with respect to interpreting the meaning of the described phenomena". This study conducted thirty one-to-one interviews, using an interview (topic) guide (described in the next section) and digitally recorded, in order to obtain descriptions of the participants' lived experiences, which are detailed, elaborate, and malleable to interpretation, to generate meaningful knowledge that can deepen an understanding of the subject of study (Kvale and Brinkmann, 2009). These interviews are particularly practical, as they focus mostly on the mothers' present practice or experience. There is little requirement for retrospective accounts, although the mothers' ability to adequately articulate their practices could be a drawback in the interviews. There is a degree of structure, as the production of the interview guide (which was approved by Ethics Committee) lists areas or themes to be covered, and information required from the participants, as discussed further below. This ensures preparedness for the undertaking of fieldwork, and allows the interviews to be conducted in a coherent and relevant manner, even when the interviews progressed as friendly conversations (Spradley, 1979; Mack et al., 2005; Flick, 2009). The order of questioning may differ and additional questions were asked, to confirm, explore and seek further understanding of what participants said. Information was also updated as the interviews progressed, as an on-going analytical process. Overall, the core structure was maintained throughout. The interview guide was adjusted and added to as the knowledge gained from the first set of interviews deepened

the need to find out what there was to know from subsequent participants, and questions were mostly open-ended to encourage participant response (Fink, 2000; Kvale and Brinkmann, 2009).

In total, I interviewed thirty mothers of Pakistani origin for this study. Twenty-nine of the interviews were conducted in participants' homes and one at work. All the interviews were semi-structured [face-to-face] interviews and lasted between 45 minutes to an hour (Britten, 1995). Each participant signed an informed consent form (Appendix 3) for the interview phase (Mack et al., 2005; Oliver, 2010). I was aware of the stringent ethical considerations under which the interviews had to be conducted; for example, I had to be sensitive in my approach to minimise disturbance to the research participants in their private space. I explored the 'what, why and how' of their perspectives and accepted the worldview of the participants. I did not challenge their accepted customs and value systems (Oliver, 2010).

In particular, I was careful to avoid ethnocentrism, while reflecting on a culture different from mine, as many of them made reference to my culture, with statements such as, "I don't know if it's the same in Africa…", or "I'm sure it's the same where you came from…". Oliver (2010: 54) believes that "all cultures should be evaluated in their own terms and within their own frame of reference". Whilst I had to answer their queries, and invitations for me to comment, I deemed it inappropriate to employ the norms of one culture (e.g., the researcher's) to an evaluation of another culture (i.e., the participants'). I just explained what I understood of my culture and left the

participants to place it as they deemed fit. The interviews were recorded with a digital voice recorder, with permission from the participants, and where appropriate, some field notes and diary entries were made of the interviews (Bolger et al., 2003; Alaszewski, 2006). Otherwise, the events were captured in conversations, and recorded digitally.

6.10.1 The Interview (Topic) guide

Empirical studies need some form of instrument, which is ideal to collect the type of data the researcher is looking for (Bradley, 2006; Johnson et al., 2008). To this end, I found the topic guide a useful and practical tool in conducting this qualitative research, as an aid to memory in posing questions to research participants, and in capturing relevant information. Furthermore, the creation of the topic guide as a research instrument in conducting the interviews allowed for minimal bias on the part of both the researcher and respondents. For instance, as a researcher, I assumed posing similar questions to all participants ensured consistency between interviews, increasing the reliability of the study findings, and giving respondents the opportunity to provide information as complete as they possibly could on the topic of enquiry, even though, in some cases, further probing was necessary following an informant's responses (Boyce and Neale, 2006). For instance, if a respondent sighed before answering a question on marriage, I tended to probe further to understand the meaning and reason for the gesture: for instance, by adding, 'I noticed you sighed when I asked if your marriage was arranged or a love match, could you explain why you did that?'

The topic guide for this study was developed based on the research question and the objectives of the study (Bradley, 2010; Mitchell et al., 2011). The question, 'How do socio-cultural characteristics and maternal health influence the parenting patterns of families from Pakistani origin living in Bradford?' has a number of issues that needed to be identified, captured and considered within this exploratory study. In order to explore these issues from diverse dimensions, I had to identify the topics within the research interest as identified in the review chapter 4 (e.g. acculturation, mental health, level of education, religion etc.). I then devised ways of presenting the factors without obscuring their meaning in the data collection process, and to avoid terminologies that participants might not be able to comprehend. For example, I expressed *acculturation* as finding *out participants' experience of living in the UK,* and instead of asking participants about *support networks*, I asked if they (participants) got *help in looking after their children*. Participants possess differing abilities (Bradley, 2010), and the research instrument was designed to reflect this. It must also do what it is designed to do continuously throughout the study.

Participants can add, moderate or elaborate on any of the topics in the guide, but this can only occur when they understand the questions posed and what is expected of them. The challenges of this method are examined below. However, as the production of a topic guide is proactive, it enhances a participant's ability and secures willingness to contribute and co-operate in answering questions posed on respective areas covered in the topic guide.

6.10.2 Topic guide coverage and questions asked

Through the initial listing of the topic (areas) of interest, I was able to focus the topic guide on the five factors examined within this study (see Appendix 2), with a mixture of many open-ended and a limited number of closed-ended questions. Closed-ended question were asked where necessary, for example, "Were you born in the UK?" The open-ended questions allowed participants to respond in their own words and, according to Mack et al., (2005: 14), such questions have the ability to evoke responses that are meaningful and culturally salient to the participants, unanticipated by the researcher and rich and explanatory in nature.

Therefore, to get the right balance of questions that would generate relevant responses, I sought help from various sources, such as secondary data and other PhD theses. I attended a qualitative interviewing workshop and consulted experts in qualitative research methodology. These helped to refine the initial list of relevant ideas and questions. Ethics Committees contacted for approval for the study suggested further additional amendments, which were incorporated accordingly.

Amendments were made in the light of my Thesis Advisory Panel's (TAP) advice. The general layout of the guide includes: introduction; background question section; main questions; and conclusion. The introduction section introduces the researcher, the study and participants rights. It is at this point participants would normally sign the informed consent form.

The background section deals with the age, position and sex of the index child, other members of the family (living in a home (nucleus) and in Bradford (the extended family)) etc., which gives background information and creates a context for the study. The subsequent sections deal with questions specific to the topics of exploration (i.e., acculturation, level of education, health etc.). I chose to avoid using terminologies that could confuse participants, for example, under acculturation, I asked questions about parent's origin (birthplace): "Were you born in Britain?" This helped to determine the mother's category, in line with the research objectives. If the participant said, 'No' to this question, I asked a follow-on question: "[If No], How old were you when you came to the UK?" to determine whether the participant was brought into the UK as a child, teenager or came as an adult. In order to be sure of this classification, normally a third question was asked: "How old are you now?" to establish a parent's length of stay in the UK. Consequently, one of three mother categories is likely, namely, BIB, BTB or CTB. This section also explores marriage, work, and child's activities in a typical day, as well as the language spoken at home and the rationale behind the choice of language. On the subject of health, the interview guide collects information for up to three years prior to the study, to link directly with the age of the child, since the study intends to understand how childbearing and childrearing impacts on the mother's health, and in turn, how this influences parenting. Both physical and mental health are covered, including help-seeking patterns and modes of recovery,

in order to identify health challenges that participants face and how they seek, obtain and maintain relief or recovery from them. It also investigates maternal functionality during the period of illness to assess the quality of care available for the child during a period of parental illness.

A third factor, religion, examined mothers' religious affinity ("Are you practicing Islam?" and, "What does Islam mean to you as a person?"). It explores how this religious affinity affects their childrearing practices, for example, by asking: "In what way does Islam affect the way you bring up your children?" This section also examines religion and child discipline by asking, "Would you follow the suggestions of Islam to discipline your child(ren)?" and "How would you generally discipline your child, if s/he is naughty?"

These questions were meant to allow participants to describe the role of religion, its impact on and application to their parenting patterns. In addition, the section explores mothers' perceptions of religious affinity among the (wider) Pakistani community. It also enquires if there would be any difference in mothers' childrearing patterns, if they were of a different religion – "If you were not a Muslim, how would you do things [for example, raise your children] differently?"

The next factor examined was the maternal level of education. It asked where the mothers' educational experiences took place (i.e., UK or overseas), what programme of study was undertaken and how far the

mothers' took their educational experiences (i.e., level or qualification). Here, mothers were able to narrate how satisfied or otherwise they were with their academic or educational attainments. The section enquired into how maternal education is currently used to engage the child and probed the mothers' aspirations, both for themselves and for their children.

The final section focused on support networks, moving from general to specific questions. For example, in order to contextualise the notion of warmth and responsiveness among Pakistani parents, participants were asked a general question followed by a more specific one: "How do you think Pakistani mothers express love to their children?" , followed by, "How do you demonstrate love to your children [hugs, kisses, pat on the back, stroking the head, etc.]?"

This helps to understand how parents who may not necessarily hug, kiss or stroke their children express love towards them. According to Rohner et al (2011: 1) it is possible that children everywhere – in different socio-cultural systems, racial or ethnic groups, genders, and the like – respond in essentially the same way when they perceive themselves to be loved. The section further enquired after the role of elders within the group, and if participants had found the elders' roles useful. The section delves into extended family living, and the support it might offer. Whilst discussing the support (benefits), the challenges were also put forward by participants. Mothers' access and participation in the wider community social support

network were investigated: “Are you involved with any mother toddler groups or events, mosque, church etc.?”

Finally, mothers were invited to identify themselves within the Baumrind’s typology or framework, and were invited to conclude by narrating how they found the job of parenting.

“What type of parent do you see yourself as: **very strict** [Authoritarian], **easy-going** [Permissive], **warm but firm** [Authoritative], **too soft** [Negligent]?

“How are you finding the job of parenting?” The topic guide systematically explored these factors before participants were thanked for their time and the interview concluded.

6.11 Ethnographic observations

Participant observation is the process of observing and participating in the life of those researched, learning about their day-to-day activities within their natural habitat (Kawulich, 2005). It enables the researcher to understand the setting, and learn the organised routines of the participants (Fine, 2003), although, the researcher may often experience some degree of uneasiness in terms of, in the words of Hammersley and Atkinson (2007: 89), “‘odd’, ‘strange’ and ‘marginal’ position”. This is because the researcher lives in two worlds, of participation and research, which may

often cause ambiguity and uncertainty concerning the researcher's role (Hammersley and Atkinson, 2007).

For this study, out of thirty mothers interviewed, I observed five mother-child interactions, which served as a second phase of the data gathering process. The observation took place in the participants' homes and lasted between one and two hours. It is limited in this respect, regarding the extent of information that could be gathered within such a limited period. Ordinarily, ethnographic studies extend into months and possibly years. The original intention was to observe for about 5 hours, but the NHS ethical committee deemed this would be too long. However, in order to maintain focus and to maximise the information gained, the observations were not geared to explore new experiences per se, but to deepen the understanding obtained from previous interviews and observe practice. Without doubt, it raised awareness of new findings that could be pursued in later research. The observational research was distinct from the interviews, for its fluidity and interactiveness in linking data to actions, as participants' words or statements were lived out in situations of interactions (Emerson, 1981, Murphy et al., 1998).

This type of study has its roots in anthropology, when ethnographers would traditionally focus on small communities that share common cultural beliefs and practices (Savage, 2000; Hammersley and Atkinson, 2007). Its flexibility in current practice is still extremely useful, as it has become possible to use the method in any small scale research and it can be carried

out in everyday settings, such as the participants' (residential) homes (Flick, 2009). This eliminates the inconvenience of the research participants travelling to research locations, although, it can create problems of its own, such as ethical considerations, intrusion into a participant's space, and having direct contact with unfamiliar people, which could prove risky (see challenges below) (Dickson-Swift et al., 2007; Oliver, 2010). Nonetheless, ethnography entails involvement in participants' lives, in the field, to gather relevant and much needed data (Fetterman, 1989; Agar, 1997).

During my engagement in the field, gathering information, I observed the study participants' and talked with them, when necessary. I listened, answered their queries and read available documents and records that were shown to or given to me, such as family albums, or story-telling of the family history. In some cases, I heard coded words slot into conversations or statements habitually, for example, ***"Insha'Allah"*** – God willing - and ***Allah-ham-dudu-lai***, - God be praised. I enquired of the meanings of such words, or actions and writings and recorded it (Van Maanen, 1995; Denzin, 1997; Savage, 2000; Taylor, 2002; Hammersley and Atkinson 2007).

A common thing I observed in the bathrooms of some of the participants – as I did not visit all the conveniences, was a bottle of water. When the observations became too common to be a coincidence, I asked about it, and was informed that in Islamic culture, when you visit the convenience, it is not enough to wipe with toilet tissue, but that water must also be used to be thoroughly clean.

I minimised intrusion, for instance, by limiting my movement around participants' homes, unless invited to do so (Riemer, 2008). Also, I was willing to pause, whenever there were distractions, e.g., when a child cried or needed changing, a telephone rang, there was a knock on the door, or a mother remembered that she needed to attend to something rather urgently, and the session recommenced whenever the mother signified it was convenient to do so. Whilst this meant more time than envisaged was spent at some locations, it resulted in cooperation from participants as they saw the researcher's flexibility, and willingness to adapt. This also ensured power was shared as the mother felt in control, and did not have to rush or feel stressed that she had to do everything within a limited time. Karnieli-Miller et al., (2009: 281) comment on this relationship:

"[The] feeling of intimacy is fuelled by the unstructured, informal, anti-authoritative, and non-hierarchical atmosphere in which the qualitative researcher and participants establish their relations in an atmosphere of power equality".

In the field of healthcare research, for instance, ethnographic studies are often used as a way to access beliefs and practices (Boyle, 1994; Morse, 1996). This usually allows a contextual view of the way in which beliefs and practices occur, and aids the understanding of behaviour surrounding health and illness (Savage, 2000; Schensul, 2005). Ethnographic studies usually produce geographically located knowledge and details of a group's social life, rather than universal application and a reductionist viewpoint (Taylor, 2002; Gunaratnam, 2003). Its data collection stance is inductive, interactive

and recursive, and ensures a deep 'thick description' rather than a broad interpretation of the group's construct of meaning and experiences (Geertz, 1973; Schensul, 2005; Riemer, 2008). The term, thick description refers to a 'deep, dense, detailed account…[that] presents…detail, context, emotion and the web of social relationship that join persons to one another' (Denzin 1989:83).

We created and maintained rapport through the exchanging of ideas, and by my presentation, participants perceived that being a member of an ethnic minority, I could understand their viewpoint. I utilised the techniques of watching, listening, and documenting (writing fieldnotes) of the observed moments in participants' homes to gain a level of knowledge of the context and happenings during mother-child interactions (Spradley, 1979; Riemer, 2008; Fontana and Frey, 2008).

Indeed, this process encouraged the researcher's participation in the life of the participants, as we (the researcher and participants) negotiated learning and questioning between us to gain an insider (or 'emic') perspective. This method of working became a natural process in the data collection phase (Spradley, 1979; Jackson, 1993; Murphy and Dingwall, 2001; Schensul, 2005; Reimer, 2008).

We reciprocated common gestures. For instance, each participant in the interviews was given a 2L bottled drink (Coca-Cola or Vimto), to show appreciation for the time they spared for my study, additionally, observation participants received 2L semi-skimmed milk bought from Halal shops or

Lidl. I observed that in every home, I was offered refreshments, and sometimes, food. Whilst I refused food for personal reasons, I accepted refreshments, the least a glass of water, with the understanding that the Pakistani culture welcomes and shows warmth to strangers through entertainment (giving of food and drinks). I gained some understanding of human relations within the Pakistani cultural perspective this way. Some women were kind enough to give reasons for offering certain things, such as, "In our culture, we must entertain (feed) visitors, to show that we accept them…" This was useful as it maintained awareness that the researcher as a tool implies the need to not only 'uncover' meanings and interpretations, but also, to observe patterns in actions and interactions (Murphy and Dingwall, 2001).

Given this type of interaction at this phase of being a participant observer-researcher, one remained guarded because of the danger of becoming too friendly or familiar with the participants. There are also certain benefits in not being a complete stranger to both mother and child (Foster, 2006; Hammersley and Atkinson, 2007). Since the mothers had met with me at the interview phase, this eased the participant phase considerably. Even then, because the second meeting, the observation phase, was about one or two hours, it was too brief to reach intimate familiarity levels. The rapport level attained by slipping in and out of the participants' world, was still appropriate for obtaining a reasonable level of information, (Murphy, 1998; Hammersley and Atkinson, 2007).

Perhaps, another observational measure of parent-child interaction could have been useful, however, this was not considered at the time, other than HOME Inventory. Also, by the observation stage, I realised the interview had covered most of the topics and ideas raised by the HOME inventory, but I found aspects of it useful for assessing the environment.

A tool for quantifying mental health was however considered but later dropped. As a trained Mental Health Nurse and Social Worker, I have worked in diverse mental healthcare setting: elderly psychiatry, acute mental health wards, community psychiatry and low-medium forensic settings, and was conversant with presentations of depression. I had also undertaken a postgraduate study (MPH) in Public Health, and focused on mental healthcare. Therefore, the usage of depression in the study essentially referred to clinical depression as supposed to temporary unhappiness, stress or contextual sadness. Initially, I had thought of using the Beck Depression Inventory (BDI) - "A 21-item inventory measuring the severity, on a scale of 0-3, of the symptoms associated with depression" (Hutchings et al., 2012: 797) - should the women be reluctant to discuss issues around their mental and or psychological health. I had used this tool on several occasions and was familiar with it.

However, I found that the women were very open to discuss their health concerns with me. For instance, they explained when and how the illness started and/ or continued, including the symptoms, e.g., "I cry all the time

and wouldn't stop"; irritation, unprovoked annoyance, suicide ideation, lack of interest in anything, including the baby, etc.

In addition, some of the women who reported depression had discussed with health professionals but did not follow it through. These professionals might have used BDI with them, since the women were very open with me, I did not want to present as yet another professional assessing their mental health and ticking boxes, as I felt this might jeopardise my position as a researcher. Nonetheless, I used my mental health skill, which buttressed the notion that the qualitative researcher is a tool in their research (Evans, 1988: Walls, 2010). Some of the mothers informed me that they withdrew from health professionals, when they found they could not help then beyond talking with them. A few were on medication; some are having or have had counselling for depression before, even though the symptoms persisted.

6.11.1 Fieldnotes

During the observations, I documented relevant information in an observation tool (see Appendix 4). The information documented was that observed and elicited from the participants through informal conversation, for clarification, understanding, meaning making and cultural interpretation of observed data or event (Taylor, 2002). The field notes were written during the observations throughout the period, or recorded outside of the homes at the end of observations. All field notes were written within two hours of the

observed period. Lofland and Lofland (1984) advocate this idea of writing the notes immediately or soon after observations.

The observation tool was developed in line with empirical suggestions (e.g., Spradley, 1980; Chiseri-Strater and Sunstein, 1997) and notes recorded information in line with Chiseri-Strater and Sunstein's (1997: 73) suggestions. This also covers the nine dimensions of observational purposes indicated by Spradley, (1980), and outlined in Figure 6.1 below.

Figure 6.1 : Aspects covered by fieldnotes
Date, time, and place of observation
Specific facts, numbers, details of what happens at the site
Sensory impressions: sights, sounds, textures, smells, tastes
Personal responses to the fact of recording field notes
Specific words, phrases, summaries of conversations, and insider language
Questions about people or behaviours at the site for future investigation
Page numbers to help keep observations in order

6.11.2 Dealing with the challenges of ethnographic study

Ethnographic research poses unique (ethical and practical) challenges to both investigators and participants. For example, in order to obtain ethical

approval, I had the challenge of detailing precisely in advance, a project that is by nature exploratory, spontaneous and requiring flexibility. Whereas, once in fieldwork, there was a greater need to be very sensitive, practical and adaptable towards the needs of the participants, as Agar (1980: 90) points out; "everything is negotiable. The informants can criticise a question, correct it, point out that it is sensitive, or answer in any way they want to".

To this end, the topic guide helped to ensure that the interview flowed smoothly, and questions were not forgotten. It also helped in maintaining good structure and control, to ascertain relevant information was gathered. The interview was more akin to a conversation than traditional interrogation (Riemer, 2008), and made participants more relaxed, as I on the other hand, perfected the useful skill in maintaining the required structure and control - glancing intermittently at the topic guide. At the end of the interview, I sometimes announced that I needed to check to make sure I had covered all I had to ask, and I found participants were compliant with that.

Since, human participants are dynamic beings; it is often difficult to predict accurately how aspects of the questions will develop. This may be one of the reasons why ethnographic studies often result in being easily transformable, providing new or emerging questions, during research. I dealt with this challenge by incorporating reasonable structure with built-in flexibility (e.g., of time and number of visits that are convenient for participants) in order to maintain the focus points of interest. This made it possible to work ethically

within the confines of what was approved and what was practicable for participants.

Whilst ethnographic research discovers contextualised and rich information, it is recognised that as the investigator is embedded in the life of the participant, having direct contact with unfamiliar people could be practically risky (Atkinson et al., 2002; Murphy and Dingwall, 2002; Kawulich, 2005; Hammersley and Atkinson, 2007; Li, 2007). However, these study participants have links with health professionals, who work with them regularly and visit them at home (e.g., BIB teams, health visitors) and have a better understanding of the family situations of participants.

I worked closely with BIB teams, particularly with the dedicated person, via referrals throughout the study. I also had to utilise relevant skills and knowledge to access the situation and note if there were hints of, or actual presence of risk in the premises visited. It is common knowledge that close working with participants could develop into close ties bordering on friendship, which can minimise the researcher's position. I was engaged in fieldwork for about nine months, but I was not with the same individuals in that period, unlike traditional ethnography, when protracted time (between one to three years), is spent in the field. This duration may not be long enough to develop close ties, albeit, care was taken to maintain a balance between friendliness and professionalism. However, I learnt that the characteristics of the researcher can influence the interactions in ways one may not expect. For example, I found some of the women were more interested in my marital status and if I had children. They asked how I

managed to combine family (home) life with a career. I realised this could give rise to challenges of relational ethics. However, I understood that as a researcher, I could choose the level of self-disclosure, and maintain a balance between this and becoming over-familiar.

Nonetheless, I guarded against an attitude of standing aloof from, and unconnected to, the participants. Consequently, I informed participants that I was married with three children, and that, whilst I had gaps in my career, because of the times I stayed at home as a full-time mother, to raise my children, I maintained a continued interest in academia. I retained this interest through distance learning courses, until an opportunity arose to go back to full-time study. Given this interaction with the women, I felt that my gender, age and possibly ethnicity (as a member of an ethnic minority group), and being a parent and an immigrant, proved advantageous in this fieldwork. It must have been for this reason that some participants responded: "you show me that it can be done, study and raise kids, as you are doing it", "I'm sure you will understand being from Africa yourself", or "As a woman…mother…parent, I'm sure you…" This also opened up deeper dimensions of interaction with the women. Some of them told me they desired to further their education, and asked for my opinion.

While, on the whole, it was good to be seen as a positive influence (?), I was conscious of two things. One, I did not want to become the career adviser to these women, therefore, I suggested they checked out what they wanted to do on the internet; nearly all participants could access the internet, and a few informed me of what they had done so far. Second, I was careful not to 'rock

the boat', should these women have issues with their husbands in pursuing their interests. However, there were three categories of women: those whom their husbands had refused outright to allow them to study; those whose husbands were indifferent to what they did in regard to studying; and those whose husband encouraged them to add value to themselves and study.

The first category lamented their plight but did not venture beyond that, which was a relief, as this category would have been the most challenging. Others simply mentioned what they hoped to do, and midwifery, hairdressing and nursing were the most popular options. Thus, being aware of the need to maintain on-going relationships, I had to deal with each situation as it came up, adjusting and being flexible in order to achieve the desired outcome (Rossman and Rallis, 2003; Li, 2007; Ellis, 2007; Etherington, 2007; Oliver 2010). I also perceived that these women probably could not discuss this issue freely with someone of their own cultural background, probably because they did not see role models that they genuinely appreciates, or in order to avoid offending those who might not be in favour of their aspirations (Bhatti, 1999; Li, 2007).

Caring for a child and/or an infant can be extremely demanding and lonely, so some mothers might appreciate having an adult around to talk to, and this might even mediate the whole process from being intrusive. Consequently, in a researcher's bid to uncover and interpret participants' voices, one might also discover and understand reasons for their silence (Li, 2007).

6.12 Triangulation with the HOME inventory

Prior to or immediately after each ethnographic observation, I filled in the Home Observation for Measurement of the Environment (HOME) inventory. The Inter-University Consortium for Political and Social Research (ICPSR 13594) developed the version used, and it is available online. I used this tool in order to capture the exact state or the specifics of the physical and home environments. In the process, I found it focused my mind on what to look for, instead of being general. For instance, the HOME inventory examines specifics, the roads, the buildings, etc., from many dimensions. This instrument was used for the *Project on Human Development in Chicago Neighbourhoods*. Moreover, the process also acted as triangulation, giving a " more structured, detailed and relevant assessment" of the participants' living environments (residences and neighbourhoods) (Glad et al., 2012: 23). The HOME inventory focused on the physical environment - the exterior and interior of homes and with age specific observations in scales; although I focused on the 0-3 version.

The Scales are in sections ranging from 1-7. Scale 1 for a child aged 3, examines emotional and verbal responsiveness in the home. Scale 2 is concerned with the Variety of Stimulation in the home or school/day care (I focused on "in the home"). Scale 3 looks at Developmental Advance in the home or school /day care. Scale 4 examines supervision. Scale 5 concerns Avoidance of restriction and punishment. Scale 6 looks at modelling and lastly, Scale 7 examines Fostering Independence. This format makes the

instrument useful for the purpose of my research, as the information it gives was in line with my research interest. Moreover, the scales as listed above were "reasonable, relevant and worthwhile" (Barbara and Whiteford, 2005), for qualitative judgement of the research and home environments, and because it was administered in a fewer number of observations compared to the interviews, it was feasible to do it within the time frame available (Kazdin, 2005; Glad et al., 2012). We revisit this in chapter 10.

6.13 Sampling

6.13.1 Data from fathers

The general idea for the study in its initial stages was to recruit potential participants that are likely to be involved at home with preschool children age 2-3years. The sample, at that time, was to be drawn from the main cohort, of women who attended antenatal care at the hospital. It was not uncommon for women to attend these classes alone, fathers were presumed to be at work, and therefore, not available. Although, the recruitment database changed from the main cohort to the BIB 1000 subset as explained above (para. 6.3.1), when members of the BIB Team followed up the children, they met mostly mothers at home.

For these reasons, getting hold of fathers would have been more challenging and probably more time consuming. However, when I conducted the interviews, some fathers were at home sleeping, having worked night shift as Taxi-drivers or in restaurants. Some were awake, but stayed away, and their partners explained to me that they would not come downstairs while I was

there for religious reasons. The women said, their religion (Islam) forbids their men to 'look' at women other than their wives. Four men were present at the interviews and one father was present at both the interview and the observation. Some of them were out, working. The fathers present as the interviews added comments and affirmed what their wives said. In general, there were no contradictions with what their wives said, although, a balanced focus on the perspective of fathers also could have given a more robust understanding, and possibly improve upon the imbalance of fathers representation in research in general, and of family live in Pakistani families in particular (Adams et al., 2011). Conversely, some of the women may not have discussed freely and fully as they did, if their husbands were present.

The sampling was purposive and drawn from a subset of the BIB cohort. However, the sample provided a range and diversity of experience and opinions, variation and differentiation, as depicted in the inclusion and exclusion criteria (Patton, 2002; Flick, 2009). This is discussed below. In total, 38 women agreed to consider the study, and possibly participate. Eight of these eventually declined to go further with it. This represents 80 per cent interviews achieved from the referrals. The study enlisted 30 Pakistani mothers of two-year (16) and three-year (14) olds, who were already, part of the BIB cohort (BIB 1000 subset group). These participants had already been recruited and given consent to take part in large longitudinal research of the Born in Bradford (BIB) study cohort mentioned above.

6.13.2 Inclusion and exclusion criteria.

Potential participants were women of Pakistani origin of child-bearing age, between 20 and 45 years. They would have been part of the BIB study cohort, and have had the capacity to consent in accordance with the Mental Capacity Act, 2005. Potential participants would have a two or three year old child.

Women were excluded from the study if a) they were Non-South Asian (i.e., Pakistani) women b) declined to partake in the study, c) women whose children were not born in Bradford, d) women under 17 years of age, e) those deemed incapable of consenting and f) women who did not have children aged 2 or 3 years.

Some minor changes were made or observed with the eventual participants. Potential participants were stipulated as women of Pakistani origin, of childbearing age from 20 to 45, and all actual participants fell between the age ranges of 23 to 40 years. The categories of the mothers were: “Born in Bradford", "Brought to Bradford" (i.e., as a child, and would have been more accustomed to the British culture) and "Came to Bradford" (i.e., as an adult or for marital purposes). The “Brought to Bradford” group fell into two categories: those brought before the age of 12 : and those brought at age 12 and above. This distinction was necessary, as someone brought into the UK at age 5, as an example, is likely to be more acculturated into the British way of life than one brought as a pre-teen or teenager. The minimum length of stay in Bradford was 3 years, so the index child (either 2 or 3 years old)

would have been born in Bradford, UK. No maximum stay was specified, and this was unaltered. Also, I envisaged that about a third of the participants would be non-English speakers and a bi-lingual person was available on standby to work alongside me. In reality, all participants were able to communicate in English, albeit at varying levels.

6.13.3 Sampling process

The sampling process was in three stages. Parents of two and three-year olds were recruited. As stated above, in the first phase, the BIB team conducted follow-up interviews, initially, amongst mothers of two year olds. In the course of their visits, team members gave out letters and participant information prepared for the mothers by the researcher. Those who expressed interest and consented to be contacted by the researcher gave their contact details. These details were passed on to the researcher, who made telephone calls to the women.

The second phase was the telephone call, to introduce the researcher, clarify and answer any queries and explain more about the study. The researcher, upon answering the mothers' questions, then booked appointments with those who agreed to participate in the study. Those who declined were not approached again, except those who made arrangements to be interviewed and later cancelled – some requested that they be contacted at a later date. A few of the women requested more time to think about it.

The third phase was the actual face-to-face interview with the mothers and all interviews, with one exception, took place in the participants' homes; the

remaining one took place at the participant's place of work. The same (three-tier) process was repeated when recruiting mothers with three-year-old children. At the end of the interview, participants were told about the observation stage of the study, and asked if they were interested in being re-contacted. The interview guide of those who expressed interest was marked with a green marker, and those who declined were left unmarked.

Nearly all the women initially agreed to be contacted for observation – though when contacted nearer the time, the majority were otherwise engaged and declined. In the end, seven women consented and agreed to be observed, six observations (3 boys, and 3 girls) were done in total, but one was discarded (boy aged 2), because the index child was asleep throughout. The five observations were of two girls aged 2 and one aged 3; and two boys aged 3 years old. This information is also presented in the table 6.2 below:

Table 6.2: Breakdown of fieldwork with participants

	2 year olds		**3 year olds**		**Total**
Activity	**Boys**	**Girls**	**Boys**	**Girls**	
Interviews	**10**	**6**	**8**	**6**	**30**
Parent-child observations	**1**	**2**	**2**	**1**	**6(n=5)***
Comments					*1 discarded

6.14 Data Analysis

Having recounted the design and process of data collection, this section describes how I analysed the collected data in this study. Analysis of the data has been on-going from the commencement of the study (Hammersley and Atkinson, 2007). For example, the data at the interview phase informed the participant observation, and as mentioned earlier, each stage of the research process informed the next in a cyclical manner (Coffey and Atkinson, 1996). The following merely details how the voluminous data from the interviews, participant observation and field notes were handled, organised, and categorised to facilitate deriving meaning from the data, for the eventual write-up.

Miles and Huberman (1994) explain the three main inter-linked activities in data analysis as consisting of data reduction, data display and conclusion drawing and verification.

Beginning with data reduction, I undertook what O'Flaherty and Whalley (2004: 2) elucidated as "a process of selecting, simplifying, abstracting and transforming of the raw data, [which is arrived at through]… summaries, coding, teasing out themes, making clusters, making partitions and writing memos". I commenced this by reading the transcripts a number of times, in order to immerse myself in the data, to understand and to look for patterns of thought and behaviour - patterns being a form of ethnographic reality (Fetterman: 1997; Riemer 2008).

At this stage, the initial coding [on an interview-by-interview basis] began. Coding is central to qualitative data analysis for data reduction and data display, although coding is not synonymous with analysis (O'Flaherty and Whalley, 2003). Coding only enables labelling of keywords or phrases that emerge from the data, relevant to the concept under investigation ((Miles and Hubernan, 1994; Coffey and Atkinson, 1996). Coding, however, helps to form various categories that can be pulled together later on. For example, the initial coding of the materials generated a number of (over 80) codes.

I proceeded to display data by identifying themes and coding broad headings as they developed from the material (Saldana, 2009), and as informed by the topics stated within the research objective. I moved back and forth between evidence and attached it to respective themes. The use of a qualitative software tool made the coding and retrieval procedure manageable. This is recognised as data display, which is the organised, compressed assembly of information that permits conclusions to be drawn and necessary action to be taken (Miles, 1994).

The final stage of the analysis, according to Miles and Huberman (1994), is the conclusion and verification sub-process, where meaning is derived from data, and is used to build a logical chain of evidence (Miles, 1994; O'Flaherty and Whalley, 2004; Corbin and Strauss, 2008). It involved recording, sorting, matching, contrasting and linking of data, to harness and

assist in answering the research question as made apparent within the data (Bazeley, 2007; Riemer, 2008).

At this stage, it was necessary to introduce some new codes, which came out of participants' comments, and warranted a closer examination (e.g., the notion of missed opportunities). At other times, I reorganised codes which might be pooled, removed or dealt with in a more effective way, for instance, separating religious activity as a different unit to explore, and recording each stage accordingly. The general idea of this stage was to engage with the data in order to interpret and write up the participants' reality in a coherent manner (Silverman, 2006; Wolcott, 2009). In essence, research data analysis helps to 'identify regularities, patterns, explanations' that might enhance meaning-making from the data, giving 'voice' to the participants, using their own words and construction of coherent meaning (Miles and Huberman, 1994; Corbin and Strauss, 2008).

The three stages explained above are interlinked and this is more effective, because I undertook the transcription of the recorded data from the interviews before commencing the process of analysing and categorising. These transcription exercises helped to reinforce my involvement with the data. It also helped me to recognise some words easily. This could have been difficult if a third party had transcribed them, as they might struggle with the words used by, or the accents of, some of the participants. The transcriptions were prepared using a word-processor, and then transferred and assigned into Atlas Ti, a Qualitative Analysing Software (QAS), as

ordinary word processors are inadequate to handle voluminous data, and the management, structuring and manipulation of data [e.g., memos, data linkages, queries etc.] that are required in data analysis (O'Flaherty and Whalley, 2003; Lewins and Silver, 2007). The painstaking individual reading of the materials several times also helped me to immerse myself in it, to aid my understanding and to arrive at a form of ethnographic reality (patterns of thoughts and behaviour) (Fetterman: 1997; Riemer 2008) that is conveyed in the eventual write-up of the report.

6.15 Conclusion

In this chapter, I described the methods employed in this study, which explores the influence of socio-cultural characteristics and maternal health on Pakistani families' parenting patterns. The targeted families are part of the BiB cohort, and participants were mothers of 2 and 3 year old children. Thirty face-to-face interviews and five ethnographic observations were undertaken. Data analysis was done using the Atlas.ti 6.2, qualitative analysis tool. The data were coded, and themes were identified, which informed the write-up of the findings in accordance with the study's objectives. In the next chapters, the research findings are presented.

CHAPTER 7

PAKISTANI MOTHERS' EXPERIENCES

7.1 Introduction

In the previous chapter, this thesis established the basis for the present research study. The study focuses on exploring the parenting patterns of families originating from Pakistan and living in Bradford city. A qualitative research methodology is employed, to explore the views and experiences of Pakistani mothers, on issues of their parenting roles in the United Kingdom. Data collection took place in participants' homes, situated all around Bradford. This chapter begins to relate the research findings and commences with the findings for the first two objectives of the study, which were to identify key differences in the experiences of three categories of Pakistani women in Bradford. These are women "Born in Bradford" (BIB), "Brought to Bradford" (BTB) and those who "Came to Bradford" (CTB). Evidence in the literature suggests differences between first, second and subsequent generations of immigrants into any society, as well as differences within and between cultural groups (Craig et al., 2007); the present study explores the three categories within the same generation of women, within the same Pakistani culture. They are all of childbearing age, between 20 and 45 years, and have had contact with the UK society and system at different times in their lives.

7.2 Research aim and objectives

In order to answer the question: *'How do socio-cultural characteristics and maternal health influence the parenting patterns of families of Pakistani origin living in Bradford?,'* this study aims to explore how Pakistani families living in Bradford raise their children, and what influences how they do so. To achieve this a fivefold objective was set as follows:

Firstly, to explore experiences of living in the UK, amongst Pakistani women living in Bradford city and classed as 'BIB', 'BTB' and 'CTB', respectively. Secondly, to identify key differences in their experiences. Thirdly, to understand how different health and socio-cultural factors influence how Pakistani families raise their children; these factors are maternal mental health, level of education, religion, integration (or acculturation) and social or support network available to the families. Fourthly is to observe Pakistani mother-child interactions in exploring parenting patterns. And lastly, to understand the interplay of culture and religion in the Pakistani families' parenting patterns.

7.3 Participants

The research set out to interview thirty women, and had thirty-eight referrals. Of this number, only three women declined out-right the invitation to participate. This makes the general response rate of the willing participants over 90% (35 out of 38). However, of the remaining thirty-five willing participants, one woman's husband refused to allow her to participate after she had expressed interest; one cancelled an hour before the interview due to illness, two were not at home following their appointments to be interviewed and one was no longer required,

as the desired number of interviews had been conducted. In total, thirty face-to-face interviews were conducted with Pakistani mothers living in Bradford. Tables 7.4a and 7.4b show the demographic characteristics of these mothers. Sixteen (53%) of these mothers had 2-year old and fourteen (47%) had 3-year old children (Table 7.1). The actual age of the mothers interviewed ranged from 23 to 40 years, of which the majority fell into the 25 to 34 age bracket (see Table 7.2).

Table 7.1 Make-up of Mothers in face-to-face interviews			
	Mums with 2 year olds	Mums with 3 year olds	**Total**
Boys	10	8	18
Girls	6	6	12
Total	**16**	**14**	**30**

Table 7.2 Age of mothers interviewed					
20-24	25-29	30-34	35-39	40-	**Total**
3	11	14	1	1	**30**

Of the study population, seventeen (57%) mothers were 'Born in Bradford' (BIB), one individual of this category was taken back to Pakistan at the age of 2, and returned to Bradford, UK at the age of 25. She had most of her childhood experiences and education in Pakistan but was classed as part of the 'Born in Bradford' category instead of the 'Came to Bradford' (CTB) group, for birthplace purposes. Nonetheless, her values and beliefs might parallel the CTB category; this is pointed out in the findings. Five (16%) mothers were 'Brought to Bradford (BTB)', and these were split into two subcategories: those who were brought before twelve years of age (13%); and those brought between twelve to fifteen years of age (3%), although, only one person falls into the latter subcategory. If participants were aged 16 at their initial contact with the UK, they are classed as adults and categorised as 'Came to Bradford' (27%), see Table 7.3 below. The minimum age at the initial contact with the UK among this group was 18.

Table 7.3 Characteristics of parents (mothers)

Born-in-Bradford	Brought to Bradford		Came to Bradford	**Total**
	under 12 years	over 12 years		
17	4	1	8	**30**
57%	16%		27%	**100 %**

7.4 Key differences between BIB, BTB and CTB mothers in Bradford:

7.4.1 *Experience of living in the UK*

All the BIB mothers, except two, had spent the whole of their lives in Bradford, UK. One mother moved to Bradford from the Midlands, whilst the other had been overseas, and returned seven years ago. Eight mothers of the BIB category were in employment and Table 7.4a, show the demography of all participants. Four (80%) out of five of the BTB mothers came as children (between ages 3 to 9), to the UK, and had almost similar living experiences to the BIB mothers. One BTB mother came into the UK at the age of fourteen, to access facilities to cater for special educational needs. In her own words, she said,

> *"…because I've got problems with learning disabilities and there was no such facility in Pakistan that's why I have to come here"* mother of 3, age 25.

Only one woman of the BTB category was in employment. The CTB mothers, who came to the UK as adults had various reasons for doing so. Four came upon their marriages to British citizens; one came to join a married sibling and later married in the UK. Yet another came already married in Pakistan with her husband on a Highly Skilled Migrant Programme (HSMP) Visa, and others came with or without their partners in search of 'greener pastures'. Three women in this category were in employment, although one of these had been on a long-term career break due to sickness. Education and work is discussed later.

Table 7. 4a	Demographic characteristics of participants							
Identifier & Pseudonyms	**Age**	**Mothers' birthplace**	**Category**	**Length of stay in UK (years)**	**Employment status**	Fathers' birthplace	Marriage type*	Fathers' employment status
1. Barika	25	Pakistan	BTB[12+]	11	Never worked	Pakistan	A	Taxi-driver
2. Chanda	38	Pakistan	CTB	20	Career-break	Bfd	L	Employed
3. Asha	32	Bradford	BIB	whole life	P/T office job	Bfd	L/A	Banker
4. Muhja	25	Bradford	BIB	whole life	Self-employed	Bfd	A	Postman
5. Aabish	30	Bradford	BIB	whole life	Not working	Pakistan	A*L.	Unemployed
6. Rukaya	29	Pakistan	BTB	24	Not working	Pakistan	A	IT teacher
7. Nesayem	33	Bradford	BIB	whole life	Not working	Pakistan	A	Self-employed
8. Bashira	32	Pakistan	BTB	28	Never worked	Pakistan	A	Taxi-driver
9. Aaeedah	23	Bradford	BIB	whole life	Not working	Bfd	L	Banker
10. Jala	24	Bradford	BIB	whole life	Not working	Pakistan	L	Employed
11. Aakifah	29	Bradford	BIB	whole life	F/T Teaching Assist.	Bfd	L/A	Employed
12. Cantara	31	Pakistan	CTB	3	Not working	Pakistan	A	IT Software Analyst
13. Huma	23	Bradford	BIB	whole life	Not working	Pakistan	A	Employed
14. Dhakira	27	Pakistan	CTB	4	Not working	Bfd	A	Employed
15. Aamaal	28	Bradford	BIB	whole life	F/T office job	Bfd	A	Employed
16. Dhuka	25	Pakistan	CTB	4	Never worked	Bfd	A	Engineer
17. Rafa	33	Pakistan	BTB	24	Career break	Bfd	A	Restaurant Mgr.
18. Isha	30	Hong Kong	CTB	7	Care Assistant	Pakistan	A	Employed
19. Noor	28	Bradford	BIB	whole life	Not working	Pakistan	A	Barber
20. Saliha	25	Pakistan	BTB	20	Not working	Pakistan	A	Barber
21. Aanisa	30	Bradford	BIB*	7	P/T Sales Assistant	Pakistan	A	Accountant
22. Aaqila	30	Bradford	BIB	whole life	Child-minding	Pakistan	L	Restaurant staff
23. Aroob	31	Bradford	BIB	whole life	F/T Managerial	Pakistan	L/A	Taxi driver
24. Najat	40	Bradford	BIB	whole life	Not working	Pakistan	A*LL	Judo Trainer
25. Ismat	33	Pakistan	CTB	15	Not working	Bfd	A	Not around
26. Abasa	30	Bradford	BIB	whole life	Not working	Pakistan	L/A	Solicitor
27. Abida	29	Bradford	BIB	whole life	Training Consultant	Pakistan	A	Postman
28. Itab	34	Pakistan	CTB	8	F/T Sales Assistant	Pakistan	A	Taxi driver
29. Afaf	26	Bradford	BIB	whole life	Not working	Pakistan	A	Employed
30. Jadwa	32	Pakistan	CTB	4	Not working	Pakistan	A	Employed

BIB* Born in Bradford but raised overseas. Key to Marriage type: **L** is Love marriage. **A** is Arranged . **L/A** means either parents choose, and parties agreed or parties introduced partners and parents agreed. **A*L**: twice married, first was Arranged, second was Love. **A*LL**: thrice married, the first was arranged, the last two were Love marriages.

Table 7. 4b			Acculturation: preference for language spoken		
Pseudonyms	**Age**	**Mothers' Category**	**Length of stay in UK (years)**	**Language at home**	**Snapshots of Mothers' view of the language spoken in the home**
Asha	32	BIB	whole life	English	"We just find it natural to speak English…"
Muhja	25	BIB	whole life	Punjabi	" I'm not very much concerned about English"
Aabish	30	BIB	whole life	Punjabi and English	"I speak Punjabi to all of them at home"
Nesayem	33	BIB	whole life	English	"I believe they should still have their roots…but they speak English"
Aaeedah	23	BIB	whole life	English and Punjabi	"I talk to her in English and sometimes in Punjabi"
Jala	24	BIB	whole life	English and Pashto	"We speak English and Pashto…"
Aakifah	29	BIB	whole life	English and Urdu	"It is what I'll prefer to use. It's spontaneous with me"
Huma	23	BIB	whole life	Urdu	"I speak English, but mainly, I speak Urdu"
Aamaal	28	BIB	whole life	English	"it was the natural thing…I speak English all the time"
Noor	28	BIB	whole life	English, / Punjabi	"I use English with other kids, but I want my kids to know Punjabi"
Aanisa	30	BIB*	7	Urdu	"I am not worried, if he doesn't speak English now"
Aaqila	30	BIB	whole life	Urdu	"We wanted to stick to our heritage and want that for our kids too."
Aroob	31	BIB	whole life	English	"My mother tongue is Punjabi, but I grew up speaking English…"
Najat	40	BIB	whole life	Urdu and / English	"We always discuss in Urdu, but we always address the children in English"
Abasa	30	BIB	whole life	English and / Urdu	" I used to speak only Urdu with them at home, they learnt English in School"
Abida	29	BIB	whole life	English and / Urdu	"My personal preference is English first, as he lives in the UK…"
Afaf	26	BIB	whole life	Urdu	".I want them to know both languages …"
Barika	25	BTB^{12+}	11	Punjabi	"In our family, we don't speak English at home with children"
Rukaya	29	BTB	24	English & Pashto	"we speak English because his [husband's], English wasn't that good"
Bashira	32	BTB	28	English	"We tried speaking Punjabi but the kids don't understand…"
Rafa	33	BTB	24	English	"We all speak English, we tried, but it didn't work speaking Punjabi"
Saliha	25	BTB	20	English/Urdu	We want them to speak English… but also our own …is very important to us"
Chanda	38	CTB	20	English / Urdu	"I speak English, but sometimes I speak Urdu"
Cantara	31	CTB	3	Urdu	"We all speak Urdu at home. My daughter learns English from Nursery"
Dhakira	27	CTB	4	Urdu/Eng./ Punjabi	"It is good for them to understand all the language … available to them"
Dhuka	25	CTB	4	Urdu and English	It is best he understand the essential languages around him"
Isha	30	CTB	7	English / Punjabi	"We decided they learn our first language… can learn English in school."
Ismat	33	CTB	15	Urdu/ Punjabi/ Eng.	"…when they get to GCSE, they can choose Urdu language…"
Itab	34	CTB	8	Urdu and English	"Normally we… speak Urdu, but, my daughter.. pick up English … from TV"
Jadwa	32	CTB	4	Urdu and English	"I teach the children Urdu and English"

* BIB but raised in Pakistan. BTB^{12+} - Brought after 12 years of age.

7.4.2 Language spoken at home

Table 7.4b above, shows the length of stay in the UK, language spoken at home and mothers' perception of the English language as a mode of communication. Length of stay ranges from three to 28 years amongst the BTB and CTB categories of women. Generally, all participants (mothers) were bi-lingual, speaking both Asian and English languages. The English language is at varying levels, but the language spoken at home could be English only, English and Asian language and Asian language only, as Table 7.4b illustrates.

All the BTB, and some CTB mothers were monolinguals, prior to coming to the UK, they learnt the English language in the UK; however, some of the BTB mothers came as children under the age of twelve, and were therefore more accustomed to the British system. The shortest length of stay in the UK amongst this group was 11 years. In particular, it is the CTB mothers' use of the English language as a mode of communication at home that might give an indication of their level of acculturation. A most striking result regarding language use at home that emerges from the data is not among this group but among the BIB mothers, where not that just a few of the BIB mothers speak English only at home with their children, but some speak only the Asian language at home with them. They expect their children to learn English for the first time in the nursery or school.

> *"Actually, I ... speak only Urdu with them at home, they learnt English in School."* Abasa, mother of 3, age 29 (BIB).

"At home I try speaking with him in Punjabi. We are from Murpuri, and there they speak a Punjabi that is quite strong. I'm not very much concern about the English; he gets that at the day centre" Muhja (25), mother of 1 (BIB).

"I am passionate about speaking and teaching Urdu, because I don't like it that they can't speak with my people when they go to visit them. I learnt Urdu, in fact, my grand-parents spoke Punjabi, and there are other languages in Pakistan: I speak four of them [Urdu, Punjabi, Hindko and Pashto] and English. I learnt, so they can learn. I learnt English in Pakistan. So they can learn Urdu in England. In school, they will learn English." Aanisa (30), mother of 4 (BIB).

" I speak English, but mainly I speak in Urdu at home." Huma (23), mother of 2, (BIB).

"We wanted to stick to our heritage and want that for our kids too. The ***language means a lot to us, when we speak in our language, there is more expression,*** *I mean its more expressive and real, it is natural to us.*" Aaqila (30), mother of 2 (BIB)

"I'm not speaking English at home, I speak English when I need it. In our family, we don't speak English at home with children. We want our children to learn their own language so when he goes to Nursery he starts there, the teachers in the nursery will start to teach English…" Barika (25), mother of 2 (BTB)

All the mothers speak a minimum of two languages; the choice of language they decide to speak at home with their children depends upon cultural preference (to keep their culture/roots) or convenience (it comes naturally, or it is easier). Other variations are mentioned below. Those who speak English only at home (mainly BIB mothers, and one BTB, who has been in the UK since age 3), do so mainly

due to their mother's personal preference. Some of their children are exposed to the Asian language elsewhere, for instance, with grandparents and relatives who speak a different language from them.

> Q: What language do you use at home?
>
> "*We speak English at home, but his grandparents speak Urdu, [so] he learns from his grannies. We just find it natural to speak English, but having our own language is also safe and good"* Asha, mother of 1, age 32.
>
> *"I prefer English because I'm used to it as well, but I can speak Punjabi. We all speak English, which is easier"* Bashira, mother of 4, age 32 (BTB)
>
> *"English…It was the natural thing, with my schedule of work; I cannot manage another language lesson. I speak English all the time. My parents speak Urdu that is where they picked it from*" Aamaal, mother of 3, age 28.
>
> *"My mother tongue is Punjabi, but I grew up speaking English… My husband understands Urdu and Punjabi, [she (daughter) can learn these] if she's interested*" Aroob, mother of 1, age 31 (BIB).

Those who introduced the Asian language to their children at a later stage said they often met with little success, such that they simply continued to speak English at home. This was particularly so when the mothers were working and preferred the English language. It was also true when older siblings had started

schooling and learnt English, which they then introduced into the home, and younger siblings acquired the language as a result. Some of the mothers explained this.

> *"To tell you the truth, all my children end up speaking English, but my husband wants them to speak our language, even I believe that they should still have their roots of where they really come from. I try this with the younger ones… in particular, I try to speak our language, which is Punjabi and I have tried but it sort of going that way. He's going towards more of the English because I end up talking with girls and my eldest in English and he has picked it up and… he has picked up a lot from them as well because they speak English, so Punjabi is going out through the window at the moment."* Nesayem (33), mother of 4 (BIB).

> *"We tried speaking Punjabi but the kids don't understand…so, we all speak English"* Bashira (32), mother of 4 (BTB).

> *"We all speak English, we tried, but it didn't work speaking Punjabi"* Rafa (33), mother of 4

The Table (7.4c) below compares and summarises the language spoken at home among these three distinct groups of mothers, it shows dual language was common to all of the groups. It appears however, that the CTB group of women made some effort to fit into the British language culture, by combining English with the language already acquired from their homeland, and introducing English to their children accordingly. A mother explained how her ability to communicate in English encouraged her children.

" I always read something…and they always say "mamma, we're really lucky to have you", because some of my sisters-in-law, who came from Pakistan; they can't really speak much English. They are well educated, when they came from Pakistan. I don't know why or how, but sometimes they [the children] compare myself to them. They'll say, "mamma, we are lucky to have you, you can speak, you can drive, you can speak English and help us with school work." I think it gives kids confidence as well, [that] mum and dad can speak English" Chanda, mother of 4, age 38 (CTB).

Table 7.4c Categories of language spoken at home			
Language spoken at home	**BIB**	**BTB**	**CTB**
English only	4	2	0
English and Asian language	8	2	7
Asian language only	5	1	1
Total	**17**	**5**	**8**

Other findings show even more complex and reciprocal interactions between children and parents to influence the language spoken at home. One individual illustrated this.

> *"Normally, we would like to speak Urdu, but, my daughter, she pick up English from cartoon, from TV. So, she speaks English and makes us all speak English. We all have to speak English! She chose the language, she changed everything"* Itab, mother of 2, age 34 (CTB).

Other mothers narrated their continual struggle with the language at home experience:

> *"I really want them to learn Urdu; learn both languages. But, he is more comfortable with English than Urdu. He can't really speak much of Urdu. I try to encourage him, sometimes, when I'm reading books with him, English books. Obviously, they are all English words, but I just translate them to Urdu. So he will say, "This is not Urdu, this is English". So he will read it to me in English. He doesn't like it, but I still try to read in both languages"* Chanda, mother of 4, age 38 (CTB).

> *"I'm finding it really hard now to talk to him in my own language, because l'll talk to him in my language and he'll understand it, but, he never talk to me in it, he'll reply in English – but, I talk back in my own language"* Muhja, mother of 2, age 25 (BIB).

> *"Actually, I used to speak only Urdu with them at home, they learnt English in School – all of them learnt English in school; now they speak English. If I speak to them, they reply in English, so I am forced to speak English with them"* Abasa, mother of 3, age 30.

Interestingly the data also shows how some children, as soon as they were exposed to the English language, insisted on speaking it, and distinctly decided with whom they spoke a particular language. For example, they would only speak English with their parents (their mother, or at home), and an Asian language with the grandparents, whom they knew did not or would not speak English with them. Very occasionally, a child had to speak different languages with his parents, responding constantly to more than one language. Some participants explain these scenarios.

"[*We speak*] *Urdu, but, as soon as he starts school, he refused to speak Urdu. He prefers to speak English at home, but would speak Urdu with his grandparents*" Aaqila (30), mother of 2 (BIB).

"When he is at my mum's and dad's house, he speaks Pashto, and when he is over here with me he speaks English. With his dad he speaks Pashto as well because he is from Pakistan…". Jala (24), mother of 2 (BIB).

"Sometimes I talk to her in English and sometimes in Punjabi, my father and mother-in-law can't speak English. She responds to both languages" Aaeedah (23), mother of 1 (BIB).

"…I'm forced to speak English with them. But, like their grandma or relatives who do not speak English, they would speak Urdu with them…" Abasa (30), mother of 3 (BIB).

Some further complexities were found in the data about the language spoken. For instance, when we asked the participants about the language spoken at home, the majority admitted they spoke English and an Asian language. In fact, it appears this only meant that the children understood English; essentially, they had learnt it or were currently learning it in school, not necessarily that they spoke it or were allowed to speak it at home. We mentioned earlier that some children enforced the speaking of English language as indicated in the mothers' comments. This also signified the possible tension between parents and children over which language was permitted in the home. This is reflected in some mothers' comments.

> *"Yes, I speak Punjabi to all of them at home, and they learn English in school. She will learn in school, like the others, they now speak English and they speak to her, but I do not allow them to speak English* [at home]*."* Aabish (30), mother of 3 (BIB).

> *"This is the time they learn. I don't allow them to mix English with Urdu, when they speak. My two eldest children go to school, so they can speak English now. But, at home, they either speak Urdu or English; and if they speak English, I'll say to them in Urdu, I don't understand what you are saying. They'll say, 'oh, oh, mamma…' and speak in Urdu. So, I'll reply – 'I see, that's what you mean' [in Urdu], and we all laugh. But, they are getting the message"* Aanisa (30), mother of 4 (BIB, but raised in Pakistan).

Whilst the BIB mothers aimed to limit English language to schools, CTB mothers aimed to encourage English for outside socialisation. Some mothers explained this.

> *"I spend more time with the kids – so they have to learn my mother tongue. Also, I want them to be able to relate with others outside – so, I have to speak English with them and the first son attends school now, and speaks English, and I want to encourage that too"* Jadwa (32), mother of 3 (CTB).

> *"I think it gives kids confidence as well … they can do something for themselves, and we are always, like encouraging them, pushing them"* Chanda (38), mother of 4 (CTB).

> *"It is good for them to understand all the language of communication available to them – so they can communicate with friends, family and in school"* Dhakira (27), mother of 2 (CTB).

> *"It is best he understand the essential languages around him… Here, he needs to understand English, then he will not struggle to communicate in school*" Dhuka (25), mother of 1 (CTB).

> "…*I teach the children Urdu and English*…" Jadwa (32), mother of 3 (CTB).

Among the BIB mothers, the data shows that some fathers clearly preferred that the children spoke an Asian language, but, unless these fathers were personally committed to teaching their children, the mothers' preference tended to prevail or the language was learnt elsewhere.

> *"… his dad wants us to teach him our own language, but I say,' you are in the best position to teach him', he learns from his grannies"* Asha (32), mother of 1 (BIB).

> *"…my husband wants them to speak our language … which is Punjabi and I have tried but… Punjabi is going out through the window at the moment"* Nesayem (33), mother of 4 (BIB).

> *"...My husband speaks English but because he is from Pakistan, he speaks Pushto, so my son speaks pashto with him..."* Jala (24), mother of 2 (BIB).

> *"...My husband understands Urdu and Punjabi… if she's interested"* Aroob (31), mother of 1 (BIB).

In addition, sometimes the language spoken between the parents, and that of parents to children differed, which could further complicate matters at home.

> *"We always discuss in Urdu, but we always address the children in English. We do not want to confuse them with too many languages"* Najat (40), mother of 5 (BIB).

> *"...My husband and I are from different part of Pakistan ... he speaks Punjabi and I speak Urdu, when he speaks, he speaks Punjabi and I speak Urdu back...we can understand each other, but cannot speak each other's language. He is not around to teach them Punjabi, so I teach the children Urdu and English..."* Jadwa (32), mother of 3 (CTB).

In general, all participants wanted their children to speak their own language. Some of them stated the reasons for this, for example, to avoid embarrassment among other family members, to enable the children to communicate with family members, especially elders - as grandparents and in-laws would not compromise their stance in respect of having an Asian language as the mode of communication with them. At times, it was because some of the partners had come from overseas, and they had to learn English, and some of them might insist that the children understand their own language as well. Several of the mothers elaborated on this.

> *"Like their grandma or relatives who do not speak English, they would speak Urdu with them. It is good they could communicate in both languages – I have a friend, who was born here and her kids were born here too... because she never spoke her language (Urdu) to her kids, they cannot communicate with their grandma. When they spoke to their grandma, she nodded, but she didn't understand them and when she spoke in Urdu, the kids nodded too and shrug their shoulders, they haven't a clue what grandma*

had said. I think that is a shame, and I didn't want that" Muhja (25), mother of 1 (BIB).

"His grandparents, my parents in Pakistan will not be happy to speak with him in English and [if] he cannot understand them that will be irresponsibility on my part " Dhuka (25), mother of 1 (CTB)

"With his dad he speaks Pashto ... My husband speaks English but because he is from Pakistan, he speaks Pashto, so my son speaks Pashto with him as well" Jala (24), mother of 2 (BIB).

"They will need to mix with people and communicate with my mother tongue. My parents, their grandparents do not speak English" Afaf (26), mother of 2 (BIB).

"Now, we want to teach her Urdu, because when my friends' children speak Urdu to her, she just looks at them, she does not understand them… when we saw this, we said, 'no…we must teach"" Itab (34), mother of 2 (CTB).

"Well, I want children that are able to communicate with all their family. All my family members speak in Urdu. I don't like when family member speaks to them and they can't respond" Aanisa (30), mother of 4 (BIB*).

Two participants linked the language at home to educational intent for both English and Asian languages.

> *"It is because, when they get to GCSE, they can choose Urdu language, and it will be beneficial if they'd learnt it at home"* Ismat (33), mother of 4 (CTB).

> *"From an educational perspective, academically, it is important for him to understand English, although, I still want him to be bi-lingual, so he can connect with his culture"* Abasa (30), mother of 1 (BIB).

All the above reasons, when compared to the experiences of the mothers (i.e., participants) when growing up, were interlinked. Since the BIB mothers interviewed were the first generation – the first set to be born in the UK - their immigrant parents would have had a minimal level of, or no education, and would not have spoken English. Therefore, they were made to speak Asian languages in order to communicate at home. This appeared to be the norm as the majority of the participants echoed similar experiences to the following as a result.

> *"When I was growing up, because my parents do not understand English, the only language we were allowed to speak was Urdu – otherwise, we couldn't communicate with our parents. I learnt English as a second language in school"* Abida (29), mother of 1 (BIB).

> *"…Our parents make us speak Urdu, and we learnt that…"* Asha (32), mother of 1 (BIB)

> *"… My parents insisted we kids learn both languages and I want the same for them"* Saliha (25), mother of 2 (BTB).

In summary, the participants in this study had been exposed to UK society at different times and had made decisions accordingly. Also, some had accessed the UK education system and we now turn to the data evidence on the maternal level of education.

7.5 Level of Education

Of the cohort, the maternal level of education ranged from primary school attendance to postgraduate (Masters) degree levels. Among the BIB mothers, all with the exception of one, had their educational experiences in the UK; six (out of seventeen) had secondary school level education, and eight were educated to degree level, one had A-level, and one undertook a vocational course (see Table 7.5). Participants who commenced a course of study but did not complete it were placed in the last qualification they had; for example, a mother, who did not finish her first degree programme was placed in the last qualification level she held, which was A level. Two mothers fell into this category, and were placed in A level and primary school level respectively. In their own words, they expressed the reasons why they could not finish their studies.

Q: Did you finish your study?

> "*I didn't finish. I didn't do my GCSE. I just went to Pakistan and I came back and I had my child and when I came back they had taken my name off, and my mum was very ill and stuff and we were in A&E. I tried to get a school but I couldn't at that time. I am going to go back when the children are in nursery I am planning to go back"* Huma, mother of 2, age 23 (BIB).

"*No, I didn't finish my degree, I choose not to finish it, because after I got married, I knew they won't let me carry on".* Aaeedah, mother of 1, age 23 (BIB).

Table 7.5a	**Maternal level of education**				Total
	BIB	**BTB**	**BTB[12]**	**CTB**	
Primary	1	1	-	-	**2**
Secondary	6	2	-	2	**10**
A Level	1	-	1	1	**3**
Vocational	1	-	-	-	**1**
Degree	8	-	-	3	**11**
Postgraduate (master)	-	1	-	2	**3**
	17	**4**	**1**	**8**	**30**

7.5.1 Marriage and education

All the BIB mothers stopped their education at respective points in order to marry. With respect to marriage and education, those who stopped at GCSE level (secondary level of education) almost all expressed a desire to further their education, either at that time, or sometime after marriage, and some still harboured such a desire to further their education. These fell into categories in line with what they expressed, either being satisfied, or not satisfied at having been married at the time they were, and others were neutral, as they understood

the norm within their culture. Those who were not satisfied, felt they were forced to marry against their own wishes, and expressed a determination to do better for their children. Some of those not satisfied expressed themselves below:

> "*Definitely, I wanted more, I wanted to go further, but they didn't allow me; I was too young to oppose what my family says. I got married instead, I went to Pakistan and got married to who they wanted me to marry"* Aabish (30), mother of 3 (BIB).

> "*I would have wanted more, I feel deprived because my parents were very strict about school. Once, I finished GCSE they married me off"* Najat (40), mother of 5 (BIB).

Others were not as dissatisfied, as they expected to be married off and were less bothered that it happened when it did. Nonetheless, they also expressed their desires:

> "*When it is time for me to get married, my mum and dad decided that it was time for me to get married and I think I was quite ready myself as well, because it is a love marriage as well and we got married. It is the culture. Is like my husband and culture they won't allow me to work or educate further. In fact, if I was allowed I wouldn't have been a young mum now, I would have been an educating girl, working possibly, yeah*" Jala (24) mother of 2 (BIB).

> "*After my GCSEs… then I got married at the age of 19 and I was pregnant while I was having my… I thought it wasn't a good idea to still carry on because I couldn't cope… I actually have the kids upstairs while I studied for my GCSE Maths and English and things like that*" Nesayem (33), mum of 4 (BIB).

Some, who seemed 'satisfied' with their achievement, upon hindsight wished they had continued, and yet hoped to give their children better chance in terms of education. This might reflect their inner struggle with respect to their educational attainment:

> "*Education is important…really important, my kids will study…it is a must, it is a must. I did have a choice of carrying on by the time I got married, but I got married instead. After marriage... after my first son, I just forgot about it; but, I could have… like more…I am not …although, I am happy with what I've got, but education gives you confidence. I might like more*" Afaf (26), mother of 2 (BIB).

> *"I wanted to go back to Pakistan to get married but I think if I do have a choice when I think back now I should have just gone a little bit further, may be work for a bit more time or may be graduate a little bit more, yeah… for my kids, I would want them to just carry on just educate as much as they want to become something because I really want them to become something"* Jala (24), mother of 2 (BIB).

7.5.2 Education of British-born versus Pakistani-born mothers

It was observed in the literature that women in Pakistan did not have as much opportunity as men to go to school. The findings from this study seem to indicate that women from Pakistan (those 'Brought to Bradford' especially those who 'Came to Bradford') could be faring better academically than their British counterparts. Further, it appears that the 'BTB and CTB' groups made the most of the educational opportunities available in the UK, than their British-born peers. Two mothers from the 'BTB' (combined) category, had a secondary

school level of education, one had a BA from Pakistan, which she said was equivalent to A' levels in the UK, another had a Masters degree. There were two mothers from the 'CTB' category with secondary school education, one with A' Level, three with degree level qualifications and two with postgraduate (masters) level qualifications. Although none of the BIB mothers had a postgraduate qualification, two from the CTB and one in the BTB group had postgraduate (masters) qualifications. However, this did not improve the status of these mothers, particularly if they were not working, although their education affected the quality of opportunities they could offer their children at home.

> *"I did up to MSc. I had MSc in Computer Science … but I can't work because there is no childcare for the children,.. only my husband is working as a Software Technical Analyst… I can help them [the children] with their schoolwork up to higher institutions"* Cantara (31), mother of 2 (CTB).

> *"I did MA in English Literature. I am glad I'm educated, I will like my kids to have good hold of language. I work hard with my oldest boy to ensure he is not behind the British boys and girls in school. . I will try my best to get my kids very well educated … be enlightened and avoid being narrow-minded, that would result if you are not educated. I want my kids to have a broader view of life"* Jadwa (32), mother of 3 (CTB)

7.5.3 Education and Work

Nine (53%) of the seventeen BIB mothers were not working, including all those with secondary levels of education. This could indicate that whilst education did not guarantee good employment, a good level of education was essential in order to access and compete in the labour market. It would also indicate that these mothers had taken it for granted that they would not have to work, so had no reason to reach an advanced level of education. This would appear to be more of a cultural stance, than relevant to the availability and access to educational opportunities. All the fathers, with the exception of two, both those that were born in Bradford and those who came from Pakistan to marry British-born wives, were working. One father was unemployed and another was away (see Table 7.4a).

Women in the BIB group (eight (47%) out of seventeen), and educated to degree level seemed a lot happier with their education and work as they were more able to make choices, both about the type of work to do, and for how long they would be in employment. All of these were working in one capacity or the other, in part-time, full-time or self-employed.

Q: Do you work outside the home?

> "*Yes, I'm a driving instructor. I work for myself, I've got my own business, I'm solo… I did a BA honours degree in Community Studies, and I went on to do Youth Work, the reason why I left the work is because you always have to depend on funding, if funding goes, out goes the job"* Muhja (25), mother of 1 (BIB).

> *"Yes, I work full-time as a higher level teaching assistant… I enjoy my work, I like what I do"* Aakifah (29), mother of 1 (BIB).

"I work 4 days a week, I could never stop working to stay at home with him. I need to be myself and do something on my own, it may sound selfish, but, I too need that balance" Abasa (30), mother of 1(BIB).

"You've got to work and pay the bills. One income is not sufficient these days, even, with two-income, it is though. So, I am content … If I am not educated I cannot do what I'm doing, I may work, but not satisfying or well paid" Aamaal (28), mother of 3 (BIB).

"No, I work from home… I had a BA honours in Education Studies, I know how to teach, I have worked in schools. I know how to teach children, I use that skill with my children and that's why I went into child-minding, because, my son was allergic to most food, no one will take him to look after him. His eating is very complex, so I have to think of what to do, while I stayed at home to look after him. I use my skills" Aaqila (30), mother of 2 (BIB)

A column in Table 7.4a above shows mothers' employment status, whilst in Table 7.5b below it is shown under the woman's category.

Table 7.5b	**Mothers' employment status in women groups**			
	BIB	**BTB**	**CTB**	**Total (%)**
Never worked	0	2	1	3 (20%)
Not working	9	2	4	15 (50%)
Working	8	1	3	12 (40%)
Total	**17**	**5**	**8**	**30 (100%)**

7.6 Conclusion

This chapter presented findings on mothers' experiences of living in the UK, and the differences between the three categories of mothers. The next chapter will continue to describe how health and socio-cultural factors could impinge on the parenting of Pakistani families.

CHAPTER 8

SOCIOCULTURAL IMPACT ON PARENTING

8.1 Introduction

The previous chapter began to present the findings of this research. It focused on the first two objectives of the study, namely to explore the experience of living in the UK among three groups of Pakistani women, classed as BIB, BTB and CTB and living in Bradford – and to identify key differences in their experiences. This chapter presents research findings for the remaining study objectives. Here we explore how socio-cultural factors: maternal mental health; level of education; religion; integration (or acculturation); and social or available support network, influence parenting in Pakistani families. Without doubt, these issues are more complex than ordinarily envisaged, as all of these factors interact with one another, and perspectives of these parents may differ from the views of other parents or the general society. For example, a parent's mental health could be impaired or improved by the level of education, physical health, beliefs and levels of support or stress to which s/he is exposed. Also, parents might not see the need for certain things (e.g., education), even if the society considers it to be essential. The findings of this study highlight these issues within the Bronfenbrenner-Belsky Framework (*BBF*) of the ecology of parenting.

8.2 Revisiting the theoretical framework for this study

This study uses Belsky's determinants of parenting model embedded within the ecological framework. The ecological framework of Bronfenbrenner (1979, 2000) simply focuses on the socio-cultural context of the developing child, although the framework has since been adapted to fit other contexts and concepts, such as parenting (Crawford and Walker, 2007). Thus, it can be used to understand differences in parenting practice and factors that can influence parenting behaviour (Luster and Okagaki, 2009). Belsky, for example, uses the framework to develop his model of the determinants of parenting. Bronfenbrenner identified four sub-systems which range from internal interactions to the societal context that could influence a child's (and/ or a parent's) world, whereas Belsky identified three broad determinants of parenting. These are the personal psychological resources of parents (commonly termed characteristics of the parents), characteristics of the child and contextual sources of stress and support.

8.3 Characteristics of the parents

Making a link between Bronfenbrenner and Belsky, we might see that at the micro system [the individual parent's level and], the setting for intimate relationships is where parents, children, and the extended families relate. The quality of this relationship would largely depend on the psychological resources of the parent (e.g., the mother). Belsky claims that parents are products of their backgrounds, or developmental

histories, which would have influenced their personalities and therefore their parenting behaviour. Parents as active agents within the micro-level setting would constantly need to fall back on their in-built (and/or acquired) psychological resources. These, among other things would include educational background/attainment (level of education), personal ability to relate well with the environment (e.g., level of acculturation), and health and psychological well-being (health) – examined in chapter 9. In order to gain better insight into how parents in this study claimed to have been affected by socio-cultural factors, we will start to examine the factors one-by-one, beginning with the mothers' level of education.

8.4 Level of Education

Education is a personal and useful resource for mothers. Usually, a good level of education is considered an asset and a positive moderating factor, of benefit to children. It can aid in generating more income, improve occupational opportunities and create upward economic movement. It can also facilitate better socio-economic positioning and enable access to appropriate knowledge (e.g., about healthcare services in the host's culture). A good level of education helps to enhance skills and proficiencies, and can ease the acculturation process for immigrants. The previous chapter gave details about the participants' educational backgrounds. In this chapter, we will be considering the impact of low and high levels of education on the parenting behaviour

of the mothers in this study. Generally, the literature identifies gender differences in education in Pakistan and between its cities and rural areas. It is reported, for instance, that for every available primary school for girls, there are two available for boys (e.g., World Bank, 1996; Gazdar, 1999). In addition, Faridi et al., (2009:128) claim that even "the male's literacy rate is also not very high", which seems to suggest a general deficit in the Pakistani population's educational attainment. A comparison of men and women reveals that it is still the males who have better academic opportunities (Faridi et al., 2009). Given this, the literature records pressure from international agencies on the Pakistan government to redress this deficit (World Bank, 1996; Gazdar, 1998; Malik, 2007). Participants' comments in the present study regarding gender educational differences seem to indicate changes are taking place.

> Q: *Some books I read state that women in Pakistan~~i~~ do not have as much chance as men to go to school. As much as you are aware, Is this still the case in Pakistan?*

> *"I think things are changing, I have been to Pakistan twice, and with what I saw, people are changing, [they are] more modern."* Asha (32), mother of 1 (BIB – BA Social Policy).

> *" Not now, especially in my mother's village, my mother is not educated [but] my aunty is educated, my cousins are all educated and my mummy's brother, they are educated but my mother- in- law and his aunty are not. In the 70's, when she [mother] should have gone to school and all of*

that, in them days, it was like girls should stay at home and only boys should go to school. But, if you look at it now, they have got schools that are mixed, like boys and girls go to the same school. Like you know, in my village that was like a very odd thing to do, … but now even in schools, English is a medium of teaching. In their schools, the first thing they will teach you is ABC, 123, - they teach the alphabet, and now things have really changed… I schooled in Britain. I did my intermediate level 2, GNQ level 2, and then I got married… (Laughs)" Rukaya (29), mother of 3 (BTB).

" I don't think it's still the case, I have just been recently myself to Pakistan, around last year and I went before that for my brother's wedding. Things then was really different, because my sister-in-law came from Pakistan, she was quite young and she stopped school and like she didn't go to school. [But] when I went this time… [again] before like the young girls as soon as they get young, they get married, but now, when I went this time, it's totally different. The girls are more allowed to go to school instead of getting married. [and] so it's really different now. That was really like what I saw in Pakistan; they are really more advanced and everything yeah. The girls normally when they grow to 15 or something, they won't be allowed to go school like [by their] families and stuff, - but now, they got more chance to stay at school even though they are around 18 or 19. I have seen lot of girls, they always go to school, like in my family, myself, my husband's niece, she is em… when we left them [in Pakistan], like all the girls they are all at school. When I went there now, all the girls are now grown-ups, they could speak English, even more, yeah... advanced. They've got internet, computer, what I won't see around before, what I won't expect, they have got it. When we come over here and we think like the old models are in Pakistan, we say, "oh, we all wear the fashion clothes on" but when we went there, they've got everything as well. They have got the latest in everything, everything is different now" Jala (24), mother of 2 (BIB - GCSE).

Changes to the educational practice in Pakistan may have taken place, although it may not yet be as expected, or at an internationally acceptable level, but there appears to be some evidence of change regarding gender education amongst the participants in this study who have recently [e.g., in the last five years] come from Pakistan. In fact, when a comparison is made between these and the BIB mothers, it appears that the BIB mothers might need to make better use of some of the opportunities available within the UK. The mothers who have recently come from Pakistan to the UK have the highest (postgraduate) level of education - higher than their UK-born peers. The mothers made the comments below regarding the present state of education in Pakistan.

> *"Now, there are opportunities, like free schools that was not there before. So, parents can send their children to school more, if they want. I schooled in Pakistan. I had a degree in Computer Engineering*" Dhuka (25), mother of 1 (CTB).

> *"No, girls go to school now, Uni., as well. In my family, all the girls are medical doctors. The boys tends to stop schooling at 21, they'll say they want to make money. I did all my schooling in Pakistan. I graduated with a degree in Maths and Statistics*" Aanisa (30), mother of 4 (BIB, but raised in Pakistan).

> *"No, not at the moment, there's loads of girls, in fact, nowadays, over there more girls go to school than boys.*

Things have gone modern, now they have Skype; - the younger generation is getting really modern. [Although] I studied here in Britain, I have A levels and I did 2 years of ILES (diploma), it's meant to be a 5 year course, but, my dad loved the Inland Revenue and he wanted me to work there. I did it for my dad, although, I didn't know I would pass the entrance exam; English and Maths – but, I did, and I couldn't combine the course and work, so I dropped from the course. But, I can't go back now, there is no time." Abasa (30), mother of 3 (BIB).

The notion of change is not acknowledged by all, as some participants distinguished areas where change is more prominent or where it is taking place. This seems to indicate that gender differences in education are being addressed, but mainly in urban areas.

*"I think it [gender education difference] is still very much the same, although, it depends; if you take the poorer people, they may not have the money, middle class are moving away from that mentality, while, the upper class have moved away from that mentality. I go to Pakistan every year, and see things have changed among the upper class. I schooled in Britain. I got a degree in Criminal Law ..."*Abida (29), mother of 1 (BIB).

"... It depends, in big cities, there are numerous opportunities…and everyone goes to school. Primary schooling is common to cities, villages and towns…it is the higher institution learning that brings separations. In rural areas, higher studies opportunities are less. I schooled in Pakistan I had an MA in English Literature" Jadwa (32), mother of 3 (CTB).

"It is changing, but in rural areas…in some areas, women are not even allowed to vote, in some tribal areas, no chance for women to work and learn. I studied in

Pakistan. I did a degree in Commerce and Economics." Itab (34), mother of 3 (CTB).

8.4.1 Missed opportunities

It is important to explore educational experiences in Pakistan to see if this gender disadvantage is overcome in the UK - a place of relatively better and more educational opportunities and no gender restrictions. A striking finding in this study remains what some UK-born Pakistani mothers, and those who came as teenagers for marriage purposes, termed as lost opportunities, and this is better captured by one participant's comment.

> *"Yea, not only in Pakistan, even here, girls are forced to leave school early to get married, and they don't get no family support [to further their education]; the younger generation are better, because their parents have been through, what they don't want their children to go through. For example, when I was in school, I didn't have no family support [to study]. I had the brain, but I didn't have the support; too many…too much family problems going on"* Aabish (30), mother of 3 (BIB).

This notion of lost opportunities was presented by some mothers when asked about the influence their education has or might have on their aspirations for their children. These lost opportunities were due to various reasons, including forced marriages, lack of support, family feuds, health, parental decisions etc,. Whereas, CTB mothers, for instance, might want their children to have good education, because

they have found through their own experience that education is valuable, some of BIB mothers seemed to want a good education for their children because they missed out on such an opportunity themselves. For example,

> *"I had a BA in Education and Islamic Studies from Pakistan, and it is helping me to give them [children] very sound foundational studies. It helps in communication and teaching. I talk with them and teach him at home. [I want them to aim] high, you know, they need to be somebody, not lazy or waiting for benefits. I like education, you know it is good, I think educated people can reason better than uneducated people – and they will be able to work…find work and relate with all kinds of people."* Dhakira (27), mother of 2 (CTB).

> *"I did my GCSEs, I left school at 16, after my GCSEs. They won't allow me to go further, they were afraid I might leave home, two members of the family had already left home. They felt I might disappear and bring shame to the family. It didn't matter if it was a boy, it is a shame for girls to leave home…run away in Pakistani family. I didn't plan to run away, nothing like that crossed my mind. I was busy been daddy's girl, they just thought it. I want them [my children] to have good education – I tell them all the time. I missed a great deal of opportunity that I don't want my kids to miss.*" Aabish (30), mother of 3 (BIB).

> *"I want more of it [education], because NVQ level 2 in childcare is nothing now, you need at least level 3 to find work. I'll tell my children that education is important. [And] if their health permits, they should go for it. Like my brother, he is 20 years old and … suffers from epilepsy and forgets a lot … I also missed out on good education due to panic attacks, but I went back to school when it reduced. So, if my children have good health I want them*

to have the benefit of good education." Noor (28), mother of 2 (BIB).

"… I missed that opportunity; they shouldn't miss it as well." Ismat (33), mother of 4 (CTB).

"I schooled in Britain, I have GCSE and I can teach English [to my children] at their level. I am willing to support them wherever [level of education] they go. I would have wanted more, I feel deprived because my parents … married me off." Najat (40), mother of 5 (BIB).

8.4.2 Stimulating activities and maternal involvement

The mothers' level of education often helps to determine how they engage their children in mentally stimulating activities, such as reading, visits to the library, singing songs, arts & crafts, puzzle games, constructive plays, writing, etc., and the quality of the learning environments they create for them (Sidhu et al., 2009). Mothers were asked about the activities they do with their children, and the activities the child does on his/her own or with others and how mothers' educational experiences are used to help their children. Findings on activities show two broad characteristics: type of activity; and form of activity. Up to four questions are asked in this category depending on the mothers' responses. These are listed below:

Q: [Main question] In a typical day [e.g. yesterday or a 24-hour period] what sort of activities do you do?

Q: [Prompt questions]: When is your 3 year old child involved in the activities?

Q: In what ways is s/he involved? Can you explain how you get your child involve in the activity?

Q: Does it mean that you often have to do many jobs at a time (for example, look after/care/play with the child and do something else)?

8.4.2.1 Types of activity

It is possible to make three classifications of mothers' activities with their children: general play; mentally stimulating activities; and religious activities. General play is classed as what participants described when their children were engaging exclusively, or partially in play activities, such as 'he likes running around', 's/he watches TV and plays with ball/toys'. Mentally stimulating activities would include visits to the library, reading, building blocks, learning shapes, colours, puzzles etc. Religious activities, which included praying, learning the Quran and going to the Mosque is examined later.

8.4.2.2 Forms of activity

These activities could be with or without the mother (child alone) and were also observed to be either structured or unstructured. Activities are unstructured if the child is left alone to 'get on with it', without the mother's input or a set time to do an activity. An activity will be structured if time (e.g., 'after breakfast', 'before watching TV', 'in the morning', '20 minutes in…') is allocated to it. If the child goes to the nursery for a few hours in a day or few days in the week, this is

assumed to be structured activity – although it will be classified in this study as "time spent in Nursery". For example, a participant recounts her child's weekly activities.

> *"He goes to in-laws Monday to Wednesday and just play… He goes to playgroup on Thursdays, and on Fridays, when he is at home with me, he plays, watch TV and we go out together. [And because of my education], I can help him with school work and also interact with the school when necessary."* Asha (32), Graduate (working) mother of 1 (BIB).

For this child, Monday to Wednesday at the in-laws were unstructured and general play. Thursday was "Time spent in nursery" and Friday(s) at home was unstructured and general play. Another participant explained her child's normal routine.

> *"I put him into Day care. I tried to do my work during those hours, [be]cause he goes four mornings, 9-1pm. [When] I take him … we go out…nowhere in particular, but to families… my mum's and dad's. The other house I go to is my grandparent's house…[looking ahead], I can help him, and check what he is doing. At some point, I will be teaching him at home*" Muhja (25), Graduate (self-employed) mother of 1 (BIB).

This particular child had four mornings of (structured) "Time spent in nursery" activities, and afternoons were mostly unstructured. The understanding here is that an ideal situation would be a balance between mentally stimulating activities and general play, and between structured and unstructured activities. Often, with working mothers, particularly if they are working full time, having this balance is not possible, and is

even more difficult if the child is not placed within a formal childcare setting as these participants explain.

> *"My parents look after him every time I go to work, they look after him all day, and he just plays. He likes playing with his cars… He does his own thing, that's all I can do with full-time work."* Aakifah (29), graduate (working) mother of 1 (BIB).

> *"Yes, ever since I married, I have been working [full-time]. My mum always looks after the children for me. Two are now in school, but before, my mum looked after all of them, and now she looks after the youngest child*" Aamaal (28), graduate working mother of 3 (BIB).

8.4.3 Maternal level of education and patterns of activity

Most of the structured activities involved mother-child engagements, although some children were aware of the routine and timing, e.g., after breakfast, and could get on with their "Arabic Alphabet online," for instance. Most mothers commonly reported a variety of engagements and activities with their children, although it appeared that all the children of mothers with GCSE and A 'levels of education mainly engaged in unstructured and general play. Usually, watching television to a varying degree was common to both sexes, and some children soon gravitated towards using the pen and writing as a result of watching particular programmes on the television (Barr et al., 2010). Otherwise, girls tended to copy whatever their mothers did, particularly in cleaning

and in the kitchen; they also loved to dance, whilst boys played with cars, toys, balls etc. When boys went into the kitchen with their mothers, it was usually to do their own thing or run errands for their mothers.

> "*She watches TV, and help me clean the house and cooks, she likes copying what I do."* Aabish (30), mother of 3.

> *"She loves … dancing, if I put music on for her, she just dance around and she loves the pen."* Rukaya (29), mother of 3.

> *"When I am in the kitchen, the kitchen cupboard is behind me and everything comes out of the kitchen cupboard to the floor… those are the activities he likes to do."* Nesayem (30), mother of 4.

> *"My little girl helps me with whatever I do*." Bashira (32), mother of 4.

> *"It's anything I do she does with me."* Aaeedah (23), mother of 1.

> *"He loves playing with his cars… he loves watching his TV and if the day is nice, he goes to the Park"* Jala (24), mother of 2.

> *"She … jumps and dances a lot."* Saliha (25), mother of 2.

As illustrated above, the children of working mothers were often in similar circumstances when grandparents or in-laws looked after them. Two mothers explained how their families made up for this.

> *"I work full-time, we rarely do much… but we try to make up for things in the weekend. We enjoy visits to like museums, Parks (every weekend, we go to parks), Ulrika, homework, swimming and they have toys to play with. She likes shapes and books, and plays with her siblings."* Aamaal (28), mother of 3.

> *"I don't do much with her during the week, because I work full time. In the evening, I just cook, we watch a bit of telly, and go to sleep. But, at weekends, we try to do things together, we sit and play, or read, and we try to go out once-a-month. She likes reading, looking at picture books"* Aroob (31), mother of 1.

Mothers who were educated to degree level and who were not working, were more likely to have a mixture of structured and unstructured activities; general play and mental stimulation, with and without the mothers' involvement, on a daily basis. These mothers explained their weekly routine.

> *"We have a routine that goes something like: get up, have breakfast. Three days in a week, we go to the mother toddler group. Once out of those three days, I stay back with him, twice I leave him there. We have a craft's table when he is at home and he chooses what to play with from there. He likes crafts, Lego, modelling, cutting paper, but whenever he is up, TV must always be on. He does not particularly pay attention to it, but, he likes the background noise."* Aaqila (30), mother of 2 (BIB).

"We do some reading, playing with blocks, drawing; he loves poems and nursery rhymes." Dhuka (25), mother of 1 (CTB).

"For the 3 days he is with me, we do both indoor and outdoor activities – for indoor, he has that toy box and that cupboard full of his toys and scooter, bike, laptop etc. For outdoors, we go to that park in front of our house, I sit with him and we play, we often take walks. Now, because he is about starting school, we have decided to set him homework for an hour a day – learning alphabets and numbers, shapes and so on. He does that every day." Abida (29), mother of 1 (BIB).

8.4.4 Maternal dreams and aspirations for their children

Q: *What sort of expectations do you have for your child because of your own educational experience?*

In terms of mothers' future aspirations for their children, the majority of the mothers emphasised that they expected and would encourage them (both male and female) to aim higher, and to have a quality education in order to attain a reasonable quality of life. Some mothers were more specific than others, in what they wanted their children to become, although, they said they would not force this on their children.

"For the girls I'll encourage them to have good education until 20, maybe to become teachers and then they can continue their education in their husband's house, if they want more. For the boys, I dream that they become Dentists. It's my dream. In Pakistan, we loves girls to become teachers, because they can teach their children and take their children to school with them – that way, children do not miss out on their mothers and mothers can continue working. When girls are approaching 20, they encourage them to marry before they continue. Otherwise,

I have some extended family members, who are so educated and now in their 40s, they have education and no family; they said," if the man is earning less than me, then I can't marry him" – and they have not been able to find the man that earns more than them. So they are too old to marry. Dentists make good money in Pakistan and no one in my family is a Dentist, I have a relation that is in training. Also, dental training is not as long as training to become a medical doctor. I just love it, it's my dream" Aanisa (30), mother of 4 (BIB).

"*My dream is that they become doctors, but I won't force them. I help them with reading and they watch educational programs*" Saliha (25), mother of 2 (BTB).

"I have seen the opportunities that education offers. I was not pushed to be my best, my mother just let me be. She was not bothered whether I did homework or studied; she did not worry if I had an A or D or fail. I did not even study for my exams. I felt, if she had pushed me I would have done better. I now look back with regrets; I will push her to be her best" Aroob (31), mother of 1 (BIB).

"Oh! I always think, I am going to give them high education, no matter what it will cost me. You know, you have to pay a lot for them to go to University; I will pay, no matter the cost. I want them to have that…" Ismat (33), mother of 4 (CTB).

8.4.5 Maternal dreams and Aspirations for themselves.

As some mothers lamented lost opportunities, some hoped to do something to regain them and improve their personal resources by keeping their dreams for the future.

> *"Yes, I would have wanted more, sometimes, I think I want to do more, especially nursing. The other day, I was thinking about it, and I felt proud of myself inside at the thought of being a nurse. So, maybe, when she goes to school, I really would love to…"* Ismat (33), mother of 4 (CTB).

> *"… I am thinking of doing a beauty course or something like Hair Dressing course…"* Rukaya (29), mother of 3 (BTB).

> *"I would like to go further, after having 3 kids and 2 miscarriages, I want to be a midwife – I like it, I have learnt a lot about it because of my experiences…"*Jadwa (32), mother of 2 (CTB).

> *"I think I will like to have more of it [education] even now, that is one of the reasons why I am trying to become a driving instructor."* Nesayem (33), mother of 4 (BIB).

> *"… I have applied to do Child Learning and Development course … and I'm still waiting to hear from them*" Isha(30), mother of 1 (CTB).

The maternal level of education influenced how and what these mothers did with their children. A low level of maternal education would seem to inhibit the diversity, quality and richness of exposure available to the

children. It appears from this data that, although mothers with a low level of education had higher and well determined expectations for their children, they did not seem to be proactively engaging their children with a balance of structured and unstructured, mentally stimulating and general play activities.

Despite this, some of the mothers spoke of aiming for and having high educational aspirations for their children, which would seem to correlate with other research findings that parents with low level of education may aspire and aim higher for their children, but would usually require outside intervention or input to put those aspirations into practice (Schaller et al., 2007; Lipman et al., 2010). We now turn to the third factor, Acculturation, which examines a mother's personal resources that enable her to relate with the outside world and can influence parenting patterns and (possibly) promote good outcomes in childhood development.

8.5 Acculturation

A reasonable level of education would be a good preparatory ground for an individual's successful acculturation (Berry, 2001; Dow, 2011). The previous chapter covered much about acculturation in terms of length of stay, language spoken at home and mothers' language preferences. The focus here is on influences. What might influence the acculturation process from the mothers' perspectives, and how might this in turn influence parenting behaviour? To begin with, it is clear that health

might impact on the acculturation process, and that acculturation has a potential health impact on immigrants. It takes good physical health and sound mental health to adequately acculturate, e.g., learn a new language and become a fully functioning member of any given and particularly any new society. Yet, acculturation is known to have its accompanying stresses that tend to affect individuals significantly, as well as to disrupt their physiological and psychological well-being (Dow, 2011). Some believe that individuals find acculturation anxiety-provoking, as well as bewildering, depressing, humiliating, embarrassing, and confusing (Bochner, 1982; Berry, 1998; Dow, 2011).

However, the majority of the participants in this study did not need to 'acculturate' *per se*, as they were born in the UK. This applies to all BIB mothers, except one, who was raised outside of the UK. Rather, these UK-born participants needed to consider the degree of integration that was appropriate for them (Berry, 1998). The same is applicable to most of the BTB mothers, who initially came into the UK as children. Four out of five participants in this category came between the ages of 3 to 9 years old. These, could adapt easily, as their age acted as a moderating factor in their acculturation process (Berry, 1997; 1998). One participant exemplifies this.

> *"I had my primary education in Pakistan, but it was different because everything was in Urdu and Punjabi. I was there up to age 9. So, when I got here at age 9, I had to learn everything, I did not know a single word in*

> *English, so I learnt from the scratch. Here, I had a BA in Business Management and MA in Marketing."* Rafa, mother of 4, age 33 (BTB).

Acculturation was more of an issue for the CTB mothers. This study finds that inability to communicate in a host's language, and lack of any practical support network could undermine even a good level of education for CTB mothers. This point is perhaps best encapsulated by the comments of a CTB mother with a postgraduate level of education, relating her experience, when she required a healthcare service but could not communicate her need.

> *"With my daughter, it was good, nice; I had lots of family around me, back in Pakistan. I had help when I gave birth to her. My son was different, not so good, we were here… although, the healthcare was good, but the experience was bad. We were alone and it was cold, and the health staff did not understand me. I was embarrassed to communicate in not so good English. Everything was new to me… I was alone, and depressed because I have no one to talk to, who understands me. They [health staff] did not understand me and I don't understand them. I was always crying and phoned my mother [in Pakistan] a lot. She came after I had him for six months."* Cantara (31), mother of 2 [MA in Computer Science, Software Engineer] (CTB).

Conversely, the example below also shows that, for someone who is well educated, the inability to communicate in English is only a temporary handicap. As the participant's English acquisition improves her ability to communicate in English is enhanced. This study did not explore the ability of participants to learn the English language.

Nonetheless, the data from this study did find that among all the participants, BTB and CTB mothers with a high level of education (i.e., at least undergraduate level), so with improved cognitive ability, showed more willingness to learn and speak the English language, work and become functioning members of the UK system.

> *"When I came in 2004, I could not speak a word in English, but I make it a priority to learn and attend courses – so* ***now, I speak. It is good, now she [child] speaks English and I speak, we all understand.*** *Some of my friends, who came at the same time as me, do not see the need and they do not speak English till now. They only allow their men to go out there and the man is changing his mentality and they are still thinking yesterday, because they did not update themselves and they could not communicate with their children too"* Itab (34), mother of 2 (CTB).

According to this participant, often this type of acculturation does not go unchallenged by others, as this individual continued to narrate.

> *"…people think I am changing in the UK from what I was taught in Pakistan, but in my own perspective, I believe in "give respect, to get respect"* Itab (34), mother of 2 (degree in Commerce and Economics), (CTB).

8.5.1 "Cultural maintenance" versus "Contact and participation"

Berry (1998) postulated that individuals deal with acculturation stresses in four main ways: integration; marginalisation; assimilation; and separation. The choice of what strategy to use is dependent upon two

things, *Cultural maintenance* and *Contact and participation.* These describe the extent to which individuals want to keep to their own culture and the extent to which they want to relate to the values of the host culture. When both are 'married' as much as possible, an *integrative* process is being used, and Berry claims this strategy is common among people with a high level of education. A *marginalised* process occurs when an individual has no concern for either culture, whereas, in *assimilation*, an individual gives more credence to the host culture over her own, familiar culture. A *separated* attitude comes into play when an individual or group has less concern for the host culture, avoids interaction with, and separates him/herself from it (Berry, 1997). The participants in this study described how they wanted to maintain a high level of their own culture (cultural maintenance), hence they maintained a strong attachment to speaking their own language primarily at home and teaching it to their children. The format of marriage (arranged, parents' choice, own clan, mostly cousins and often, importation of partners) also seems to stem from this, though it appears that some of the participants also wished to relate to some aspects of the British culture, and appreciated some of its values (contact and participation).

> "*We wanted to stick to our heritage and want that for our kids too*." Aaqila (30), mother of 2 (BIB).

> *"We want them to speak English because of Nursery, but also our own language to communicate with relatives is very important to us"* Saliha (25), mother of 2 (BTB).

> "*…it is important for him to understand English, [and] be bi-lingual… he can connect with his culture*" Abida (29), mother of 1 (BIB).

In general, all participants specified the need for their children to be able to communicate with their grandparents, in-laws and families in the UK and also in Pakistan. There appears to be a common consensus on the importance of one's own [Asian] language being known among these Pakistani families, irrespective of what was spoken at home, and high regard for the Asian language. The areas of contention between the BIB mothers and their parents (intergenerational) and the significant difference between all the mothers (intra-generational), familiar with the UK context (BIB and BTB) and those from Pakistan were with both dress and marriage arrangements (considered below). We examine the contention in the area of dress here.

8.5.2 Acculturation challenges for the Pakistani families

It is common in acculturation theory, that whether or not parents acculturate (get into the flow of things), their children tend to quickly conform to the new environment in which they find themselves (Berry, 1998; Dow, 2011). Also, roles are often redefined and new customs, beliefs and values are introduced into the families. These often happen only with a struggle. Many families and the different generations are

commonly thrown into crisis and relationships sometimes suffer or break down. With regards to the 'Muslim [women's] way of dressing', for instance, these BIB mothers represent different perspectives and the dichotomy that exists. Some expressed their views on the imposition of Asian dress on [them as] teenagers (by their parents), others raised concern as to how their girls would feel if they introduced this to them in their teenage years, as prescribed in the Quran. Yet others commented on their observations of undertaking this religious injunction.

> *"... I'm glad I'm a Muslin, because I know it's the right religion and nice. However, the Asian kids are really, really confused nowadays; for instance, regarding covering and dressing, the kids are allowed to dress as they choose until about aged 14, then all of a sudden parents would say, 'you can't dress like that anymore because you're Muslim'. Then the children would start to fight, because they cannot do away with what they are already used to" Saliha (25),* mother of 2 (BTB).

> *"...I'll make my kids follow [Islam] because I believe it, if we were told to follow it when we should have been; we would have done. We were told as teenagers. It's no point telling a sixteen year old to start wearing scarf all of a sudden, she is a teenager; she's not going to wear it, no..."* Aabish (30), mother of 3 (BIB).

> *"... Like with dressing, we dress and cover every part of our body, when we are outside. For girls, once they are 12, you should teach them this, but I'm scared I don't know if my kids would like this, in the UK. In Pakistan, no problems because everybody believe it, but, here they go*

> *to school and see people's faces, then they don't want to cover themselves anymore. But, I go out with my face covered. Inside the house, my husband says, you can do what you like and wear what you like but it must be reasonable, that's why I'm not covered now"* Aanisa (30), mother of 4 (BIB).

> "…[*I see*] *some people cover their faces, and wears black free flowing gowns over, but underneath they have make-ups, and tight fitting clothes and mobile phones glue to their ears…that's awkward*." Abasa (30), mother of 3 (BIB).

BIB mothers, and largely BTB mothers in this study are unique as they are sandwiched between two cultures. They were directly brought up under the "pure" cultural values of their immigrant parents, and are the first generation to actually participate in the 'act of being British'. The CTB mothers on the other hand are part of a culturally sensitive wave of immigrants that are flexible and open to change, yet are able to adapt and adopt ('pick and choose'), their level of acculturation.

These findings show that many factors can contribute towards the observed characteristics of parents, and parenting of cultural groups can only be understood within their cultural values and domain. For instance, while members of the majority group may not conceive the idea of meeting a spouse for the first time only a few days before marriage, individuals from Pakistani origin live continually under the possibility of this cultural constraint. Thus, observed variations in parenting patterns are due to personalities, experiences, and external factors. Moreover, as a participant comments that…

> *"I was born here, I have seen both sides, I think this culture…the fact that I'm British has affected me too…although, my values and beliefs is very much Pakistani*" Abida (29), mother of 1 (BIB).

It might be that the effect of full integration into the British culture may not be as profound for most BIB mothers, as it might be for the next generation, their children, who would have adopted a more British dimension and perspective of upbringing than their parents. Just as the participants in this study were aware of the British culture (more than their parents were), as well as their own, their children would increasingly be aware, and [possibly], become more 'British' in their cultural outlook. Meanwhile, in accordance with the ecological framework, the characteristics of the child would, to some extent, play a potent part in the parenting patterns of Pakistani families. We now consider this second aspect of Belsky's (1984) determinants of parenting.

8.6 Characteristics of the child

The ecological framework acknowledges that fathers, mothers and children influence each other in bi-directional relationships and the quality of parenting behaviour towards a child is influenced by the inherent characteristics the child possesses and presents, such as, genetic qualities, temperament, gender, age, disposition and if they have (developmental or) special needs (Holden, 1988, 2002; St. James-Roberts and Plewis, 1996; Karraker and Coleman, 2009; Hodapp and

Ly, 2009). Children can influence parenting by their day-to-day behaviours and [in]abilities. These can produce specific parental responses, which can be positive (e.g., praise, smiles, thumbs up etc.), negative (e.g., correctional or controlling) or concern (e.g., in case of special needs, or delayed development), which may provoke the parent to seek professional help or connect with others in the search for solutions (St. James-Roberts and Plewis, 1996). Each participant below illustrates how a child's characteristics can influence a parent's behaviour.

> *"My boy is a bit delayed …and is not speaking yet; so, I read him stories and I register with the Toy library ... I get different toys for him every month for him to play with. He does not like being alone. Maybe, it's me as well, I don't like leaving him because of the way he is. I let him get away with things, like naughtiness, you know. Now that I'm taking to you, my twin sister is with him"* Noor (28), mother of 2 (BIB).

> *"Like, my son, it took him a long time to speak, he was a very slow speaker, we had to take him to the… Speech Therapist … and it took him like a good two and half to three years before we started understanding him…"* Rukaya (30), mother of 3 (BTB).

> *"I don't know really, because he has speech delay. Most Pakistani families I spoke with says, their kids have speech delay…*" Jadwa (32), mother of 3 (CTB).

Incidentally, these mothers' comments all involved male children and there may be a need for further exploration into this, to see if there is a trend that might require specific medical intervention. In addition, this study finds children influence parents in the language they speak at home, as mentioned in chapter 7 and with the types of food that are being served in the home. Perhaps what seems to be a major area of child(ren) influence from this study is how they take up a reasonable proportion of the mothers' time.

> *"…Pakistanis don't think "me, me, me" – there is a lot of value placed on family. For example, you don't get "me time" –* ***your kids are your time****. When you give yourself to them, when you grow up, they will be there for you to look after you too. They will not dump you in old people's home… They are always there for their children, they sacrifice their entire life for their kids, no socialising, no life, as they spend all their time with their children"* Abida (29), mother of 1 (BIB).

> *"Pakistani mothers stay at home, giving full attention to their children. Giving time and full time care, I give full time attention to them. I don't want to take my son to Nursery and pay. I want to be there for him. I give full-time attention to them all week, I only work Sundays. Saturdays we go out*" Aanisa (30), mother of 4 (BIB).

8.7 Contextual influences on parenting

Finally, Belsky's third determinants are the contextual influences on parenting. These are the sources of parental stress and support, for example, the marital relationship, workplace characteristics, family and social networks, which brings us to the other characteristics being

explored in this study, the influence of support networks and marriage. Bronfenbrenner's (1979, 1992) ecological theory places the marital relationship at the microsystem, indicating its direct impact on parents. It is, therefore, hard to extricate the marital relationship from parenting, and other sources of parental stress and support. This brings us to the other area of contention between immigrant parents and their children [participants] mentioned above (in paragraph 8.7). The system of marriage (arranged, love or mixed (both)), specifically arranged marriage, may either become a source of stress or support for Pakistani women. As some of the participants indicated, they had love marriages - where they chose their own partners. This method either met with parental or in-laws' approval or disapproval (favour or frown), which could in turn make it a source of stress or support. The general tendency seemed to be that if parents were not involved at any stage of the love-marriage arrangements, it was likely to meet with their disapproval, but they were more likely to be supportive if they played some part, as these cases show.

> *"My first marriage was arranged, he is my mum's nephew, but I don't like him…I don't love him…if my father was alive and well, I wouldn't have done it, you see. Huh, that's where all the problems stem from. This marriage is a love marriage, but, but my family, mum, and family won't accept that – they don't accept him, they don't talk to me, no more because of that. For years, I have not seen them, that's why I moved away from them. They won't visit me or call me and my kids. They cast me off, because I divorced [their choice]. He [first marriage] was stressing me out. I was working and had two mortgages to pay and my family were causing problems in my marriage; so I thought, I married your choice, now*

you want to spoil it. My father would have never agreed to that. I had two kids for him, but I disliked him…so I left him and my family left me because I divorced him. My mum want me to go back to him: Why should I be forced to marry? I don't have a say over whom I will spend the rest of my life with, at the end of the day it's my life! It is only my younger brother [he's 15], that talks to… with me… but my mum won't let him visit me, if we met outside they don't talk to me, they dislike my new husband, but it was a love marriage" Aabish (30), mother of 3 (BIB).

"It was a love marriage between my husband and me, it wasn't arranged. I didn't tell my family I want to get married to him, so we just got married…but my in-laws stress me out… My mum kept explaining to my in- laws that... 'you need to help her'. Things keep growing worse and worse, no one talks to me at all… I just let the things they do get to me, but my husband says, "my family does not bother me so why should they bother you?" I'm just that kind of person, it just get to me" Aaeedah (23), mother of 1 (BIB).

Some level of parental involvement makes the difference for these two participants.

"It was a love marriage from Pakistan, because when I went to my sister and brother-in-law's wedding, we met, it was just like that, yeah. And after that we got in contact by internet, phone and everything, yeah. He is the brother to my sister's husband – they are brothers, my parents approved" Jala (24), mother of 2 (BIB).

"It was a love marriage. We first met at a wedding abroad, in Pakistan, we were introduced and started as friends, then one thing led to the other. We informed our parents and they did their bits – like find out his background. When they became satisfied, they agreed that we could marry. Since then, there has been no regret" Aaqila (30), mother of 2 (BIB).

At times individuals have had to move away from relatives to make love marriages work. When this has happened, such a marriage is often a bit more complex than others, as this participant recounted.

> *"I moved away from them…This marriage is my third marriage, and it is a love marriage. The first was arranged for me at the age of 17… The man passed away. Therefore, I remarried, at the age of 20 … That was a love marriage too, we were married for 11 years, but we are now divorced. This is my third marriage, it is a love marriage, and we have these two kids. We met in Bradford, and things just kick off from there…my husband came about 5-6 years ago from Pakistan. He has two wives, one based in Pakistan, his cousin, …. I am his UK wife. The other wife knows about me and I know about her. It is better we live separately"* Najat (40), mother of 5 (BIB).

When children meet their would-be spouses and get their immigrant parents involved as soon as the relationship is looking promising, it often results in both parties maintaining better relationships, with participants enjoying parental support and being much happier. This in turn helps mothers focus on their own families and childrearing, with guaranteed help from the extended families. Participants usually consider their marriages in this respect as "both" arranged and love matches (meaning that they as well as their parents consented to the choice).

> *"We met and loved each other, then it was arranged by our parents, he is a distant relation"* Aakifah (29), mother of 1 (BIB).

> *"I will say it was mixed [both]. I decided and parents arranged it. My husband knows my brother-in-law, and he introduced us. We started our relationship with the intention of marriage. We are distant relations"* Aroob (31), mother of 1 (BIB).

> *"Both, I reckon, he came here to study law … and he is also my mum's cousin. He eyed me, I think, so when our parents got to know about it, they supported it and completed the process"* Abasa (30), mother of 3 (BIB).

Similarly, positive and satisfactory results ensued when an immigrant parent has found a suitable spouse and involved the child (participant), so that she had a say in the marriage arrangements and seen or known the person involved for long enough prior to their wedding. A number of the BIB mothers in this category accepted and approved of their parents' choices.

> *"He is my first cousin. Within the Pakistani Community, we do marry cousins. It was arranged by elders, but they asked both of us. They wanted it to happen and they asked us. He didn't have any objections, and I didn't. so, that's how it happened. His dad is my Uncle, my mum's brother, so we already know the family. It was more of my grand-dad [on my mum's side] that wanted it. He seems to believe it makes family bond stronger"* Muhja (25), mother of 1 (BIB).

> *"It was arranged and we both were happy with their choice. He was born in Pakistan, but he had lived here in the UK, eight 8 years before we were married, he is also my mother's cousin"* Abida (29), mother of 1 (BIB)

Table 8.1 below shows the method of study participants' present marriage arrangements.

Table 8.1 Participants' marriage arrangements				
Participants	**BIB**	**BTB**	**CTB**	**Total**
Arranged	8	5	7	20
Love	5	0	1	6
Both	4	0	0	4
Total	**17**	**5**	**8**	**30**

Two out of three (20 out of 30) of the participants in this study have had arranged marriages and the following accounts are typical of these:

> *"Yes, it was arranged, I married at 19, and it took time to adjust. We never spoke to each other – we didn't know each other. It took time to love each other, although we were related"* Aamaal (28), mother of 3 (BIB).

> *"I never saw him before I married him. I saw his pictures, but only saw him after our engagement. During the engagement, he sat next to me, but I didn't want to look. When I did after engagement, I liked what I saw. I love my husband and he loves me. We are far relations"* Aanisa (30), mother of 4 (BIB).

The majority of the participants did not contest their marriages being arranged, but said that most of the time, they were not consulted and did not have a say in the matter. They criticised the way they usually had to meet their life partners (face-to-face) on either the wedding day itself or only a few days prior to the wedding. Some said that they ended up genuinely loving their spouses, although they remained unhappy with the process.

> *"I had a forced [arranged] marriage to my husband, ... he had a forced marriage and we both got married to each other. But, because that time I was very stressed, I was very upset, so, I didn't really care you know, I was doing all these bad things, but then, after I got married to my husband, I really do love him and we were both really happy with each other. However, on the wedding day, I was very nervous, was really nervous, but then when I walked in, it was like, "Oh, my world! I'm gonna marry him? - and, even if somebody says I can't marry him, I must marry him and I asked him, 'how do you feel?' and he said, "okay, you're pretty." And he is handsome! (laughs). But, being married to somebody you don't know, meeting him for the first time on wedding day, and you will be getting married to me, that seems very odd! I was like, you should know who you are marrying, who you are going to spend the rest of your life with. The person you don't know for me, he might as well be the Humpty Dumpty…(laughs)!"* Rukaya (29), mother of 3 (BTB).

CTB mothers, who married in Pakistan or came from there to join their spouses over here in the UK all have had arranged marriages – and seemed to expect and embrace this practice and all its attendant

procedures, which seems to suggest that the reason that BIB and BTB mothers despised the practice was due to their exposure to the British culture. On the one hand, when BIB and BTB mothers responses were contrasted with their CTB peers, their responses could be classed as one of the challenges of acculturation from the immigrant parents' perspective, and an influence or effect of acculturation from the participants' perspective. Below are some of the CTB mothers' comments regarding their marriages.

> *"Our parents arranged it and we like each other. We are cousins – he is from my mother's side"* Itab (34), mother of 2 (CTB)

> *"It was arranged – he is my cousin on my mother side – we were both happy with our parents' choice"* Afaf (26), mother of 2 (BIB).

> *"It was arranged. We were complete strangers – I never knew him before marriage, but, when my parents found him, we had telephone conversations to get to know each other – we were then married in Pakistan. He is from a rural area and I am from a city"* Jadwa (32), mother of 3 (CTB).

On the other hand, given the possible effect that marriage arrangements can have on marital relationships, they are also a part of the contextual factors that could be either a source of stress or of support for BIB and BTB mothers. For example, one participant explained what life would have been like, if she had not come to love her arranged partner.

"What would have happened? I would have been unhappy with him, and he would be unhappy with me. We could have had children because everybody has children, because it would have been like… you know… a sacrifice. Probably, I would have continued doing what is not allowed in Islam. Like when I got engaged to him, I didn't even know him, I didn't even see him, you know... my mum forced me to get engaged to him. But, honestly, I don't know what that [engagement] meant. I know dating guys, smoking and things like that, you know, because, I was only 16 when I got engaged to him, so I got engaged and I didn't even know him. So, he could have as well done the same thing, he would not have liked me. Yea, "Alihamdulai" [God be praised], luckily for me I fell in love with him and he fell in love with me, but just imagine… if we didn't… That is where all many problems do come from, you know" Rukaya (29) mother of 3 (BTB).

Another participant explained what life was like for her.

"My father loved me, he always listen to me and he was sick with his kidney for a long time. When he got so bad, he was bedridden, and he told me about this man, my mum's nephew, she wants me to marry. He asked me what I think. I told him I don't want anyone whom I have never seen, back in Pakistan. Our beliefs and upbringing is so different. My dad wanted me to do what will make me happy. [But]my mum insisted, and I don't want to make my dad's condition worse…My mum made all the arrangements, and got me married against my wish. My dad can't even attend the wedding, he was too sick to attend…he died soon afterwards. I didn't love my first husband, I was sad at my own wedding, and we didn't get along because of family. I was very depressed and contemplated suicide. I started drinking and smoking to cover up the way I felt" Aabish (30), mother of 3 (BIB).

8.7.1 Relationship to spouse

Another aspect of the marriage relationship raised by mothers, and which was apparent from some of the above quotes on this subject (para. 8.7) of contextual influences, was the relationship between them and their spouses (see Table 8.2 below). Most of the mothers reported that their spouses were their relatives, mostly from the maternal side. The majority of the participants' comments were, a) even though they were related, it took time to get used to one another and b) at times it caused friction, because it was 'too close to home'.

Table 8.2: mothers' relationship with present spouses

Relationship	Number of marriages	%
First cousins	11	37
Relations	13	43
Not related	6	20
Total	**30**	**100**

Much has been said in the literature about marriage to blood relatives, and it remains a controversial topic around the globe (Bittles, 2008). In particular, scholars in the UK have raised awareness and concerns about its adverse health outcomes for children (e.g., Shaw, 2001; Charsley, 2007; Human Genetics Commission, 2007; Hasan, 2009). Hence, this aspect was not explored with the participants.

8.8 Support Network – value of family

Usually, a support network is deemed to aid parental functioning as it gives both practical help and emotional acceptance (Schwarzer and Buchwald, 2004). The participants in this study commented on how they relied heavily on the support (e.g., childcare, emotional, etc.) of their extended families, especially from, although not limited to, the elders (mothers, parents, in-laws etc.). The Pakistani culture places a lot of emphasis on the family and family support, as this participant put it.

> *"… These are the differences you will notice about our culture and British culture… You know, when somebody dies in British culture, they say, they need time to be on their own. In Pakistani culture, as soon as that thing happens, others rally round them and support them at times for one month or six months, until when they would have come to terms with what happens and get on with their lives"* Abida (29), mother of 1 (BIB).

8.8.1 Diverse family support

Participants reported diverse forms of help from extended families. In particular, the family support networks helped with childcare, advice, teaching the Asian language to grandchildren, emotional support and housework. Respective mothers spoke of various kinds of help from their extended families.

"I do receive and I'm still receiving lots of help from my mother, father, and sister and husband with housework" Barika (25), mother of 2 (BTB).

"Yes, I have my people around to help me and even now, my in-laws look after him when I am working. If they are busy, which is rare, my sisters-in law would help. So, I have never lacked help; help is always available for me. Like my in-laws are very close and helpful" Asha (32), mother of 1 (BIB).

"My mum, she give me advice if I don't know what to do, she says do this , do that, if my children are not feeling well, sometimes, you know, she looks after them and stay with them" Rukaya (29), mother of 3 (BTB).

"My parents give extra family support: my dad talks to them; my mum cares for them and gives me advice" Noor (28), mother of 2) (BIB).

"My parent help me a lot that's why I am able to work and can be free, they help to look after my child, at times more than me" Isha (30), mother of 1 (CTB).

"My parent's contribution is essential, life saving for me…I couldn't have done much without it. My parents look after him every time I go to work…Otherwise, I can't work full-time, I enjoy my work, I like what I do. If not for my parents, I couldn't … do it" Aakifah (29), mother of 1 (BIB).

The interviews also showed that there were a few mothers whose parents or in-laws were not involved in offering them practical help, but available for moral support and would visit the participants regularly. At times, circumstances could prevent a parent from helping, for example, if a mother was too sick to be

involved in childcare or she might be caring for a sick husband. Other times it was the participants' choice, or preference. For example, one participant believed she should help her parents instead of vice versa. These views were expressed by the participants below.

> *"Mum and dad do not do a lot.* ***I love looking after my kids myself****"* Saliha (25), mother of 2 (BTB).

> *"****My mother is busy in her home****, so none whatsoever…only me and my husband"* Aaqila (30), mother of 2 (BIB).

> *"****I want to help my mum, not her help me****. She looks after my dad, now a retired doctor, and brother and her house. I look after mine. When I had my boy, she came and I would not let her do anything, after four days, she said she is going home as she was not doing anything, so she left, but they visit every Friday, and we go every Saturday"* Aanisa (30), mother of 4 (BIB).

> *"My father passed away, and my mum does housework and is diabetic, she can only take the kids out, she cannot babysit or something like that.* ***She is too sick****, and the kids, they like to eat separately, different food.* ***She can't cope****…"* Bashira (32), mother of 4 (BTB).

8.8.2 Living arrangements

The family support network is also reflected in living arrangements. Some of the literature already establishes that Pakistani families live in close-knit communities, and in large, extended families (Sonuga-Barke et al., 1998;

Sonuga-Barke. and Mistry,. (2000; Ballard, 2003). Usually, extended family living within a single household would consist of large family membership of two or three generations, or families living within close proximity of each other (An-Nisa and Fathers Direct, 2006; Anto-Awuakye, 2009). This study confirms that often families live in an extended family format, which might entail a married woman living within the extended family of her in-laws. It might also consist of some or most of the husband's siblings and their families, as elucidated by these participants.

> "*Within this house, it's myself, my husband, my daughter, my mother-in-law, father-in-law and there is two of their daughters, one of their daughters is married, so it's her husband and her daughter and her son…*" Aaeedah, 23, mother of 1 (BIB).

> *"**I live here with my parents, husband**, brother, sister and child... I have 3 married sisters, their partners and children. Two of them are on the same street…"* Isha, 30, mother of 1 (CTB).

> "*…there are 17 of us living here. **My parents** and 2 brothers, a sister-in-law and 4 kids ... **my twin sister, her husband** and two girls, **myself, husband** and our 2 kids ..."* Noor, 28, mother of 2 (BIB).

If the man comes from overseas and marries a UK resident or UK-born Pakistani woman, he would live within the wife's extended family, in addition to her siblings and their families, if they are married, as the second and third quotes above have indicated. However, amongst the participants in this study only a minority (3 out of 30) currently lived within the extended family format.

Overall, all participants have, at one point or another, lived within the extended family format and have moved on, for various reasons (e.g., overcrowding, stress and tension, misunderstandings, desire for independence or their own living space). It appears that attempts are made to redress the problems inherent in extended family living, without reducing the benefits it offers. Hence, most commonly family clans live within very close proximity of each other, such as 'next door', 'same street', 'same compound', 'two streets away' etc., The majority, (23 out of 30) of the participants currently live this way. Table 8.3 summarises the participants' current living arrangements.

Table 8.3 Living arrangements in participants families

Living arrangements	**Number of participants**
Living in extended families	3 (10%)
Close proximity	23 (77%)
Deliberate move away from extended families	1 (3%)
No blood relations in Bradford	3 (10%)
Total	**30 (100%)**

Those who live further away from the usual living arrangement, often do so due to strained relationships within the extended families, as this participant recounted.

> *"I moved away because…in the past, there has been a lot of family prying into my affairs. There was a lot of jealousy and*

> *envy, with family involvement in my marriage, which eventually caused the breakdown and divorce of my marriage. No one in my family wants me happy. My sister was even part of the reason for my marriage breakdown, and because 'what goes round, comes round', she is divorced too. My sister who caused my marriage to break-up was married to my husband's brother, they are now divorced too. This was also part of the things that affected me; the depression starts from there ... it was too much hassle it creates too much problems"* Najat (40), mother of 5 (BIB).

Other women who came from Pakistan to marry someone living in the UK, or came with their spouses to the UK to work, usually did not have blood relatives in the UK, and often lamented this. These were all CTB women group, as this participant conveyed.

> *"Here in the UK, it is very difficult, I got lots of help in Pakistan, but here, no., It's not good. It is lonely too, although, I like it here because of the opportunity but I really miss home…"* Cantara (31), mother of 2 (CTB).

8.8.3 Benefits and challenges of extended family living

As stated above, all of the mothers had at one point lived in extended family set-ups, though some had recently (within a month of the interview) moved from such a setting and were, therefore, able to reflect on their experiences and express their thoughts concerning what they found beneficial and challenging in extended family living. A number of the women still live within the extended family set-up. The benefits as indicated by participants are summarised in Table 8.4 below.

Figure 8.4 Benefits of the extended family living

Time saving

Through shared work (division of labour)

It enhances ability to cope with the workload and childcare

Help and available support

Available help in time of sickness – necessary work is still done by somebody

Care and presence of others in time of critical illness

Emotional support and advice

Eliminates loneliness – there is always someone to talk to

Financial

Parents give financial help to struggling mothers

Families buy things for children relieves mother's burden of expense

Avoids paying for expensive childcare services

Transportation services for free, reduces taxi and public transport bills on mothers

Skills development

Mothering and childcare skills training from mothers and mothers-in-law

Freedom

Able to go out freely without having to think about childcare, housework or having to worry about how to handle children on outing or shopping.

Reinforces family values

Traditional parenting values

Childrearing values

Kinfolk support

Families around at meal-times encourages children to eat

Whilst the majority of the participants in this study expressed gratitude for the support given by their extended families, as mentioned, most of them had moved away from such a set-up. These mothers now reflected on the downside of living in the extended family. As it was a cluster of diverse personalities and experiences, many challenges were reported, as follows.

> *"I tell you what though; living in an extended family sometimes is a bad thing. Sometime, what you want to teach your child is different from ...it's not always the case, because he gets influenced by looking at others. Let me give you an example, my boy used to have Weetabix in the morning, full plate in the morning, he'll eat it all. There comes a time, my sister's child eat in the morning, and they would offer him biscuits, not long, he'd seen that and didn't want to eat his Weetabix in the morning, he wants biscuits. Not only that, if he'd done something wrong and I try to tell him off. Another member of the family is like, 'Haa, come here to me…' You know, I'm trying to discipline him, let me deal with him, but they'll say, 'don't worry ***, I'll tell mum off! No, that's not how it's meant to be. It gives mixed messages"*
> Muhja, (25), mother of 1 (BIB).

> *"I was a bit restricted, I felt restricted in the sense that say if I want to buy my child something and I didn't have enough money to buy for my sisters-in-laws' children, for instance, I'll start to think twice about it or not buy it again. I have to hang on for my child to have that thing and that is what used to happen and ... if I bought something or she bought something and I didn't give to the other child , the children will start crying or fighting"*
> Nesayem (33), mother of 4 (BIB).

> *"It is hard work, there are rows and also when children want different food to eat, it makes you work harder in joint families"*
> Bahira (32), mother of 4 (BTB).

"Both mother-in-law and sister-in-law, just makes everything worse and it just gets harder for me because I have to cope without them having to be on my back. It got me upset" Aaeedah (23), mother of 1 (BIB).

"It was difficult in educating and instilling good habits into children. It was difficult when you want children to keep home rules, discipline. Like for our kids, it took time for them to adjust after we left the extended family living environment" Aamaal (28), mother of 3 (BIB).

"… before living with the in laws, everything used to be broken down in the home and in my life… especially, when I first got married, for 5 years we lived with the in-laws. Later, my brother-in-law was joined by his wife, so it was a bit complicated… Then, it was really difficult at that time. Since then, we live apart, yeah, from that time it's been okay" Nesayem (30), mother of 4 (BIB).

8.8.4 Community support network

The study also explored support from the wider Pakistani community to the participants. The majority of mothers said they did not receive any support from the wider community, although two mothers highlighted the benefits they had received.

"We had an accident. This happened like 2 months ago …A friend, who lives two doors away and her and our children go the same school, she used to take my children every morning and bring them back every afternoon. She saves me like £10.00 a day you know; this helps me out a lot" Rukaya (29), mother of 3 (BTB).

> *"My father passed away… [the Pakistani community helps] … at deaths and weddings, they may contribute, like when my father died, they supported my mum with the funeral and helped her to bury him"* Bashira (32), mother of 4 (BTB)

However, another participant views such community support with suspicion

stating that,

> *"They are many that would love to interfere … they don't do it* [i.e., help] *because they care, but to gossip"* Aabish (30), mother of 3 (BIB).

8.9 Fathers' involvement

Father's involvement is often overlooked in the study of parenting (Phoenix and Husain, 2008; Cochran and Walker, 2009), yet, it is important as the study of parenting is not complete without consideration of the role of fathers in the lives of their children, and it is also a vital source of support for mothers. It is particularly essential to determine fathers' involvement in this study of Pakistani mothers, as leadership and responsibility within the Pakistani families tend to be gender biased, mostly favouring males and age (Lau, 2003; Anto-Awuakye, 2009; Devine and Deneulin, 2011). There must be a clear distinction between the help available within the nuclear family and that of the extended family. Fathers' support usually has a positive influence on mothers and on mother-child relationships (Cochran and Walker, 2009). The majority of mothers in this study expressed some level of involvement on the part of fathers with their children.

"*He looks after the children*" – Barika (25), mother of 2 (BTB).

"*He is quite good with the house and the children*" Aabish (30), mother of 3 (BIB).

All the fathers, except one, worked and the majority worked full-time. Yet, participants reported most of them played active roles in the lives of their children.

"*He works full-time, but plays with him in the evenings and weekends.*" Asha (32) and Muhja (25), both mother of 1 (BIB).

"He is involved quite a lot, like when he is coming back from work he buys whatever we need curry ... and everything. We all sit down , we eat, you know. When it is bed time ... he spends time with them and gets them to bed. [and] I am like I have had enough during the day, now, it's your turn and he is been working all day long" Rukaya (30), mother of 3 (BTB).

"When he comes back from work he's going to play with her, she likes him taking her bath at night. He would bathe her and put her in bed" Aaeedah (23), mother of 1 (BIB).

"*He feeds him and when I am busy he plays with him. He is an engineer and works full time; he helps out in the evenings*" Dhuka (25), mother of 1 (CTB).

"*He works weekend nights, but he is available at home all weekdays and he does everything with the kids – he prepares our son in the morning for school and picks him up in the afternoon. In between he is available to do anything that needs doing"* Aaqila (30), mother of 2 (BIB).

> *"He did the similar things I would do*" Aamaal (28), mother of 3 (BIB).

> "*He baby-sits; compared to other Asian fathers he is doing a lot"* Aroob (31), mother of 1 (BIB).

Some fathers' contribution went beyond playing and engaging their children in the evening or weekends, to a specific commitment of time and duties that they performed. These were fathers who worked shifts, nights or whose wives worked full-time, and they worked part-time.

> "*He is committed to 2 days a week with his son, and whenever he has time, we do family activity together"* Abida (29), mother of 1 (BIB).

> *"When I am at work, he does everything, from bottle-feeding, to changing nappy and shopping ...he does everything"* Itab (34), mother of 2 (CTB).

Notwithstanding, some fathers kept to the traditional role of breadwinning and were not as involved with day-to-day childrearing or childcare. These women described their husbands' roles:

> *"Huh…he is responsible for all finances…the rest is mine. He thinks my job is the easier and I think his, is the easier*". Jadwa (32), mother of 3 (CTB).

> *"Not much, I get little help from my husband, he says, 'I've been out working all day, I need to rest, it's your responsibility to look after the home'. At times, I get angry* " Cantara (31), mother of 2 (CTB).

> "*No, he was not involved in looking after them. He was like baby number 5*" Ismat (33), mother of 4 (CTB).

Two participants explained a shift from their husbands' former non-involvement to the present time when their involvement had become noticeable:

> *"When we were with my in-laws, his family, he did not do anything, he was afraid of helping me because of his family. Now, he is more helpful"* Dhakira (27), mother of 2 (CTB).

> *"He comes and looks after them if I have any appointment, he takes them out and now, since the miscarriage, he's being around. He is upstairs now, he is involved now*" Saliha (25), mother of 2 (BTB).

It is important to mention that in these two instances, something happened which provoked the change. One was a move from an extended family living environment, and the other was a separation, possibly with threat of divorce, which was rescinded, and efforts were being made. Evidence showed improvement in the fathers' involvement with their children and equally indicated that full co-sharing among parents was yet to be realised, which meant that the majority of care-giving was still undertaken by mothers, and work could place additional pressure on parenting, especially for working mothers (Green and Parker, 2006; Rake, 2012).

8.10 Conclusion

This chapter has reported findings from the study about the maternal level of education, acculturation and support networks. The data revealed a complexity of factors that interacted and affected each other and consequently influenced the mothers' characteristics and parenting behaviours. The data also highlighted specific contexts, with reference to marriage arrangements and cultural constraints under which Pakistani mothers have to relate. This particularly hones in on the point that at times general theories do not appear to successfully and/or accurately explain people's life experiences and it is only by engaging theories within the cultural qualities of particular group norms that a better understanding is derived. The chapter has further identified the benefits and challenges of extended family living, revealing how some of the challenges were minimised by close proximity living arrangements. The impact of the support network was also explored, revealing its usefulness and limitations. Additionally, this study indicated that more fathers were involved in diverse roles with their children, whilst some more or less maintained the traditional status quo, suggesting that more could be done in this sphere to improve fathers' involvement. The next chapter examines the influence of health and mental health on Pakistani families parenting patterns.

CHAPTER 9

THE IMPACT OF MATERNAL HEALTH ON PAKISTANI FAMILIES' PARENTING

9.1 Introduction

The last chapter examined the maternal level of education, acculturation and support networks. Given the importance and implication of health on parenting and the impact of parenting on health, particularly psychological health, this chapter focuses on the influence of health and mental health on Pakistani families' parenting patterns, with an underlying public mental health dimension. In the methodology chapter, I explained that depression and anxiety were used as clinical terms – for which some of the women had notified and had contact with health professionals, though a number of them did not follow through on this and a few are receiving treatment (e.g., participants, 2, 9, 24 & 25). Additionally, I explained that I utilised my expertise in mental health nursing and social work in mental healthcare in judging the participants mental health, and had access to BDI as a guide. Further, my postgraduate study in Public Health also served as a tool in conducting and in the dimension taken in judging the women's health discussed in this study. Firstly, the chapter reports on the findings of mothers' self-reported health status, examines the impact of other factors investigated in this study and other secondary matters (e.g. marriage) that arose in the course of the study, on mental health. For instance, it looks into mental health and mothers' immigration status, mental health and the level of education, mental health and marriage, and mental health and the

influence of the extended family. We begin by establishing parenting mental illness as a public health concern.

9.2 Parenting and Public health

Parenting has implications for both health and social care prevention and intervention. For example, parenting has an impact on health as a determinant of both positive mental health and mental ill health (Shaw and Stewart-Brown, 2004). The health dimension, especially the impact of mental health on parenting, traverses the childhood, adolescence and adulthood stages of life (Stewart-Brown et al., 2005; Stewart-Brown, 2005[2]). Public mental health policy focuses on the wider prevention of mental illness and promotion of mental health across the life course (Royal College of Psychiatrists, 2010), with the implication that the importance and challenges of parenting warrant a multi-disciplinary, multi-agency approach towards prevention and intervention, both at home and in the community (Stewart-Brown, 2005[1]).

In the UK, mental illness is a challenging public health issue and there is governmental determination to give it a much higher priority than it once had (NICE, 2007). Specifically, because of the complex needs of parents with mental illness and the welfare of their children, recent policies have indicated that early intervention and continual support should be in place, as there is 'no health without mental health' (RCP, 2010; Diggins et al., 2011). As a result,

the needs of parents affected by common or major mental illness, such as depression and /or anxiety must be prioritised and addressed accordingly.

More importantly, evidence has consistently shown that mental illness is common in areas of deprivation, low income, unemployment, poor education and poorer physical health (RCP, 2010) and these characteristics are typically found in ethnic minority communities. This does not only suggest a parenting impact on health, but as a public health issue, mental health promotion should be a vital part of interventions geared towards affected ethnic minority parents' groups a fact emphasised by the findings of this study.

9.3 Parents' health matters

The literature has shown that parenting practices largely relies on parents' personal resources, one of which is sound mental health (Belsky, 1998; Diggins, 2011). Mental health is crucial to what parents can attain for themselves, for instance, high level of education, problem solving skill, ability to recall information appropriately and observational and understanding of the needs of others, especially children (England and Sims, 2009; Hutchings et al., 2012). As a result, maternal mental health can either enhance or inhibit the level of activity and the quality of their engagement with significant others, more importantly, the children. Maternal depression affects parenting and the caregiving responsibilities - as it could result in loss of interest, hostility, neglectful, negative attitude towards the child. - These in turn, can lead to cognitive, social (emotional, physical & mental health) and behavioural problems in children, including their functioning in adulthood (Mensah and

Kiernan, 2010; Hutchings et al., 2012). The narrative below, as reflected by the participant, shows how ill health can affect many areas of life.

> *"I was quite bright when I was in Pakistan, and, I really wanted to… but since I came things changed, I got married, and sometimes you have family issues, problems with kids and my health. So,* ***I couldn't really do what I wanted to do,*** *even though, I still think, for myself I've done well in whatever I've done. I did do my DPSI, which is Diploma in Public Service and Interpretation; I did my NVQ in Secretarial Administration…* ***I was doing my GCSEs, but then I had some health problems and had to stop****.* ***Twice, I started and had to stop****."* Chanda (38), mother of 4 (BA in Pakistan equivalent to A 'Level in the UK) (CTB).

However, studies are also showing that parenting interventions, in forms of programmes to help improve parenting skills are producing positive and lasting results for parents (e.g., learning new skill improves mental health, hence positive parenting practices) and better outcomes in children. For example, literature evidence confirms some programmes such as Incredible Years, Parent-Child Interaction Therapy (PCIT), Parent Management Training (PMTO) etc., are enhancing cognitive development and improving conduct behaviour in children (Gardner et al., 2010; Little et al., 2012). This seems to suggest that child outcomes would improve when maternal mental health improves. It also implies that effective programmes should always take cognisance of the mother-child relationship in the first instance, and possibly, towards the whole family eventually, in order to include the significant others around both mothers and their children.

9.4 Maternal Health

In general, ill health can affect any class of people, whether or not they are living in their own country. But the problem is perhaps more acute when they are further from familiar territory, contexts, culture, people and services. Research has shown that an environment of warmth, stimulating activities, sensitivity, responsiveness and non-restrictive care-giving enhances optimum child functioning, especially in the early years (Brody et al., 1994; Figueroa-Moseley et al., 2006; Waylen and Stewart-Brown, 2008). These conditions are only possible when the caregiver's health is neither impaired nor compromised. Maternal ill health can affect childrearing practices and has an impact on the child at the time of care-giving, and [possibly] into the future. Mothers responded to the question given below:

> Q: *What has your general health been like over the past three years or so? [e.g., physical health, mood]?*

In their own words, they narrated the impact of maternal ill health on their parenting. From these narratives, the study identified four categories of mothers in relation to their health. The first category comprised participants who reported no health challenges or concerns. The second reported physical health challenges and the third category reported both physical and mental health challenges, whilst almost half of the mothers fell into the fourth category, and reported mental health concerns only. Over two-thirds (73%) of the participants reported challenges in the area of mental health. The mental health challenges they reported occurred at different stages of motherhood:

usually the question focused on the three years immediately prior to the interview. Mothers with on-going health challenges often gave information on when it started. Table 9.1 below shows mothers' self-reported state of health.

Table 9.1 Mothers' self-reported health challenge	
Health status	**Number (%) in each category**
No health problems	5 (17%)
Physical health challenge only	3 (10%)
Physical and Mental health challenges	8 (26%)
Mental health only	14 (47%)
Total	**30 (100%)**

All the participants were asked about their physical and mental health (or mood). Mothers, who reported no health challenges expressed their state of health as follows:

> *" I've been lucky, I'm fine… I think because I've been aware of postnatal depression from my sisters-in-law, I knew about it. I had help from people and I felt good when I had him"* Asha (32), mother of 1 (BIB).

"*It was hard with the girls, because I had to take care of the boys when I had them. Otherwise, it was ok"* Bashira (32), mother of 4 (BTB).

"I was fine. I was over the moon being a mother. I had to learn what to do and it was a bit frustrating at times, but I was okay with my mood" Dhuka (25), mother of 1 (CTB).

"My pregnancy was okay, and I had a normal birth… I was very happy after having her, you know" Isha (30), mother of 1 (CTB).

"I was tired during pregnancy – but that was all, I never experience baby blues with all my children" Abasa (30), mother of 3 (BIB).

Some participants, however, expressed concerns over their physical health. These faced health challenges ranging from weakness, tiredness, headaches, severe body aches, blackouts, diabetes and anaemia. Some mothers reported that these challenges covered only the period of their pregnancy; others continued to have the symptoms:

"I was anaemic …on my second one, it was… oh my gosh, because it was very tiring; it was like old long [long drawn] pregnancy and it was too quick after the boy so it was quite tiring for me at that time..." Jala (24), mother of 2 (BIB).

"I had problems with back ache and headaches, but my mood was fine" Aakifah (29), mother of 1 (BIB).

"With my boy, it wasn't very good because I was in and out of the hospital because of my blood pressure and caesarean section as well which was uncomfortable…" Huma (23), mother of 2 (BIB).

Some of the mothers expressed both physical and mental health challenges (depression and anxiety), although some admitted to having either not realised or denied having depression at the time. It was only upon reflection that they realised what it was.

"For the last 4/5 years, em… not really good… for nearly 4 years, I was a… yea… probably a year at least, seven months; I was on crutches and about five months, on the wheel chair. During pregnancy and after as well…for the 1st six months, I couldn't do anything for and with him. I couldn't bathe him or change him. So, I did… I miss that. It's just that I developed consistent pubic dysfunctions during pregnancy and mine was really severe. I couldn't walk unaided. I couldn't do anything for myself. Really, I had help from my husband and the family. [Then], before I gave birth, I was in the hospital because I couldn't manage at home. I couldn't walk up and down the steps, so, they just kept me in the hospital for a whole month. I had a rough time, you know like when you do like take kids out, you do fun things with them, do activities with them. I didn't do any of them with [him]…but now I tried to… I did realise I was not really doing the right thing with him and I really need some help, but I just couldn't really manage. I never accepted that I was depressed, but, I think probably I was. As a mother you want to do things for your child and you can't do it. So, it is very natural to be depressed. So…I wasn't a happy person. In fact, it was awful all three of them [pregnancies]. The first one was alright, after that the three of them was difficult" Chanda (38), mother of 4 (CTB).

"With my eldest daughter I had caesarean, so that has sort of slowed me down a bit. And then a couple of years ago, I had my gall bladder removed; so that also slowed me down a bit ... I had this young one, I used to have baby blues… I hadn't realised it at

that time … with the first 2, I didn't really understand like that they were baby blues. At that time nobody actually used to know, it is now that the nurse would come and ask how you are feeling and they will talk about postnatal depression and talk about baby blues but at that time they didn't do so. I don't really know what was happening. I used to feel a bit silly for crying and all of a sudden just feeling really bad. I will just sit down on my own and will just sometimes cry. I will never keep quiet, I just keep crying and I don't know why I was crying and that was something everybody [around me] didn't know why I was doing that either. I was crying so hard" Nesayem (33), mother of 4 (BIB).

"That is a good question, don't go there…[laughs]…I had severe back pain. I think it was because of the Caesarean Section (CS). You see, I was overdue, and I was induced and had CS. Things were so slow that I was depressed as a result. I was always upset with everything, but I was happy with my son, because I love kids. I looked after him as normal. My family support and they enjoy looking after children. My twin sister loves children too. We both did childcare courses" Noor (28), mother of 2 (BIB).

"I have been very anaemic during pregnancy, I am still anaemic, but not as much as during pregnancy, they asked me to come for test again, to tell you the truth, I have not been, because I have been so tired and busy. Also, I have been very tearful every day and night – all the time. I am on medication. It is helping bit-by-bit, not a lot, or its happening slowly" Ismat (33), mother of 4 (CTB).

"OK, there was weight gain as you can see; then, I develop diabetes with the second pregnancy, and I was on Insulin. So with the second pregnancy and birth, I had baby blues and was very depressive…" Aaqila (30), mother of 2 (BIB).

Other responses to the health question included four mothers, who reported five (5) miscarriages amongst them. Some of these participants stated that there

were no known health reasons responsible for the miscarriages; this had caused them a measure of distress, as stated below:

> *"…Emotionally, I'm depressed, due to family pressure and I had a miscarriage 2 weeks ago. The pregnancy was three months…"* Saliha (25), mother of 2 (BTB).

> *"Before her, I had a miscarriage…after the miscarriage, my health has improved…"* Aroob (31), mother of 1 (BIB).

> *"I had a miscarriage at 6 months…I was sad and stressed about the loss…"* Itab (34), mother of 2 (CTB).

> *"…I had two miscarriages between my 3 year old and my 4 months old baby. They were stressful period, especially…when test was fine, there was nothing wrong…"* Jadwa (32), mother of 3 (CTB).

A number of the participants reported they experienced depression during pregnancy and after childbirth, whilst some continued to have the symptoms:

> *"I had mild depression. I was down. I used to be upset with everybody. I used to stay upstairs in bed, I didn't used to want to talk to anybody. My appetite was totally gone, I wasn't being sick; I just felt like it. I was weak and it wasn't like a physical thing, I think it was more of a mental thing. That was the time that I was bed-bound, but, apart from that my [physical] health has been quite good. When I was bed-bound; and I didn't bath for like two*

weeks, it was such a chore! I didn't feel any pain or something like that at all, that's why I said it was all mental. I liked being left alone, on my own, in bed twenty-four-seven (24 / 7)" Muhja (25), mother of 1 (BIB).

"[With] the last one, I was at home, doing the same thing every day, makes the time look long and I was bored. When I was working I was happy, meeting people, but I was depressed when you get up every day, same thing, you get fed up" Aabish (30), mother of 3 (BIB).

"[When] I did have my daughter, I did suffer from a bit of depression and I just didn't understand, you know, it is just like… well, I still remember my husband was sitting on the sofa and I was over there and he looked at me and he said, "What is wrong with you?" - and I was like, there is nothing wrong with me - and he said, 'there must be something wrong with you' and I started crying; and I said , "I don't know what is wrong with me". I was getting these silly thoughts into my mind: - "don't pick the baby up ", "don't do these things", "let the baby cry"; - I just don't want to do anything, but… because I love this baby. [And] then, the stuff I've been through kept coming to my mind. When I was younger, I used to smoke cigarettes and I have told my husband about them before and he said, 'that was your past life, it doesn't matter now'. These came back and plagued my mind again, I told him, then he picked the phone and spoke with the doctor" Rukhaya (29), mother of 3 (BTB).

"Em… during pregnancy, I think I was more fit than I am now. It's just that after I had her I have not had much help from anyone. So postnatal depression arises and my health gone down a lot, that's after delivery. There was a time I didn't even talk to her, she [the baby] would cry and I would just leave her alone, I won't even pick her up and I would feel like just sitting on a pin, I didn't tell nobody at first … and …but I told my husband. He said, I should go to see a doctor. So, I had to come to terms with it. And finally, I used to snap out, using a knife [on my husband] and there was a time when our relationship went really bad, it

was hitting the rocks. So, that was when I thought, "no, there is more on my part and I needed to do something about it. How much can my husband pay for me?" So that was when I went to the doctor's to help us in counselling sessions" Aaeedah (23), mother of 1 (BIB).

"Em…Ok, but, I generally have problem with worry and panic attacks…I've had a rough life, and I like to avoid the little, little arguments, they gets to me. I am on anti-depressant and I have not felt well. I had baby blues 3 months after the last child [aged 5 months] was born. When feeling depressed, I go upstairs and start crying, I have being on anti-depressant for one month now. I cannot look after the kids – my husband takes care of them." Najat (40), mother of 5 (BIB).

Some of the participants seemed to know the cause of the depression, apart from the normal pregnancy and childbirth hormone processes. Some of the reasons they gave were boredom (not allowed to work), having to work in the UK, relationship breakdown, loneliness, anxiety and hostility, physical illness, loss of loved ones at the time of pregnancy /childbirth, miscarriages, flashbacks of past life, inability to communicate in English and lack of support. In addition, those who managed to pull through were also able to identify the resources they employed. This is important, as not all participants who reported being depressed sought professional help, and the participants explained this:

"He [my husband] said to me that the only thing that I can do was make an appointment with your doctor and speak with the GP about it. You know… I said to my husband that, 'I am going to get through with this, I am going to get through with this, I am going to fight it off myself because if I do go to the GP, the GP will only give some anti-depressants or you know, send me to a psychiatrist or something like that. And I don't know if that is going to help me or not, and I said that I was going to fight it off myself'. Then

slowly, slowly, I did fight it off myself quite a lot, like, you know… and now, I'm just perfectly fine. [*So*], *no, we didn't tell anyone, I said to my husband, I do not want to tell anyone, I said to him, 'all I need is your help, I don't need any body's help, if I have you on my side, you know, I can get through with this.' He was very supportive, very, very supportive, you know. If I want to look after my baby, he will just ask me to rest and he takes the baby, you know, and he basically, …he just look after them – and, slowly, slowly, slowly, it took about a month for me to… you know, come out of what is going on inside, and you know, he kept me really happy. He took me out and he treated me to stuff, you know, I don't know, but, you know, it worked"* Rukaya (29), mother of 3 (BTB).

"After having them, I was a bit …you know, I felt like crying, but because I read during pregnancy about baby blues, I knew what it was and I got over it quickly" Dhakira (27), mother of 2 (CTB).

"I'll tell you one thing, no matter how bad my mood, I don't let it out on anyone. When I was on my own, I would cry, and when I'm upset I do cleaning and more cleaning. I normally do a lot of cleaning when I'm upset. That is my anger management thing [laughs]" Aabish (30), mother of 3 (BIB).

Table 9.2 below shows mothers' help-seeking patterns for depression, among those who reported depression only, and depression along with physical ailments.

Table 9.2: Participants help-seeking patterns					
Identifier & Pseudonyms	**Age**	**Category**	**Reported depression [y/n]**	**Professional help sought**	**Help given by**
1. Barika	25	BTB[12+]	Y	None	Extended family
2. Chanda	38	CTB	Y	Y	Husband & in-laws
3. Asha	32	BIB	N	n/a	n/a
4. Muhja	25	BIB	Y	None	Self-help
5. Aabish	30	BIB	Y	None	Compulsive cleaning
6. Rukaya	29	BTB	Y	Declined	Husband TLC*
7. Nesayem	33	BIB	Y	None	Extended family
8. Bashira	32	BTB	N	n/a	n/a
9. Aaeedah	23	BIB	Y	Counselling	none
10. Jala	24	BIB	N	none	n/a
11. Aakifah	29	BIB	N	n/a	n/a
12. Cantara	31	CTB	Y	None	Arrival of mother from Pakistan
13. Huma	23	BIB	N	n/a	n/a
14. Dhakira	27	CTB	Y	n/a	Self-help
15. Aamaal	28	BIB	Y	None	Husband and mother
16. Dhuka	25	CTB	N	n/a	n/a
17. Rafa	33	BTB	Y	none	Husband & mother-in-law support
18. Isha	30	CTB	N	n/a	n/a
19. Noor	28	BIB	Y	none	Family
20. Saliha	25	BTB	Y	none	Self-help
21. Aanisa	30	BIB*	Y	none	Husband arrives from Pakistan
22. Aaqila	30	BIB	Y	none	Husband
23. Aroob	31	BIB	Y	none	n/a
24. Najat	40	BIB	Y	Medication	Husband
25. Ismat	33	CTB	Y	medication	Mother-in-law
26. Abasa	30	BIB	N	n/a	n/a
27. Abida	29	BIB	Y	None	Mother
28. Itab	34	CTB	Y	None	Husband
29. Afaf	26	BIB	Y	None	Husband and parents
30. Jadwa	32	CTB	Y	None	Sustained pregnancy

*TLC: - Tender Loving Care

From the above narratives, it appears that participants only consulted health professionals as a last resort, and perhaps, when a partner insisted on it. This would indicate more effort was needed to assess risk for depression and to improve help-seeking attitudes among Pakistani mothers (Bhugra and Hicks, 2004; Baldwin and Griffiths, 2009). A few mothers stated that they initially discussed their condition with health professionals, but discontinued this, if they felt it was not helping them. Occasionally, however, other underlying issues might have arisen concurrent with the one at hand, as illustrated by the narratives of these participants.

> *"At one point, I spoke to my midwife, she was helpful. I stopped because I thought she can't do much for me other than listen. So, it's best I carry on with my life. He (husband) started being helpful then. I told my family to keep away... the aunts and uncles are the problem. It is the extended families prying into my affairs"* Saliha (25), mother of 2 (BTB).

> *"...I saw professionals, but I stopped after a while, as they were giving me nothing to cope with the problem..."* Noor (28), mother of 2 (CTB).

Mothers expressed their inability to function as they should, when incapacitated by depression; these findings are in line with what is shown by other studies in the field. These studies suggested that mothers who were depressed often displayed negative behaviours detrimental to the child's development, such as withdrawal, irritability and low warmth towards the child (e.g., Murray and Cooper, 1997; Sinclair and Murray, 1998; Kurstjens and Wolke, 2001; Petrou

et al., 2002; Oates et al., 2004; Shuang, 2007; Wilson and Durbin, 2010; Tse et al., 2010). Disturbing thoughts of less sensitive care-giving; "*don't pick the baby up*"; "*let the baby cry*" and "*I don't want to see the baby*" are common symptoms of depression, for which both professional and familiar help would be most valuable (Vondra et al., 2009).

However, (over) reliance on self and help from families only, seem to characterise the practice among these women groups. This may require closer examination, to facilitate a better understanding of the rationale behind such decisions. It could indicate a likely area in need of culturally sensitive intervention (Bhugra and Hicks, 2004; Gater et al., 2010). The benefits and challenges of help available are examined below under support networks, but the importance of family support to, and among these Pakistani women's groups should be highlighted here. Danger of risk to health is inherent here, as it could increase the stress level within families and should this support become overstretched, it could create potential costs to the UK economy. This was exemplified in a participant's explanation of coping in her family during the period she was incapacitated.

> *"...the only thing was I couldn't do anything. At the same time, my second child has an accident. I was in crutches at that time, [and] he broke his leg – and it was quite difficult for my husband to juggle work life and home life. I wasn't able to do anything for them. [And] I think that time, he [husband] was even stressed, because, my son had to go through 3 operations on his leg, because it was quite a bad break... I think, and I couldn't get help for physio[therapy], because I couldn't manage the steps. 13, at least thirteen days, when I came home from the hospital, I was stuck upstairs, I couldn't*

> *come downstairs. Like the housework … I always ignore them. The whole house …can collapse for all I care.* ***My husband's family were supportive****, but they all got to the stage that, you know, they are like* ***"we've been doing it for so long."*** *So, I mean… I think… I can't blame them because obviously they have their own commitments, their own families and children. So, it is hard for anybody nowadays, I think, to spare time to do anything for others. [So,] I think in general … we managed well"* Chanda (38), mother of 4 (CTB).

The above account reiterates the fact that psychological well-being is a critical resource, which mothers cannot do without if they are to care adequately for their children. When these parents' mental health was compromised, they could not provide the necessary care for their children. For some, their husbands stepped in to care for the child(ren), but almost all of these husbands were in full-time employment. The most time taken off work to attend to needs, according to some of the participants, was two weeks. One man used his break time or took an afternoon off at intervals, to attend to his wife's needs. Consequently, there were times when mothers with depression were left alone to care for their children. It was possible that at such times, the care that the child received could have been compromised and was probably inadequate, representing a risk that might necessitate routine assessment for depression, and a closer or a longer follow-up period of mothers, post-delivery. We would now examine the interplay of mental health and other factors investigated in the study.

9.5 Mental health and mothers' immigration status

The thirty mothers who participated in this study fell into three categories; Born-in-Bradford (BIB (17)), Brought-to-Bradford (BTB (5)) and Came-to-Bradford (CTB (8)). These categories were linked to immigration status and were devised to highlight the potential differences that might exist between the different migrant groups of Pakistani mothers. BIB mothers were born in the UK, and therefore ideal for comparative purposes. More importantly, they often referred to the impact of migration to the UK in constructing their own or their family's stories (Kalra, 2008). Twenty-two mothers (73%) out of the thirty participants; twelve (BIB), four (BTB) and six (CTB) reported having had mental health problems. These represented two-thirds of the study participants and seemed high (see Table 9.3). However, it was not unique to these mothers, but appeared to be in line with other research findings in the field, which indicated high prevalence of depression among Pakistani women (Husain et al., 1997; Bhui et al., 2001; Weich et al, 2004; Cooper et al., 2006; Mckenzie et al., 2008; Gater et al., 2009; Khan and Waheed, 2009).

Regarding immigrants' health, earlier studies found that most of them had arrived in the host countries in relatively good health (Johnson, 2006), but owing to the initial negative changes and difficulties they would have encountered, immigrants' physical and mental health had generally declined upon arrival in the new country (e.g., Johnson, 2006; Husain et al., 2006; Takeuchi et al., 2007; Jayaweera, 2011). The

literature evidence in this field for Europe and the USA had always linked immigration to poor mental health outcomes in immigrants (Husain et al., 2006; Takeuchi et al., 2007). It was, however, expected that as immigrants became more accustomed to the host culture and environment, positive changes would result, leading to better mental health outcomes (Takeuchi et al., 2007).

Conversely, other research into the prevalence of mental health problems among some immigrant (ethnic) groups such as young South Asian women, found increasing levels of mental health problems, particularly depression, anxiety, self-harm and attempted suicide (Bhugra et al., 1999[1], 1999[2], Bhugra and Densai, 2002; Cooper et al., 2006; Khan and Waheed, 2009). This study found similarly high levels of mental health problems across the three women's groups and further research as to the likely causes of the seemingly higher levels of depression amongst Pakistani mothers and possible interventions may be required.

Table 9.3: Mental Health and Mothers' Immigration Status				
	Category			
Participants	**BIB**	**BTB**	**CTB**	**Total**
Mothers in the study (%)	17 (57%)	5 (16%)	8 (27%)	30 (100%)
Reported depression (as % in each category)	12 (71%)	4 (80%)	6 (75%)	n/a

9.6 Mental health and level of education

The mothers in this study gave a number of reasons for depression, as mentioned in chapters 7 and 8. One reason was the idea of missed opportunities regarding the levels of education they should have attained (see para. 8.4.1). This could expose the participants to increasing bouts of depression, as some of them were aware of the limitations placed upon them by their low educational attainment, as indicated by these participants:

> "*When you are an illiterate, you can't read or explain things to your kids…*" Saliha, 25 (primary education), mother of 2 (BTB).

> *"…I find it hard to help them. They know more than I do. I find it difficult to help them; I only know the basics…"* Ismat, 33 (GCSE), mother of 4 (CTB).

In chapter 7, we identified and categorised the highest qualifications of all participants. In this chapter, we focus mainly on mothers who reported depression and thus, introduced a new category to depict (only low and high levels of education) Mothers were placed into two groups. One, '*Up to A 'Levels*' and two, '*Degree plus',* see Table 9.4. The results showed no difference between these two groups for both BIB and BTB mother categories. In the CTB category, however, twice the number of mothers (4) in the *degree plus* group, as the '*up to A' levels'* group (2), reported depression.

Table 9.4: Mental health and maternal level of education

	BIB	**BTB**	**CTB**	**TOTAL**
Up to A' levels	6	2	2	**10**
Degree plus	6	2	4	**12**
Total	**12**	**4**	**6**	**22**

The '*Degree plus*' CTB mothers were more likely to have reported depression for specific reasons. For instance, those who had no support network bemoaned this, especially as it hindered them from working due to childcare responsibilities and lack of access to public funds in the UK. As a result, some women in this category felt their education was wasted in the UK, as this one participant indicated:

> *"I am a Software Engineer, but I can't work because there is no childcare for the children, and we do not qualify for any benefits to put them in full-time nursery… To tell you the truth … I feel wasted, as I am not working"* Cantara (31), mother of 2 (CTB).

In general, mothers with a lower level of education in all categories seemed limited in both capacity and resources, even when there was family support around them, and the two participants mentioned above (para., 9.5) seemed to illustrate these limitations. Nevertheless, the above reasons may not fully explain the connection between the mothers' histories of mental health challenges and their levels of education. Further possibilities may exist in other issues, such as marriage. That is, mothers' mental health could be affected when the level of education was examined in conjunction with other factors such as marriage formats.

Among the BIB mothers, three (participants 7, 19 and 29), who had low levels of education and *arranged marriages* reported mental health problems. Four participants (5, 9, 10 & 24), who had low levels of education and *love marriages* reported depression: two of these (9 & 24) were having serious challenges with extended families (reasons discussed below). In addition, four participants (4, 15, 21 & 27), who had high levels of education and arranged marriages reported depression and one participant (22) with a high level of education and a love marriage reported depression. One participant (23) with a high

level of education, a mixed marriage format and working full-time reported depression due to juggling of various activities (see para. 12.7.1). She was the only mother in a mixed marriage arrangement who reported depression (reason elaborated chp. 12).

9.7 Mental health and marriage format

The formats of marriage (Arranged, Love or Mixed) were discussed in the last chapter, from paragraph 8.6 onwards. It highlighted concerns raised by mothers, particularly BIB mothers regarding arranged marriages. Four mothers (three BIBs and one BTB) in particular, expressed strong feelings about their marriages. Two of them, a BIB (participant 5) and a BTB (participant 6), claimed they were forced into marriages against their wishes. The BIB mother had since divorced the arranged partner, and remarried into a love marriage, which has resulted in her being ostracised by the extended families. The BTB mother, eventually fell in love with her arranged husband, and said: " *I really do love him and we were both really happy with each other…"* although, she continued to be enraged about the cultural procedure. This participant was perhaps fortunate, as she also reported that her arranged partner's Tender Loving Care (TLC) was helpful to her recovery from depression and that he continually challenged her to improve herself academically.

This partner came to the UK without any qualification and was unable to speak English, but the participant spoke English with him at home. He combined this with evening classes and took various courses until he eventually studied IT at the University and, upon graduation, started working. He was currently working as an IT lecturer at the local college. This suggests positive outcomes could result from arranged marriages, but the beneficiaries of such arrangements, and at what expense such benefits are derived, might be controversial.

A third BIB participant (#24) whose marriage was also arranged became widowed from the arranged partner, and remarried (a love marriage), but later divorced, she was in her third (love) marriage at the time of the interview, and had moved several miles away from the extended families as her relationship with them was no longer cordial. The last BIB mother was pleased with her marriage, although, because she and her sister were married to siblings, and had experienced some dire consequences, had since reconsidered the idea of marriages to cousins for her own children.

All the BTB mothers were in arranged marriages and they all reported having depression, although apart from the one (participant 6) mentioned earlier in this paragraph, none of the remaining BTB mothers linked their depression to the format of their marriages.

With the exception of one participant (2), who met and married her husband in the UK, all the other CTB mothers had arranged marriages,

and reported having depression. Three of these linked their depression to lack of support, unemployment and miscarriages.

9.8 Mental health and Child Characteristics

Some mothers reported depression in relation to previous pregnancies, (i.e., with the birth of an earlier child), but others had issues during and after the pregnancy of the index child. Of these, the BIB mothers, mentioned fussiness of the index child or an older sibling craving attention as being stressful.

> *"I…was very depressed...then the baby was always crying and we did not realise he was allergic to cow's milk. It was a very stressful time. I didn't want to see him or attend to him."* Aaqila (30), mother of 2 (BIB).

> *"I had post natal stress…this was mainly due to my first being very jealous of his brother. He wants to be carried, fed, [he wanted everything as soon as I] picked up his brother."* Afaf (26), mother of 2 (BIB).

> *"Yes, he's a bit jealous of his baby brother at the moment. He keeps hitting him, when he's asleep. When I told him, he's hurting his brother. He would say, "sorry, mamma". A few minutes after this, he would do it again. I don't leave him alone with the baby, he also want to be carried at the same time as his brother"* Aanisa (30), mother of 4 (BIB).

The above quotes featured BIB mothers who had depression and the characteristics of the child further complicated their condition and/or their feelings toward the child.

9.9 Mental health and Religion

All the mothers in this study expressed their preference for the Islamic religion, and some claimed that it gave them their identity (details in the next chapter). Religion, in this respect, might have had a positive impact on mothers' mental health. This may be difficult to infer from this study, given that all participants who claimed to be religious also had depression. However, being religious would not necessarily exclude them from challenges, but their beliefs might moderate the effects, and have enabled some of them to cope better. Nevertheless, there were issues raised in terms of culture and religion that could have been stressful. Again, this is dealt with in the next chapter, particularly in paragraph 10.6.2.

9.10 Mental health and support networks

The support network of extended families is quite complex. It can serve as a support and improve mental health and/or as a source of stress, and mental health problems could result (Shah and Sonuga-Barke, 1995; Sonuga-Barke et al., 1998; Sonuga-Barke and Mistry, 2000). The report from the last chapter on support networks revealed that most of the support was provided by the extended families. Also, all participants who had

access to extended families for support had appreciated the social, moral and emotional help they derived from it.

Typically, mothers' reports were similar to this participant's.

> *"If I want to go somewhere, she will always say, 'I'll look after him, you go, where you want to go…"* Muhja, 25, mother of 1 (BIB).

Mothers who have had and continue to have challenges with their extended families, reported depression (this is discussed further in the next chapter). Even then, such mothers acknowledged that their children were missing out on extended family relationships, as illustrated in this participant's account.

> *"It makes a difference when kids have grandparents, aunties and uncles around them; that's what my kids are missing..."* Aabish, 30, mother of 3 (BIB).

As mentioned above, the extended support system can be a source of stress. It can also put pressure on mothers to act against their wishes, thereby causing them stress. For example, with regard to the number of children mothers, as opposed to the extended families, would like to have. One participant illustrated this.

> *"...I believe in having fewer children and give them a good quality of life, training them and developing them in a balanced way. But, I cannot tell my mum or my in-laws that I only want*

one child, they will tell me it is not good to have just one child. I am enjoying being a mum to him – I will only have another when I am ready. My husband too wants more… like 5 or 6, I said, 'not with me, go and do that somewhere else...'" Abasa, 30 mother of 1 (BIB).

9.11 Conclusion

This chapter laid a foundation that mental illness in parenting is a public mental health issue and should be considered for intervention and mental health promotion at the individual and community levels. It assessed the impact of health and mental health on mothers who took part in this study. The number of participants who reported depression was high, though this seems in line with general findings in the field. There is a huge need to assess Pakistani mothers for mental health problems, as they may not ordinarily seek professional help for their condition. Culturally sensitive intervention might help the women to access help. A number of factors were examined, and also in conjunction with each other, e.g., mental health and the marriage format, to highlight how each or a combination of these factors could affect Pakistani mothers' psychological well-being. These are complex issues that do not have simple solutions, as other underlying factors play vital roles in some seemingly cultural practices, such as arranged marriages. What was obvious was the value of mental health as personal resource, which mothers in particular, need to fulfil the mothering function appropriately.

CHAPTER 10

THE INFLUENCE OF RELIGION ON PARENTING

10.1 Introduction

This chapter fulfils the fourth objective, reporting findings on the influences of religion and the interplay of culture and religion in Pakistani families' parenting patterns. The results continue to use the BBF Ecology of Parenting framework.

10.2 Religion and the Pakistani parents

The life stories of the Pakistani community seem to focus on the impact of migration, enshrined entirely in their culture, which often acts as the custodian of their religion (Abass, 2000; Modood, 2003; Kalra, 2008). Culture provides a great deal of the parenting context, and variations in culture can create challenges as to what constitutes good enough adequate parenting (Bronfenbrenner, 1979; Kelley and Tseng, 1992; Bronfenbrenner and Morris, 2006; Keller et al., 2007; Holden, 2009). Yet, culture and parenting intertwine in child rearing. In addition, parental beliefs, values and religious affinity affect parenting practices and the existing literature seems to indicate that religious affinity can have a distinctive impact on childrearing (Browning et al., 2006; Holden, 2009). For example, scholars who have studied religion in the Pakistani community, such as Shaw in the 1988 study of the group in Oxford, observed that:

> "Some women see their roles in Britain quite explicitly in terms of maintaining and transmitting cultural and religious values and protecting their families from western influences" (Shaw, 1988: 5).

The truth of the above quote is evident amongst immigrant Pakistani mothers, as observed in their struggle to adopt or acculturate into the western culture (Ballard, 2003). Their children, too, appear to be caught up in this dilemma, even though the effect of being part of the western system since birth also appears to have influence on them. No doubt, they are the generation that bridge the gap between the complex cultural values of the life supposedly left behind in Pakistan and the new culture (with its accompanying challenges) of the West. It is clear that the participants in this study felt the pressure that this dichotomy had brought, particularly in relation to religion, its practices and the interpretations often given to it by their own parents and the wider Pakistani community.

Despite this tension, these mothers still longed to stay as close as possible to what their own parents did, though perhaps with a modern or westernised slant. They wanted to be more pragmatic, but the success or failure of their approach may not be fully known until such a time as there is opportunity to observe what their children (third or fourth generations) think of their parents' (participants') approach to parenting them. In general, the existing literature establishes the importance of religion to Pakistani families and how this is reinforced in child rearing; this study provides similar findings (Obeid, 1988; Stewart et al., 1999). No doubt many religious parents would like to preserve their religious beliefs and

practices wherever they are and these Bradford parents were no different (Howarth et al., 2008).

10.3 Religious practices at Individual level

We examined religious practices at the individual level, by posing the question: "*Are you practising Islam*?" to all the mothers in this study, to determine their religious affinity. All participants answered in the affirmative; for example, most claimed to observe the "*namaz*"- the name for the prayers that Muslims offer five times a day.

> *"Yes…I believe there is only one god, I pray to him. We call 'Allah' – God is just an English word. We have to do what 'Allah' says. We do what he says"* Barika (25), mother of 2.

> "*I'm practising Islam, it's a way of life, where we can live peacefully. Islam means 'peace'. I offer prayer five times a day…"* Chanda (38), mother of 4

> *"Yes…Islam is very important to me… it teaches me how to be a good woman"* Rukaya (29), mother of 3.

> "Yes…*It is important to me; I observe 'namaz' according to Quran*" Dhakira (27), mother of 2.

Another question linked with the above was, "*What does Islam mean to you as a person*?" In answering this question, most of the participants mentioned that Islam gave them their identities (Bhachu, 1993; Marranci, 2008).

> *"It helps me to have my own identity. It helps you to teach what is right and wrong and to avoid pitfalls…you know, morals* " Aakifah (29), mother of 1

> *"Religion gives me my identity. It is what my life is, whatever I do, I have to keep the way of Islam in mind. There are teachings about every phase, for example, breastfeeding; the Quran recommended to do it until the child is 2 years of age"* Jadwa (32), mother of 3.

> *It's who I am, is part of me, because it is a barrier to say I am a Christian because you never do stuff like that. Islam is just ... is what you are living for basically, because all your life is getting prepared for the day of judgement*, Aaeedah (23), mother of 1

It appeared some of these women found solace and identity in religion because they derived their sense of value, moral standards and inner strength from it, especially, when confronted with some of the challenges they faced. Many of these challenges were stated previously: forced marriages, gender issues etc.

> *Islam means a way of life to a lot of us, but, some Pakistani people justify a lot of what they do with religion, for instance,*

forced marriages. Islam did not ask parents to force their children. Your child must have a say as well… It is culture that allows Pakistanis to marry their cousins, Islam just say, you cannot marry your brother, your father obviously, [laughs], and same sex… Muhja (25), mother of 1.

Most of the women don't know what Islam means: you know, Islam is not just praying five times daily or covering of your hair or covering your body … from other cultures, it's not about that. It is like what my mother did to me. In Islam, you can read hundred and thousands of books on Islam, you will never find a book that will say, it is okay to give your daughter to someone she doesn't want to marry, it happened to me. It is culture. You know, I had a forced marriage, you know, Islam says that you are supposed to ask your daughter or your child who they want to get married to… Rukaya (29), mother of 3.

"…Like Islam allows you to marry your own choice, if both of you are adults, but your family can disagree. Also, in Islam men and women are to be treated the same…but, in Pakistani community, they behave like men owns the women…they are not treated equally", Aabish (30), mother of 3.

A third question in this category that generated interesting answers was *if you were not a Muslim, how would you do things (e.g., raise your children) differently?* A number of these women said they had never thought about this. Some, as a result, found it a difficult question, as they had never considered it before. However, most of the differences mentioned were in the areas of dress, lifestyle, food, 'namaz' (Muslims' prayer), discipline and marriage arrangements. The quotes below reflect the nuances in their response:

I don't know, I cannot imagine it - may be out and about clubbing Aaqila (30), mother of 2.

*Lifestyle would be different I suppose and children may not have to do like the 'namaz' at that age…*Dhuka (25), mother of 1.

*There would be no restriction on children, clothes, food, what you can and can't eat, no issue of respect and social or non-social interaction – like; you can marry who you want…*Aakifah (29), mother of 1

That's a difficult question. Maybe my values will be different. I may not have the set of values I have. If I wasn't a Muslim, I would be out dating. Now, that I'm married, I will not let my son marry his cousin…Muhja (25), mother of 1.

10.4 Religion at the family level

All the mothers claimed to be religious and to be practising Islam, yet, a few of them qualified this when asked the follow-on question, "*In what way does Islam affect the way you bring up your children*?". This shows the probability of assuming a religion because it is seen as a given, but the practice of it may be a different case, particularly when it has to be passed onto the next generation. It appears that only a wholesome dedication to a religious affinity would generate enough momentum or incentive to invest such faith in the up and coming generation. Without regular practice and adherence to a claimed religious belief, the burden of its transference to the

next generation would only expose its shortcomings. Probing further on this allowed a better understanding of how these mothers applied what they claimed to believe and practice in their parenting. We examined the 'qualified' responses here and below, the more practical application of Islam to child training is considered.

> *Will say this, I am not very religious myself, I must say. I am out of the way Islam says… I'm not 100% perfect, I don't do what I should do,* Aabish (30), mother of 3.

> *There is a lot more that I could learn about Islam that I don't know. I tried praying five times a day, but other things get in the way,* Muhja (25), mother of 1.

> *Yes, but ideally, my husband does, I'm not. Like, I don't have time to pray five times a day, when I'm working full-time*, Aroob (31), mother of 1

These mothers seemed to indicate that they were somewhat 'out of touch' with the regular practice of their religion, though they expressed their determination to bring up their children in the way of Islam. This could be because it was the way they were brought up, and what they were accustomed to, so they hoped to continue it with their children, regardless of their own approach to the practice of their religion (Howard et al., 2008). For some mothers, however, having had more experience from when they were with their parents, perhaps more time to reflect upon their

past, and by future projection, had more empathy with their parents' perspective.

> *"I mean, my kids, they go to Mosque every day. My daughter hasn't started yet…I'll make my kids follow it because I believe… if you want your kids to follow [a] religion, you have to teach them from a young age… I'm teaching them what I think I should have been taught*, Aabish (30), mother of 3.

> *"…Basically, I'm gonna teach him what it says in our holy book, which is Quran. Teach him how to read it and the ways of Islam,* Muhja (25), mother of 1.

At times, the conflict that these women faced regarding religion could be assumed from the inconsistency of their current actions and their future aspirations regarding it. It appeared in some instances that mothers had not thought how hypocritical it might seem to their children if they were made to follow a religion their parents were not practicing themselves. This theme was echoed by one of the participants:

> *Although, perception and practice are two different things – it is the practice that makes the difference, not just knowing and reading about it - I would think that every Muslim should do the same thing*" Jadwa (32), mother of 3 (CTB).

The same participant that said she would teach her child how to read the Quran, but also mentioned not understanding what she read in the Quran

herself (see second quote below). The reality of the impossibility of teaching what one did not understand seemed not to have been considered by this parent. She mentioned that she would learn Arabic, although this was in the future. Her account was really thought provoking concerning the religious practices of the older generation, who were immigrants into the UK. For instance, where did they get the interpretation of the religious teachings that they put into practice if they were not educated, could not read or write, so may neither speak nor read Arabic, the language of the Quran? The only possible explanation for this was the teaching and interpretation given by the Imams.

The Quran has been translated into a number of languages, including English (e.g., English Translation of the Qur'an by Dr Muhammad Muhsin Khan), and Urdu (e.g., by Yousuf and Jabbar, 2008), but it does appear that most of the participants in this study read mostly the Arabic version. This may be because the Quran is believed to be a sacred book, specifically revealed in Arabic, and in Islamic theology, any other representation of it is perceived as being less spiritual, lacking its original unique sacredness or efficacy (Afnan, 2006).

However, this may not fully explain the reasons these participants made the following comments. It also raises the question as to why one should have to learn Arabic, when English and Urdu versions are readily available.

> *"Islam is my religion, it is something, I'm gonna start practising, today or tomorrow…"* Aabish (30), mother of 3 (BIB).

> *Quran is written in Arabic, and I read it and* ***do not understand*** *what I was reading, I have to learn Arabic…* Muhja (25), mother of 1 (BIB).

> *As a young person, I had faith, but now [it's] not as much, however, in times of trouble, I fall back on it…* Aroob (31), mother of 1, (BIB)

Questions exploring the influence of Islam on how parents were raising [and what they did with] their children, generated specific responses from most of the participants. They explained what Islam teaches (or suggests) they should do.

> *"One important thing is that our child at 7 years old, we have to tell them to pray, to read 'namaz'. When the boy is 7years, he has to go in mosque and pray, and the woman (girl) pray at home. But, when your daughter or your girl, is in period, like at 12. You have to find someone who can marry her. [Be]Cause we believe that, she's a full woman now, because she has start her period. Islam doesn't… like dictate any particular age, is just Islam give us, some… it's just some indication that you need to get her married after she starts her period. But, whenever, you find a man for her – you should get her married. I've seen in the UK that many Muslims… don't do this…because of the law in the country they are living in...*" Barika (25), mother of 2 (BTB).

> *"I'm gonna teach him what it says in our holy book, which is Quran. I have to teach him how to read it and the ways of Islam. A thing like dating is not allowed in our religion, like boyfriend and girlfriend relationship is not allowed. Although, it does in the community, it does happen, but, if you're talking on the religion basis, it's not supposed to happen*" Muhja (25), mother of 1 (BIB).

> *"We base the training of our children on what Prophet Mohammed – or the Quran teaches, on the family*" Aaqila (30), mother of 2 (BIB).

> "*They attend the Mosque daily, Mon-Fri., we read the holy Quran to them, and teach them from it*" Abasa (30), mother of 3 (BIB).

> "*Yes, for instance, they pray before leaving the house and when they come back from school. They greet in Muslim way…'Asala Malekum'. They watch us when we pray and learn that way too...*" Afaf (26), mother of 2 (BIB)

> *"Well, of course, Islam teaches about each phase of life, social life, husband and wife, child training and so on. We have these in our minds, when bringing up kids*" Jadwa (32), mother of 3 (CTB).

A participant explained how she put this teaching and training into practice with her children, especially when faced with conflict from other religions.

> *"My children, they go to Islamic school ... they go to private Islamic school and they don't have white children there. They have mostly Pakistani and Muslims. So, one day, my son came up and was like, "Mum, could*

> *I play with Christians?" I was like, "yes, of course!" And he said, " Is that allowed?" And I said, "Of course, it is allowed" - and he was like, "you what?" And then, I had a word with his teacher and he began to explain to my son, that 'that we have different religion does not mean they [Christians] are bad and you will not need to get along with their level of religion, but you need to respect their persons' - and now my children play with everyone…*" Rukaya (29), mother of 3 (BTB).

Whilst the above case is a single context and cannot be generalised, nonetheless, it shows the uncertainty that could be in the heart of a child. It is equally possible that some Pakistani children might be in the same state of conflict as the above. When (or if) this happened, they might not necessarily go to their parents for solutions; or if they did, the parents might not resolve it as this particular participant did. Other parents might even reinforce the child's feelings, and consequently train the child not to warm to other people, or their beliefs and religious affinities (Hasan, 2009) - this participant echoes the danger inherent in this.

> *"…I think, most of the kids born here, don't know what true Islam is… by the time they are taught Islam, it was easy for them to be brainwashed, then they go extremist, as we see and hear today,* Najat (40), mother of 5 (BIB).

10.5 Maternal religious activities with their children

Chapter 8 (paragraph 8.4.3.1), identified three types of activity that mothers did with their children: general play, mentally stimulating activities and religious activities. The previous chapter dealt with the first two, the third, religious activity, is examined here. Participants identified religious activity such as teaching the child how to pray, reading from the Quran, and reiterating Muslim ethics, and these formed part of their mission in parenting their children, as dictated by the Quran and as the above quotes affirm. It appears that the Quran indicates specific ages at which specific training is to be inculcated into children. Some of the mothers mentioned that they tried to incorporate this on a daily basis into their parenting duties.

> *"I try to teach them how to pray. They copy what we do, you know. Even my daughter she has her own prayer cloth, which she puts down and copy me… the biggest part of our lives as Muslims is we pray the namaz*" Noor (28), mother of 2 (BIB).

> *"…Another one is using the bathroom, if he uses the toilet, he must wash himself, it is not enough using toilet roll, he must wash with water; this is why we always have a bottle in the bathroom, it is a religious observance*" Abida (29), mother of 1 (BIB).

> *"There are teaching about every phase, for example, breastfeeding; the Quran recommended to do it until the child is 2 years of age… I would think every Muslim should do the same think.* Jadwa (32), mother of 3 (CTB)

10.6 Unity in Islam?

The notion of every Muslim not following the same practices became apparent at various stages of this study, more so, when mothers were asked what they understand Islam meant to the Pakistani community. The answers given by participants showed two broad areas of contention: different types of Islam; and culture versus religion.

10.6.1 Different types of Islam

Mothers spoke of different shades of Islam and in particular referred to how some within the Pakistani community interpreted what they believed Islam teaches. Only one participant actually mentioned a type of Islam to which she belonged through marriage.

> *"I married a **Shari Muslim** – whatever, I'm learning I am passing it on to her… it is the key to teaching them respect for others and elders. The upbringing that is based on good moral values*" Itab (34), mother of 2 (CTB).

> *"I think different people interpret what they think the Quran is saying differently, and there are different types of Islam. If you move from one sect to the other it could be confusing to know which one is the right one. But, if you stay in one strand throughout, you might understand better. So at times the Pakistani community interpret Islam differently and they do what they think it says. So, it can be all confusing"* Rafa (33), mother of 4 (BTB).

The literature evidence supports there being diverse types of Muslims (Abass, 2000; Modood, 2003; Hopkins, et al., 2009; Versi, 2010) and Modood (2003: 100), attempts to clarify this:

> "Muslims are not… a homogenous group. Some Muslims are devout but apolitical; some are political but do not see their politics as being 'Islamic' (indeed, may even be anti-Islamic). Some identify more with a nationality of origin… others with the nationality of settlement and perhaps citizenship… The category 'Muslim', then, is as internally diverse as 'Christian' or 'Belgian' or 'middle-class ', or any other category helpful in ordering our understanding …"

This has implications for Pakistani parents and mothers in particular, as preservers and transmitters (teachers) of what they possibly do not understand. Especially if parents prefer not to read accessible and comprehensible versions, but to read the Arabic version, and as seen above, even if when mothers learnt Arabic, how Islam is interpreted, and how knowledge of Islam is transferred is thought- provoking. It is, however, necessary to recognize that the Quran is available in multiple and varied languages, and could be studied or explored for better understanding by anyone interested.

> *"I think the Pakistani community know about religion, but I don't think they practice Islam. Some do, many don't –* ***they don't even understand what the holy book says*** *– some ignore what it says…*" Abasa (30), mother of 3 (BIB).

It is also for policy makers to ensure appropriate knowledge is transmitted with regard to religion across generations. This cannot be done by dominating, or by being hostile towards Islamic religious practices, but by regulating religious leaders' qualifications and by developing and maintaining a working relationship with religious leaders. Further, research into the knowledge, understanding, interpretation and transference of Islamic teaching may be a sensible direction to take. This may be through an in-depth exploration of the types and the range of qualifications religious leaders need to have and the levels of leadership (i.e., chain of command) that exists within the Islamic community in Bradford. It might cover issues of qualifications, leadership, supervision, promotion and the regulatory system.

10.6.2 Culture versus religion

A number of participants seem to be convinced that the Pakistani community does not always practice Islam as recommended by the Quran. There appears to be an on-going discourse between what their holy book says, and what the Pakistani community, particularly participants' immigrant parents practice – and to the newcomers, in the UK, what everyone else practices. Once again, this dichotomy is mostly based around marriage and the choice of life partners, and sometimes gender issues. A contemporary issue with which participants have to contend is seen in this narrative from one of the participants:

> *"I mean in our family and in most ... Pakistani families, they have to do whatever the parents told them. If the parents like that boy and the girl doesn't, she can't make a decision on it. She ... can't decide that she doesn't like that man, because her parents liked him, she does whatever her parent says…"* Barika (25), mother of 2 (BTB)

This is reinforced by another participant's comment.

> " *…In Pakistani culture, parents decide for the children*…" Abida (29), mother of 1 (BIB).

The contention would seem to stem from what immigrant parents present as religious practices, their children believe to be culture. It was evident that there was a complicated interplay between culture and religion, and most participants were convinced that their parents could not differentiate between the two, because they were uneducated. Some of the participants' comments are given below.

> *"...Some Pakistani people justify a lot of what they do with religion…[when] It is culture…"* Muhja (25), mother of 1 (BIB).

> *"Some… said they're religious, but they don't practice their religion, some of what they teach as religion is culture…"* Aabish (30), mother of 3 (BIB).

> *"Asian people really do not follow Islam, they follow culture. They're mixing and confusing culture with religion, it's not the same"* Saliha (25), mother of 2 (BTB).

It may be that since its followers perceive Islam as a way of life, some take it literally, to affect and govern all areas of their lives, including the 'grey' areas where the Quran does not specify what to do. Thus, immigrant parents might be using culture as a custodian of their religion. The parents may not necessarily question what they perceive, as this is contrary to their culture, but rather accept perceived authority or authority figures, hence they believing that what they have been taught is the revealed 'truth' transmitted by Allah. For this reason, it is likely that Islamic followers are not necessarily researching the Quran to compare, contrast and interrogate or probe for better understanding of the passages to ensure modern day application, as it might be seen as unacceptable interference with the sacred.

10.6.3 Religion and Child Discipline

Q: *Would you follow the suggestions of Islam to discipline your child/ren?*

All participants in this study said they would follow the teaching of Islam on child discipline. They were asked how they would generally discipline the child, if s/he was naughty. Mothers responded that they would use strategies including time-out, withdrawal of privileges, telling off, and

whatever was necessary in the enforcement of discipline. One participant's husband (below) refers to giving his children 'the golden teeth with a Tiger's eye' indicating a serious facial disposition when correcting or disciplining children.

> *"Islam is the best way to discipline children. I explain to her, make her understand, [although], she is not a particularly naughty child. For me it's a bit hard to discipline her, but she listens to her dad more. Her dad says, 'give them the golden teeth with a Tiger's eye"*" Najat (40), mother of 5 (BIB).

> *"I have to say the way of Islam, say teach the children the way to go. I do 'time-out', withholding privileges, thumb-up is when she is good, small finger is when she is naughty. Sometimes challenging, especially, when they start fighting and you know, with three boys, I often have to separate them in different room. It is stressful at times*" Ismat (33), mother of 4 (CTB).

> *"I caution them…and tell them how they will be rewarded for being good. I won't mind giving them any kind of punishment. Yes, being a parent is a big responsibility. It is not just giving them food, and shelter …but you have to pass the value of life unto them. Discipline is the base of parenting, when it is done they will in turn become useful citizens"* Jadwa (32), mother of 3 (CTB).

> *"I send him to the stairs, then I tell him why he is there. I would not offer him any treats, and I'll tell him he needs to say 'sorry'"* Afaf (26), mother of 2 (BIB).

The concept of respect for elders in Pakistani families has its basis in religious beliefs and values (Becher, 2008). Good children, therefore,

would be respectful to their elders and obedient to their parents. The time mothers spent training their children was seen in essence, as part of being good Muslims and serving Allah (Belkin, 2011). As reiterated by these participants, a mother's focus was to ensure that,

> *"Children ... obey their parents .... teach them the Islam way and if they don't listen, it's frustrating, I withhold privileges*" Bashira (32), mother of 4 (BTB).

> *"... teaching them to respect older people and their behaviour generally, like they must be kind and good citizen, they should not cheat,"* Najat (40), mother of 5 (BIB).

10.7 Religious practices at the Community level

In addition to the individual and family levels of which it is a part, religion is also extremely important when considering the impact of neighbourhoods or communities on Pakistani families' parenting. Pakistani families are usually fairly close to environments with easy access to Mosques, yet most live in predominantly deprived areas in Bradford. This study used the HOME Inventory to determine specific features indicating the quality of the physical neighbourhood in which the participants lived (considered in the next chapter). Whilst the majority of participants said they felt relatively safe in their communities, due to the impact of religion and the availability of Mosques in their areas, some mothers expressed concerns about their neighbourhood. The job of the Imams in the Mosques is to teach residents the way to live amongst themselves, and parents can choose to pose puzzling questions to them and refer to them on the

application of their religion to situations. In this respect, a lot of power is wielded by the Imams. For example, a participant illustrates how she did this.

> *"What Islam says is actually to be good to people around you ... I will give you an example. Like my eldest daughter, when she was ... three and a half or something like that, I can't remember, because she saw a lot of anti-social behaviour that goes on around in this area, and there are quite a number of white children involved, they were teenagers who do that and so my children used to call them 'Bullies'. So, any white person she used to see, she will say, "Bullies" and I used to say, "No, darling , they are not bullies, you must not say that". [And] then I thought if my daughter carries on like this, she might end up been racist towards white people, so I went to have a word with my "Imam". The "Imam" is a person, as you have a priest in Church; we have the imam in mosques. He said, what I need to do is to take her to see doctors, to offices, so that she can see that there are nice [white] people. I should take her to the nursery, so that she can see the nursery nurses, take her to shops and take her to see [various]professionals, I did, and this was actually good. Now, we've got a few girls who are white in our neighbourhood, and if say they say to her now, let's go and play with them, she'll go, she loves them now..."* Rukaya (29), mother of 3 (BTB).

The above scenario shows child training in the Pakistani family is neither limited to parents nor the extended families, but it also includes the wider community (Crozier and Davies, 2006).

10.8 Conclusion

This chapter has examined the impact of religion on Pakistani parenting patterns, describing the parents' religious practices at individual, family and community levels, to show how religion influences parenting. Practices at the Individual level mainly comprised praying the '*namaz*', moral issues and 'how to' adopt Islamic guidelines, e.g., how to be a good woman. Most of the women also claimed religion gave them their identities. A few of the women acknowledged not practising their faith as they knew they should. At the family level, practices included inculcating similar religious observances into their children's lives, and following age appropriate Islamic instructions with boys at 7, and girls at 12 onwards. It appears that Pakistani families do not necessarily follow societal norms or dictates, but rather their practices are generally governed by the teachings of the Quran and what they understand that to mean. Most Pakistani mothers in this study attempted to engage their children on the religious front, although some did it better than others.

Most of the families in the study lived in relatively deprived areas, yet within this community they appeared to have a sense of safety and security, especially those who lived in Pakistani dominated areas. This may be attributable to the effect of religion and a common sense of purpose. The same feelings of stability/security might not be there if participants lived among other people where there was more diversity. This suggested on the one hand, a positive influence of religion on Pakistani families that

helped parents to relate well within the community of their own kind. On the other hand, this was not evident when other cultures, races and religions were present, which might indicate that teachers of the Islamic religion – the Imams etc., may need better training on inclusion, integration, and encouraging more realistic living in the wider community, without losing their own uniqueness in the process. The next chapter examines the results from the ethnographic observations conducted.

CHAPTER 11

PARTICIPANT OBSERVATIONS AND THE HOME INVENTORY

11.1 Introduction

The previous chapters (7-10) reported the findings from the face-to-face interviews. This chapter focuses on the findings of the participant observation and includes the rationale for the use of the HOME Inventory as a tool, and the effect of its use in qualitative assessment of the participants' physical and home environments. Physical and home environments are explored because of the effects they have on parents living there, and the existing literature highlights some of these effects. For example, difficulties for children from negative or impoverished (and poorly equipped) environments include, among others, problem behaviours, and negative health and academic outcomes (Sampson et al., 2002; Sampson, 2003; Barnes and Cheng, 2006).

11.2 *Rationale for using the HOME Inventory*

This study made use of the HOME inventory to assess the quality of the physical (exterior) and home (interior) contexts of parenting among the study participants. The HOME (Home Observation and Measurement of the Environment) Inventory is a tool to assess parenting or childrearing

environments and the quality of parenting. Totsika and Sylva (2004: 25) defines it as a "descriptive profile which yields a systematic assessment of the caring environment in which the child is reared. The primary goal of the instrument is to measure, within a naturalistic context, the quality and quantity of stimulation and support available to a child in the home environment".

Normally, it is used in conjunction with other forms of assessment procedure or data collection methods. For example, it is used alongside semi-structured interviews with, and observation of, parents and children, to gather information about various aspects of the child's daily routine, and the parents' capacity to foster stimulating environments for the child (Totsika and Sylva, 2004; Child and Family Training (C&FT, 2012). It is used in this study to systematically assess the exterior and interior of participants' homes, because it gives immediate and specific information of the state, quality and limitations of the proximate environments of parenting. Furthermore, the HOME inventory works well with the ecological framework of Bronfenbrenner, which places the developing child within the context in which parenting takes place, and consequently explores the environmental context of parenting (Totsika and Sylva, 2004).

The items that made up the HOME tool were based on empirical evidence and its use has been longstanding (Bradley and Caldwell, 1979, 1988; Bradley et al., 1989, 2001). Training is often necessary to use the entire tool comprising the interview, observation and mixed items, particularly in scoring the items. The tool does not have a standardised administrative procedure; hence researchers can determine their own measure (Totsika

and Sylva, 2004). Its usefulness can be ascertained in that the Department of Health commissioned the HOME training pack in the UK.

11.3 *Qualitative use of the HOME inventory*

There are several parts to this tool, which can be used separately. The USA version used in the first section examines the physical and home environments and this is the part used in this study, alongside the ethnographic observations conducted. The other aspects of the tool had already been covered in the interviews, and participants had been interviewed prior to these observations. In this respect, the HOME inventory has not been used conventionally, but innovatively to judge the quality of the home and physical environments. Noting the neighbourhoods or communities in which the participants were as, 'good or bad', or 'dirty or clean' needed no quantifying or adding of numbers (Phillips and Pugh, 1994).

As a tool, therefore, it aided the observation of specific aspects of the home and the physical environments of parent-child interactions. Instead of giving a subjective evaluation of the physical environment of parenting, for example, the HOME Inventory allowed for specific observation and qualification of the exterior of the homes. For instance, the street layout, characteristic use of the land opposite the home, what faced residential homes, such as other homes, commercial properties, a mixture, open space, or park and playground.

It also investigated volume of traffic, the condition of the street, paintwork of other housing units within the area, and if there were metal security blinds, iron bars or grills, garbage, litter or broken glass on the sidewalks. Thus, as well as enabling accurate description of these aspects of the physical environment, it also helped to focus on exactly what to look for. At times, in the course of the observation, when parents commented about their area, the topic served as focal point for discussion with them. There are a number of versions of the HOME inventory for children and this study uses the birth to age 3 (0-3) version, with table 11.1 showing the breakdown of its contents.

Other versions include: early childhood 3 to 6 years; middle childhood 6 to 10 years; early adolescence 10 to 15 years; and an adapted version for children with disabilities (Caldwell and Bradley, 2003; C&FT, 2012). Since, other parts of this thesis have reported findings of the interviews and the observations (reported below), two aspects are worth reporting here: the physical and the home environments. Table 11.1 below show aspects of the Infant-Toddler HOME inventory, designed to be used with children up to three year old.

Table 11.1. The Infant-Toddler HOME inventory (ages 0 to 3)		
Name of subscale	Description	Example item (Y/N)
Interior of home (items 1-10)	Condition of the inside of home	- House or apartment free of potentially dangerous structural or health hazards. - Household members do not use tobacco - At least 2 pictures on wall
Exterior of home (items 1 – 11)	Condition of the area home is	- Street layout - Street-level frontage - General condition of housing units - Level of traffic - Garbage, litter or broken glass

11.4 *Findings from participant observation: Participants*

Many participants expressed interest in taking part in the observation at the initial interview. Six participants continued to express interest and were all observed, but, one observation was discarded because the index child slept throughout the observation period. In total, we conducted five ethnographic observations, and the findings are included in this chapter. Table (11.2) below shows the characteristics of those observed.

Table 11.2 Characteristics of mothers involved in parent-child observations				
Observations	**Sex (age of child)**	**Maternal age**	**Maternal level of education**	**Maternal category**
Observation 1	Girl (2)	23	A/L	BIB
Observation 2	Girl (2)	32	GCSE	BTB
Observation 3	Boy (3)	30	Degree	BIB
Observation 4	Boy (3)	33	MA	BTB
Observation 5	Girl (3)	40	GCSE	BIB

The five observations lasted between an hour and two and a half hours, and took place in participants' homes. The length varied because discretion had to be exercised when participants went about their normal daily routines, which sometimes included times they were out of sight, for example, either to bathe their children and/or needed to go into their bedrooms (Hammersley and Atkinson, 2007). Unlike the interviews that were conducted at different times throughout the day (i.e., morning, afternoon, and evening), all observations were conducted between 09.30 – 12.30 hours, at the participants' discretion. It transpired from the observation and participants' comments that those who had older children in school routinely woke up around 6.00am daily to prepare the children for school. When the children went off to school, they began to attend to those at

home. Some mothers spent the afternoon visiting their extended families, and the after school hours preparing their children to go to Mosques, all of which must have affected participants' decisions as to the times the observations took place. Table (11.3) below shows families with numbers of children (siblings) living in the same household with the mother and the position of the index child. It does not include other children if living in an extended family structure or siblings living away.

One mother (observation 1) lived within an extended family structure, and a number of other children were present within the household, but the participant had only one child. Another participant (observation 5) had five children, two in the present marriage, and the index child was the first child of that marriage. The remaining three participants (observations 2-4) each had four children and the position of the index child in each case is shown in the last column of table 11.3.

Table 11.3 Parent-child observations showing other children in the family				
Observations	**Sex (age of child)**	**Maternal age**	**Other children in the family**	**Position of index child**
Observation 1	Girl (2)	23	0	1st
Observation 2	Girl (2)	32	3	4th
Observation 3	Boy (3)	30	3	4th
Observation 4	Boy (3)	33	3	3rd
Observation 5	Girl (3)	40	1	1st

Two participants (observations 1 & 5) were in love marriages. Whilst this meant they enjoyed the comfort of being married to the man of their own choice, it also had dire consequences, as they were not on good terms with the in-laws or their extended families. As a result, one had relocated away from the vicinity of the extended family, and the other participant still lives amongst the hostility of the extended family. She hoped to move away with her partner as soon as they could afford to do so. The current financial/housing market meltdown however, might mean that such an aspiration might not be realised very quickly. This type of situation generally has dire consequences for mothers involved. For example, when mothers' marriages or relationships with extended

families and present health status were considered, it appeared that mothers who had on-going difficulties with extended families (observations 1 & 5), though not necessarily with their partners, reported suffering from depression. This is shown in table 11.4 below. Whilst this might be a coincidence, both mothers concerned linked their depression with the ongoing problems they were having with the extended families.

Moreover, considering the fact that culture influences the admission and recognition of depression within Pakistani families, it seemed that the problems these women were having had gone beyond keeping it within their families. Indeed, for these mothers to have admitted mental health problems and sought professional help showed the extent to which the problems had escalated. The existing literature suggested that extended families could have adverse effects on the mental health of Pakistani mothers, although their children seemed to fare well in such settings (Shah and Sonuga-Barke, 1995; Sonuga-Barke et al, 1998; Sonuga-Barke and Mistry, 2000).

Table 11.4: Current maternal health versus extended family relationship				
Observations (and identifier)	**Maternal age**	**Maternal health reported**	**Marriage format**	**Professional help sought (Y/N)**
Observation 1 (#9)	23	Depression	Love: secret wedding	Y (Counselling)
Observation 2 (#8)	32	nil	Arranged	n/a
Observation 3 (#17)	30	nil	Arranged	n/a
Observation 4 (#21)	33	nil	Arranged	n/a
Observation 5 (#24)	40	Depression	Love – move away from family	Y (Medication)

All observed participants were married. None of them were cohabiting, though one participant was in her third marriage, her first husband having died and she was divorced from her partner in the second marriage. The participants in this study appeared to support the notion that despite the breakdown of marriages in the West, Pakistani families still maintain the on-going centrality of traditional marriage (Bhatti, 1999). Also, all the participants claimed to have had all their children within wedlock, probably because Pakistani parents believe pregnancy outside of wedlock is disreputable to the families' '*izzat'* (honour), and could have devastating consequences for any woman involved. Moreover, from the context of religion, certain practices are frowned on, as some participants

elucidated in the previous chapters, and were echoed by this participant's quote.

> *"...A thing like dating is not allowed in our religion, like boyfriend and girlfriend relationship is not allowed... if you're talking on the religion basis, it's not supposed to happen*"

11.5 Stimulating Learning Environment

We covered much of this in the previous chapter on activities children undertake with or without their parents (see from para. 8.4.2). The focus here is on the findings of the observations of existing practices and the environment created for mentally stimulating activities to take place. The combination of observation and the HOME inventory helped to explore, watch and participate in some of the things the children enjoyed playing with and /or the things he/she liked to learn about.

Some studies found that, when parents provided home environments rich in opportunities for learning through shared book-reading, constructive play, and exploration, children typically exhibited higher communication and cognitive skills, both in the preschool and primary years (Weigel et al., 2006; Edwards et al., 2008). In this study, mothers had the opportunity to talk about any toys and/or books that their children may have had and also to show these resources to the researcher. Being able to describe the social

settings in which parent-child interactions took place was integral and helped, as a researcher, to actually watch mothers and their children doing things together. This was part of the benefit inherent in the ethnographic technique (Stimson, 1995; Taylor, 2002; Totsika and Sylva, 2004). Mothers' involvement with their children, and the quality and diversity of such involvement, varied in relation to their levels of education.

11.5.1 Maternal education and level of involvement with the child

The participants' educational qualifications ranged from GCSE to postgraduate levels (see table 11.2 above). Observation revealed that mothers with at least degree level education provided a more robust home learning environment (with a variety of resources and activities) for their children, than their peers who had GCSE and A level education. A child's disposition, responses and activities were observed to be more diverse in homes where the mothers had higher levels of education.

11.5.2 Mothers with GCSE and A 'Levels qualifications.

These mothers' engagement (1, 2 & 5) were observed to be minimal; usually their children engaged in activities alone, such as watching television and playing with toys. In most cases, engagement with the parents took place when either of them wanted or asked for something. For example, if the child wanted juice, snacks etc., and/or the mother needed the remote control or sent the child on an errand. The absence of a

structure or set plan was evident. However, there might have been reasons for this. First, the parents might have considered that children aged two might be too young to be engaged in any formal or planned activities. Second, mothers' health problems, such as depression, might not allow them to spend time with their children in planned and varied activities, other than the cycle of waking up, eating, watching TV and sleeping. Third, household chores could limit the amount of time mothers spent with their children. Fourth, and especially with mothers who had older children that went to school, after the morning school-run, the time children were away from home could be the only resting and respite time for mothers. Thus, engaging with any other activity might not be an option for most participants. Fifth, mothers' intellectual ability and creativity or innovation could be limited by their level of education. They might not see the need to engage their children in diverse, stimulating activities. Below are two observation extracts of participants in this category.

OBSERVATION 1

A girl aged 2+ comes into the sitting room, she appears very active and lively, and converses readily (in English) with her mum… she starts to pick her nose, and stops at the mother's bidding… She goes to a portable in-house seesaw, balances herself and plays. About 5 minutes later, she goes out to her grandparents in the dining room… she comes back to show her mother some jewellery, armbands and cardigan, she had put on… a few minutes after this, she asks to open the door to go out again to see 'Noma'. Mother explains, 'Nano'or 'Noma' – refers to

(maternal grandma); 'Bano' (nickname for paternal grandma). Child continues, "mama, open door, I want to tell Noma". Mother cautions her to stay in one place, but she continues to go in and out of the room throughout.

OBSERVATION 2

The little girl (age 2+) sits on a sofa, watching "Bob the Builder". The room is quite cold, and the girl is bare-footed and in pink pyjamas. Her mother asks if she can lower the volume...and she does… The child conspicuously avoids me as the pair leaves the room…but soon reappears with the daughter wearing a pair of socks and a jumper... Child sits behind her mum and avoids looking at me, [knocks on the door]…and she becomes active, jumping up and down and vocal, as two women come in... Then she climbs on the settee and jumps behind them. She starts talking to them, very loudly and freely. She takes one of the visitor's scarfs and ties it round herself, playing dress-up. She does this for a while. She leaves the room and brings back a pencil and paper, approaches one of the women, to write on it. The woman tells her to write herself. She takes the paper, sits on the settee with them and starts to scribble on the paper.

The girls involved in the above observations were just over two years of age, and as stated earlier, their age could have influenced what their mothers did and did not do with them. However, the second girl had older siblings of school age who might have influenced her curiosity and her flair for pencil and paper work or play, as part of her activity. Her mother said that she normally ensured her older children did their homework, but she did not mention helping them with it. The next observation (5), noted

below was different, first, because it involved a three-year old girl. Second, the observation also involved the entire family (dad, mum and two children: the 3-year old girl and her 5 month old baby brother).

OBSERVATION 5

> The child appears quiet, but relates well with mum and dad… She often returns to her mother's side for comfort, and gestures, such as smiling, moving hands, and mimicking whoever is speaking from there. Often, she answers questions directed at her parents, by nodding, or demonstrating or jumping on top of the sofa, but she manages to do all these without distracting anyone. She moves between mother's side, to dad's, and at other times onto her bouncer or to her 'mobile kitchen corner'. I pay attention to her because she seems to have her own answers for most questions, and passes her messages across with great tact, from under her mother's shoulder. She definitely makes her appearance and presence felt. Mum explains that she is always calmer whenever her dad is around. Dad says he believes children should be well-behaved, not disturbing or being a nuisance around the house, and later on outside of home.

The above observation supports research findings of the fathers' disciplinary role within Pakistani families (e.g., Hauari and Hollingworth, 2009; Salway et al., 2009), and this is not a single case in the present study; another participant alluded to this in her interview.

Q: How is the children's father involved in looking after them?

> *Em…he is like when he is at home they must be well behaved. No naughtiness, no pranks... They eat well and they eat whatever I prepare. When I am at home with them, they mess about and are fussy of what to eat and when they eat. He keeps the order in the home,* Afaf (26), mother of 2.

This family (observation 5) did not display a variety of activity with the child. It appeared the family often spent time together watching Asian channels on the TV, whilst the child had a number of activities (bouncer, playing with sibling, kitchen corner) in one room. Firstly, according to the mother, who had problems with depression, quality time together was one of the ways her husband supported her, which helped her cope better with the depression. Secondly, this could be how this particular family showed that they valued family life and family bonding. For example, there were two 3-seater sofas in the room, but, they all sat on one sofa to maintain closeness.

An added advantage for the mother in this observation was that, according to her, her husband "is a comic character", and this was one of the attributes she appreciated in him. This mother explained that she had had bad experiences in the past, and 'he *makes me laugh a lot*', which helped to lift her mood. The girl was observed to go to her mother for comfort and used her as a 'hiding place' from where she gesticulated and mimicked others. She often went to her father whenever she wanted help

to get back onto her sofa and she decided when to get on and off the bouncer. Her tactful approach, however, must have reflected her father's discipline.

11.5.3 Mothers with Degree and above

Mothers (3 & 4) both had three-year-old boys, and their age and gender might have affected the findings of this study. This calls for care in the interpretation of findings. It is also probable that the mothers' level of education might have influenced the activities and their engagement with their children. Below are extracts from these observations.

> OBSERVATION 3
>
> Two children aged 3 & 4 (the 4-year-old recovering from tonsillitis, was not in school), in pyjamas, at home with mum. They are having breakfast, and are a bit playful, and mum encourages them to finish their breakfast.
>
> "Let's see who will finish breakfast first", says mum. The 3 year old, upon seeing me, recognises me. I ask for his brother's name. The 3-year old speaks, "my name is ***".
>
> "Thank you and what about your brother? "This is mama", he continues.
>
> Is he the quiet one? I ask.
>
> "Yes, he is and shy too" replies mum.
>
> The 3-year-old then asks mum to change the channel to Mickey Mouse.
>
> "Only if you will finish your breakfast," mum says.
>
> He promises to eat his breakfast and quickly starts having his Weetabix. He soon finishes and shows mum his empty bowl.

"That's a good boy", mum praises him, and turns the TV to Disney Junior channel.

The boys start jumping around (happy to see their channel?). Mum asks who would have a wash first. The 3-year-old volunteers; mum invites him to the bathroom. He gets up, comes to me and tells me he is going to the bath. I assure him, that it is a good thing to do and that I will be waiting for him in the lounge. He follows mum, reappears minutes later, all dressed up. He joins his brother on the sofa, lays his head on a cushion, stabilises himself in preparation to watch his programme. Both brothers soon settle down to watch TV: Disney junior. The 3-year-old calls my attention to the aeroplane; invites me to watch with him. I consent and he settles on the cushion again and watches quietly. Mum soon appears and asks for the remote control to lower the volume of the TV. He hands over the remote control and quietly continues watching. Mother invites the brother (4-year-old) to have a wash; he gets up quietly and walks out with mum. The 3-year-old watches his programme. Brother reappears in his clothes and mother attends to him, and both (mother and 4-year-old) engage in conversation about his school. At 10.10am, Mum asks what the boys would like to do. The 3-year-old gets up, approaches me, and says. "I'm going to get some colours".

Once again, I say, "I will be right here waiting for you". He leaves and goes upstairs.

Mum and older brother discuss a girl in school who got a certificate for working so hard last week. Son laments how he would like to win a certificate this week, but he has fallen ill … Mother encourages him to try to get well first; once he is well and gets back to school – he might get one. Son says, 'ok'.

The 3-year-old comes back with a small piano, seems to have forgotten about the colours. Mother takes the piano, places it on a settee, and sends him back to go and get his colours. She asks if his brother will get his books too. The boys went out, mum following, and @ 10.15am, mum and the boys come back with some crayons, an A3 sized colouring book, a Jolly phonics book and some highlighters… Mum invites the 3-year-old to turn the TV off, and he does. All three sit on the floor and start to work…

The noticeable difference in this particular observation is the presence of dialogue, not just with the mother, but directly with me. The index child recognised me, following my initial visit to their home, and was willing to engage with me. At the initial visit, he was engaging as well. Another characteristic observed was negotiation. The mother and her children negotiated what to do in the time they normally engaged in mentally stimulating activities. The 3-year-old seemed to have negotiated what he wanted to do, by announcing he was going for his crayons, and when he came back with a portable piano instead of the supposed crayons, his mother had to send him back to get his crayons, which he did. It seemed he must have genuinely forgotten what he went for, or could not find the crayons and perhaps, on sighting the piano, he became distracted. If he had consciously decided (i.e.., changed his mind about colouring) to play with a piano, he would have argued with his mother that he wanted the piano. Rather, he sat down and engaged in some quality time with his mother, colouring and naming the colours, while his older sibling named different animals in alphabetical order, traced with his finger the shape of each letter and acted out some animal actions and sounds.

Thus, within this observation, food time, playtime (watching TV) and work time were observed. The mother engaged them one at a time, and children waited their turn while their mother engaged with the other. The next observation shares similar characteristics with the above.

OBSERVATION 4

> Mother at home with two children (boy 3 and a 4 month old baby). This is my second visit to this house. She welcomes me and so does the 3-year old. He shakes my hand with his left hand, and mum tells him, in their language, to change hands. He then changes to his right hand and we shake hands again. He runs ahead of me and opens the Sitting room door. Once, I am seated, I enquire after the family's welfare. Mum tells me she has failed her driving test for the 4th time and she had thought of not taking it again, but has changed her mind because she has spent so much money on learning how to drive. She will re-book it …[Baby cries] she speaks to her son, to go and bring the family album, so I can see her picture as a baby to compare with the new baby. Son gets up and goes out of the sitting room, coming back with an album. He hands it to mum, looks at me and smiles. She shows me several pictures in the album, of herself and members of her family, babies and /or teenagers, most of the pictures taken in Pakistan. The 3-year old neither speaks nor understands English, but responds to gestures, hand waves, smiles, thumbs-up and funny faces…Mother announces it is educational activity time, speaking to her son in Urdu and inviting me to come to the Kitchen with them. We get to the kitchen-diner and a laptop is on the corner of the worktop; a kitchen cupboard is full of books and educational activities... She clicks on a program that teaches alphabet names and, singing the phonetics; K, K, K Kangaroo etc., and the 3-year-old sings along with this. Mum explains that he normally works from two sites every day for his alphabets: The other site shows the alphabet in Arabic.

This observation shows the flexibility a researcher must exercise in conducting ethnographic observations. At times, there are issues that the researcher will face, for example, a mother failing her driving test for the fourth time the day before. As this could be a distressing experience for the participant, courtesy demands that a level of empathy be shown as this experience is related. It may distract from the purpose of visit, and lengthen the time spent with the participant, but it would be more

productive to deal with her concerns first – even if just to listen. Moreover, such a conversation would only occur as a result of the trust and rapport built up at the initial entry into fieldwork with participants (Genzuk, 2003); otherwise, it might be more difficult to conduct a study without 'dealing with' issues that may affect participants' co-operation and attention. It makes ethical sense to do this without breaking any rules. Furthermore, although this mother was born in Bradford, she was raised in Pakistan, and her children did not speak English at home. Notwithstanding, she incorporated mentally stimulating activities into the routine of her child on a daily basis.

The child could not speak English. He knew the alphabet and the animals in English and their Arabic equivalent, but because he did not speak English, dialogue with him was impossible. He did engage in body language: thumbs-up, funny faces and greetings with me. He showed me pictures from the album, telling me who they were in Urdu, which of course, I did not understand. He came close, when he saw his mother come close to me.

This observation appeared to suggest that no matter the culture and linguistic ability, it was possible to include the diverse methods afforded by twenty-first century technological advancement to stimulate children mentally (Hal, 2008; Johnson, 2008; Hansen et al., 2010), and a mother's level of education could impact this.

11.6 The neighbourhood and home environments

The home and its neighbourhood were the 'virtual learning areas' to which parents had easy access in order to support the development of their children (Iltus, 2006). Increasingly, researchers are showing interest in the quality of children's 'virtual learning areas' (Evans, 2004, 2006; Flores, 2004; Leventhal et al., 2004; Iltus, 2006). The living context of parenting can influence childrearing patterns and also the likelihood of successful survival and child outcomes. For instance, problematic neighbourhoods are likely to produce children with problem behaviour, health challenges, and academic failures. Such environments could induce harsh, inconsistent and punitive parenting in the home (Evans, 2003; Barnes and Cheng, 2006; Garbarino et al., 2009). Home environments enriched with quality interaction with family members, and equipped with stimulating resources such as books, objects and play materials, will influence the overall learning and development of children. It can also increase parents' self-esteem and self-efficacy. Otherwise, children's development could be impaired and compromised (Berg-Neilsen et al., 2002; Oates et al., 2004).

11.6.1 The Physical Environment (PE) - Neighbourhoods

In this study, the PE consists of the external areas in close proximity to, or the immediate vicinity of, the participants' homes. The effects of poor neighbourhoods are considered in the literature (Garbarino et al., 2009; Traviss et al., 2012). The reason for including PE with the

observation is to determine the quality of the surrounding area in which parenting is taking place. If parenting takes place in well-resourced, natural settings, characterised, for instance, by space and nature, parents may permit their children certain activities (e.g., outdoor play, exploration), rather than in densely populated areas, where households live on streets with high levels of traffic (Evans, 2006). A lot can be learnt from physical environments, and consequently, participants' physical environments were observed for litter, broken bottles, graffiti, noise, traffic, corner shops, streets (if young people gather or wander aimlessly, causing trouble (fights), throwing things around etc.). The types of accommodation (flat, high-rise, terrace, semi or detached houses) in the areas were also noted and observed for quality, i.e., types and condition of housing units.

11.6.2 How this study assessed PE quality

If an environment observed was dirty, that is, there was litter, and many homes on the street were in a state of disrepair, with youths loitering outside etc., it was recorded as a **minus**, whilst a clean environment was recorded as a **plus**. Recording in this way meant there was no need for further interpretation. It is important to bear in mind that, if a parent-child participates in the observation, then I would have made at least two to three visits to the same household and the same environment, which would have permitted an overview of the environment at different times of day.

Moreover, I was involved as much as possible in experiencing a couple of these settings, because a number of interviews were conducted in the same place. For instance, I visited a particular area about seven times and became familiar with it. The following are extracts of the physical environment of some participants.

11.6.3 Physical environment of observed participants

OBSERVATION 1.

This Victorian terraced house is located in a very busy, commercialised setting. The house is situated at the end of a cul-de-sac, among other similar Victorian buildings. Pakistani families mainly occupy the area. At the corner, leading to the street is a 'cash and carry' supermarket, with shopping trolleys, some parked and others scattered in front of it. The surroundings are dirty. A right-turn leads to the road where the house is situated, which also contains some litter: paper, tins etc. Quite a number of cars are parked along the kerb, and the road is blocked midway, and at the top. As it is school term-time, children are not in sight.

The physical environment of this house left much to be desired, not only due to the noise level as a result of both large and small businesses nearby which attract crowds into the area, but also, litter and traffic, most likely drivers driving recklessly, that must have warranted a cul-de-sac being further broken-up with brickwork half-way. This must have been done in an attempt to deter reckless driving,

which could endanger the lives of children in particular and residents, in general. Below is another similar environment.

OBSERVATION 5

The house is a semi-detached property, located within a large local authority housing estate. The street has rows of houses to the right and to the left, and the road in-between leads to another road leading to further rows of houses on the estate. The area is particularly filthy and there is litter everywhere. The road is not particularly smooth, due to potholes and there are youths hanging around on the streets and street corners. Most of the homes on this estate are in a state of disrepair, though some are well kept. Some of the front gardens are quite dirty, with all sorts of litter. It is hard to imagine someone lives here. Although I have conducted many interviews here, I do not feel comfortable in this area.

On the surface, it appears that the sense of close community gives these environments a feeling of safety, but this is in contrast to the location's filthy appearance. Nonetheless, we cannot play down the physical, psychological and health effects of such environments both for the children and for their parents. Some participants below expressed these feelings. Their names have been omitted intentionally.

"…A *lot of anti-social behaviour goes on in this area … quite a number of white children, … teenagers who do that … call them bullies."*

" ... Kids here are confused. I see them drink, gamble, fight because they were not taught properly. It is not their fault…those parents, who came in the 1950s and 60s, had only one intension of making money: they came here, want to make money, and go back home. They did not plan to stay. So, they did not pay attention to training the children… I see them on our streets and I shake my head."

"It's been over 4 years since I've lived here and I think it's my biggest mistake… the area is not particularly good."

The visible evidence (litter and noise versus cleanliness and peace) was used to determine participants' physical environments. Table 11.5 below gives the summary of this.

Table 11.5 Physical Environment of parent-child observations

Observations	**Sex (age of child)**	**Maternal age**	**Physical Environment**	**Type of accommodation**
Observation 1	Girl (2)	23	Minus	Terrace
Observation 2	Girl (2)	32	Minus	Terrace
Observation 3	Boy (3)	30	Plus	Semi-detached
Observation 4	Boy (3)	33	Plus	Detached
Observation 5	Girl (3)	40	Minus	Semi-detached

All participants observed were not living in apparently deprived areas; there were contrasting environments to the previous two. One extract is given below.

> OBSERVATION 3
>
> The physical environment of the third observation is somewhat different from the other two. The property is a large cream, double fronted 4-bedroom detached house. It is situated within a gated compound of only 4 dwellings, comprising a white 4 bedroom detached building and 2 large 5-bedroomed semi-detached bungalows, both painted cream. The property is located approximately 4 miles from the centre of the city, on the outskirts, close to the countryside. Entrance is via an electric gate off the main road to the right of the road. The house is situated in a quiet, though off a busy country road. The road has a number of speed cameras. The rather unique development is a conversion of an old hospital … All four residents are family members, consisting of the parents (1950's immigrants) and their three (all married) children, each living in his or her own house with their families, in the same compound. There are no other houses in the immediate vicinity. The surrounding space is a wide spread of greenery and farmland... The nearest block of apartments, a conversion of a large building is about 1/2 a mile away.

11.6.4 The home environment

The HOME inventory encourages observation of the interior of the home. There are ten areas of observation, including potential hazards, living space per person, cleanliness of the visible rooms, and the décor of the home. It also checks if there is clutter in and around the living space, pictures or artwork on the walls, noise from within and outside of the home and signs of drugs and/or tobacco use. Some extracts of the participants' home environments are found below.

OBSERVATION 1

> This 6-bedroomed Victorian terraced house accommodates more than 9 people. The house is painted white, with UPVC door and windows; a very small front garden leads to the front door. The interior is painted in a neutral colour, cool and clean. Sounds from the vacuum cleaner are heard upon entry, but I do not see who is operating it. The lounge is square in shape, with two cream 3-seater sofas on two sides, and a large cream-top centre table. A TV and seesaw occupy the side with a window looking outside. On the wooden shelf on the top of heater are two pictures of a father and his son (aged about six). These are the pictures of the participant's husband and his father. The house is relatively quiet after the vacuum cleaner stops working. There are no visible evidence of recent tobacco or drug use.

OBSERVATION 2

This house must have been painted White, but it has turned greyish black. The wooden door and window frames have some cracks. The entrance into the house is through a small wooden porch. The interior wall is painted Magnolia on three sides and patterned brown wall paper has been used on the wall housing the chimney breast. The curtains, sofas and carpet are cream and brown. A couple of matching cushions add to the general decor of the sitting room. The wall clock is brown with some Arabic wordings and a couple of pictures hang on the wall. It is not particularly warm inside the house, although it is cold outside…

OBSERVATION 3

This Magnolia double fronted detached house is situated within a gated compound. The wood grain UPVC door and windows are clean and intact. The lounge is spacious, fresh and clean with a bright white interior. All visible rooms (sitting room, toilet, kitchen, dining room and corridor) are painter in neutral colours, clean and clutter free. There are gardens to three sides. The back garden is concrete with a shed, and a dog kennel, housing one Belgian Sheepdog. The side and front gardens are open and mainly laid to lawn. In the front is a wooden swing, which can easily be seen from the lounge and sitting room windows. The observation takes place in the lounge.

11.7 Lessons learnt from using the HOME inventory

The environment where parenting takes place is remarkably important in facilitating optimal health, well-being and opportunities for parents. An impoverished neighbourhood and home environment, for instance, are not ideal for maternal mental health and well-being, and for the appropriate or wholesome development of children, so adequate consideration of neighbourhoods and home environments are necessary. Equally, necessary is the instrument of measurement that is used to record the quality of these environments. The HOME inventory particularly helped the researcher to focus on specific features of the parenting environments, beyond crude generalisations of, for instance, poverty or dirty environments. It examined activities within the area: traffic; commercial activities; youths fighting; or loitering; and road conditions. These features can increase the level of noise in a given area, and impact parenting practices. For example, most of the mothers in this study spent a lot of their time within the home with their children, and areas of high level of noise, could make reading to a child difficult, even for aspiring parents (Evans, 2006; IItus, 2006). High levels of noise from traffic, music or people could increase annoyance, frustration, fear and aggression in parents (Evans, 2006). Parents who attempt to teach their children at home, may often find themselves adjusting (e.g., pausing) to the outside noise, which could cause some mothers to give up engaging their children in mentally stimulating activities.

Moreover, it could cause disruptions, which demotivate parents and short-circuit children's concentration and learning. Valuable (and potential) parental teaching time might be lost due to noise. Most parents might decide that it is better for the child to just play, without much mental stimulation or input.

Whilst a serene and well-resourced home (interior) environment can protect parents and their children against the outside noise, a crowded home in a noisy neighbourhood will intensify this problem. In a crowded home, a parent may find it difficult to adequately respond to the needs of the child with resultant low maternal monitoring of the child (Bradley and Caldwell, 1984; Evans, 2006). This could have an adverse impact on parents' and children's well-being and parenting practices. The HOME inventory made these considerations or reflections possible.

The inventory further proved useful as it investigated the type, quality and structure of homes, as well as other residences in an area - looking at specifics such as windows, doors, gardens, and fences. The activities inside the home observed also included the décor. This could flag up a damp interior, which could cause colds and or trigger breathing difficulties in the residents.

Checking physically too for the availability or otherwise of resources (books, computer, toys, etc) and their variety ensured that diverse aspects of what could influence parenting patterns (e.g., availability of resources) were considered. Consequently, the use of the HOME inventory encouraged thorough consideration of the physical and residential

environments of parenting. Care had to be taken to ensure parents did not feel that they were being scrutinised, and possibly judged for what they could or could not provide for their children. In this study, an atmosphere of co-operation and mutual understanding between the researcher and the participant, which had been developed earlier on (during the interview), made parents voluntarily show what they had and used with their children. The use of the HOME inventory in conjunction with the observation tool, provided, in my judgement, a robust account of the parenting context.

11.8 Conclusion

This chapter has reported the findings from the observations (using both the HOME inventory and the observation tool – see appendices 4 & 7). In particular, it adds two extra dimensions (the home and physical environments) to those already discussed in previous chapters. The results emphasise the importance of environments that are conducive to childrearing and the potential adverse effects of poor neighbourhoods. The quality of the physical and home environments can affect parents' self-esteem and self-efficacy, and the quality of resources they have access to can determine the quality of mental stimulation to which the child has access. The next chapter compares parenting patterns of mothers in this study.

CHAPTER 12

HOW MOTHERS PARENTING PATTERNS COMPARE

12.1 Introduction

In order to explore parenting patterns in families of Pakistani origin, this study uniquely identified three categories of Pakistani women. The aim of this chapter is to compare the mothers' parenting practices in the light of the research findings regarding the factors examined, commencing with the women's shared experiences, irrespective of category.

12.2 Shared experience of the mothers

Acculturation was the first factor investigated amongst the women. This was examined from the aspects of length of stay in the UK and language spoken at home. My findings amongst the three categories, Born-in-Bradford (BIB), Brought-to-Bradford (BTB) and Came-to-Bradford (CTB), showed that length of stay in the UK did not determine the language spoken at home amongst Pakistani families. All participants ideally expressed preference for Asian languages. Hence, the majority of their children learnt English for the first time in schools. This meant that acculturation in the real sense of the concept was slow, resisted and viewed with suspicion, as being a possible cause of culture dilution. In chapter 1 (para. 1.6.4), I mentioned Bhatti's (1999) comment about

earlier migrants who did not want cultural migration. This attitude, to a large extent, was still adhered to within this group (Shackle, 2010).

In terms of education, both low and high levels of academic attainment were evident amongst the participants. All mothers with low levels of education (GCSE and A) were not in any form of work or vocational training, whilst the majority of mothers with degrees were in full or part-time employment. In all categories, mothers with high level of education who were not in work provided relatively stimulating learning environments and diverse learning resources for their children, as compared with mothers with low levels of education. This meant that high levels of education gave women access to work, skill development and interaction within a wider community.

Since, parenting has an impact on the cognitive development and educational outcomes of children (Desforges and Abouchar, 2003), identifying what might be limiting parents' ability to help their children in this respect was necessary in order for appropriate intervention, which could help these parents succeed in this endeavour. Those who were not in employment among the mothers with high levels of education still used their educational experiences and skills so that their experience of education was still useful (i.e., as a personal resource) in helping their children develop cognitively. Moreover, one mother used this resource to create work (as a qualified child minder) for herself at home.

Support networks available for mothers were mainly from extended families. These provided childcare, emotional, financial and traditional childrearing support for mothers in the study. However, the study showed limited measures of extended family living, although all participants had lived within the extended family setting previously. At the time of the study, close-knit community was the most common living arrangement i.e., next door, same street, two streets away etc., amongst these families. The Pakistani community was seen to be responding pragmatically to the problems or challenges they faced within and among themselves, showing their capacity and willingness to adjust within reason [to] anything that was of particular interest to them.

With regard to health, this study found high levels of depression and/or anxiety among the three categories, and most of these mothers did not consult professionals, but relied on self and family support. Whilst it appeared that these mothers intentionally did not seek help, we must neither assume that this behaviour was characteristic to this group nor was it a voluntary (i.e., without an underlying reason) practice amongst them. In order to avoid a stereotypical or essentialist notion of the group I suggest that further exploration be undertaken on how Pakistani women can be encouraged to seek help for common mental illnesses such as depression and anxiety. More women are probably undergoing depression, and the causes need reviewing and a range of culturally and gender-sensitive interventions put in place, allowing more women to access mental health services without fear of stigma, for example.

Lastly, I examined religion, finding it to be central to all participants and in their parenting capacities. It influenced the activities mothers engaged in with their children, and in some cases, for participants with older children, ensured they attended the community Mosques regularly (mostly, daily). This dominated some mothers' after school activities, meaning that women were connected and engaged regularly with their communities, at least at the religious level, and through their children. Women met at the Mosques when they dropped off and picked their children, as parents do during the school run. It is possible that women also could be engaged in activities that could enhance their health, skills, well-being, confidence and self-esteem at the same time as their children are engaged in religious study in the Mosques.

12.3 Difference in mothers' experiences

The findings of the present research confirms other theory and research in the field (e.g., Bronfenbrenner, 1979; Kagitçibasi, 2005), in that participants' cultural heritage plays a vital role in the way they view the world (collective-interdependent – para. 4.2). Cultural background formed the basis of the mothers' beliefs and value systems (Bronfenbrenner, 1979, Belsky, 1984; Kelley and Tseng, 1992; Hackness and Super, 2002; Masse, 2006; Park and Kwon, 2009). In particular the study found parental cultural identities and developmental histories or experiences influenced their parenting practices (e.g., Bronfenbrenner,

1979, Belsky, 1983). The study revealed that some women participants continued to resist change in this area (e.g., LeVine, 1988), even though acculturation was supposed to bring about change (e.g., Bornstein and Cote 2004[2]). Indeed, the influence of acculturation was rather crucial, and distinguished significantly the parenting patterns and beliefs between the BIB, BTB and CTB mothers in this study, but not necessarily in the areas expected. For example, contrary to theory and research, a high level of acculturation did not influence mothers in this study to speak English language at home with their children. This was true of mothers who had spent all or most of their lives in the UK. Such mothers would have been expected to have a higher level of education, and a high academic aspiration for their children. They would have been in a better position to provide cognitively stimulating home environments and there would be families around them that could encourage and maintain similar views. The findings of this study did not generally confirm these assumptions. I will examine the women in their respective categories.

12.4 Acculturation pattern amongst participants

12.4.1 BIB mothers

Seventeen BIB mothers participated in this study. Sixteen had lived in the UK all their lives, one was raised in Pakistan and came back to the UK, seven years ago. All of these mothers spoke English fluently. By choice, however, only four of them spoke *English only*, at home with their children; of the remainder, eight spoke *English and Asian languages* and

five spoke *Asian language only*, at home with their children (see Table 7.4c). Cultural affinity, rather than length of stay in the UK, seems to have predicted or determined the language these women chose to speak at home with their children. Nonetheless, literature evidence has suggested that there is usually better family cohesion in families where parents and children either speak in the host language only (e.g., English) or their home language (i.e., Asian language) than in families where they spoke English and a homeland language (Tseng and Fuligni, 2000; Kim et al., 2009). This study revealed constant tension between mothers and their children regarding the language spoken at home, though the prevalence of the language eventually settled for often depended largely upon maternal resistance (ability to keep up the fight) and /or children's persistence.

12.4.2 BTB mothers

There were a total of five BTB mothers among the study participants. One of these (participant 1) came after age twelve, and the remaining four came as children. This age differential was introduced initially to highlight possible differences in acculturation. For instance, it was assumed that the participant who came at age twelve (as a preteen) would present a more Pakistani (homeland) perspective and cultural tendency (i.e., be less acculturated), than her peers who came as children and would have acculturated easily, akin to their British born peers. The distinction was not followed beyond this due to the insignificant number

of participants in this section, but it was observed that the fluency of English differed. The participant who came as a preteen had spent eleven years in the UK and spoke English less fluently. Whilst eleven years was long enough to get acculturated into a host country, I observed that this participant would not allow English to be spoken in her home; everyone spoke in Punjabi - an Asian language. This information must be treated with caution, as the participant identified herself as having learning difficulties. Perhaps, learning another language may not have been easy for her, although she went to school in the UK and spoke comprehensible English. However, in relation to the other participants in the study, I might not be comparing similar attributes or qualities. Therefore, these two sub-categories (BTB & BTB[12]) are described as one group (BTB). Of these five mothers, therefore, two spoke English only, and two both English and an Asian language; one spoke an Asian language only. The four participants had lived in the UK between twenty and twenty-eight years.

12.4.3 CTB mothers

The study had eight CTB mothers. Seven of these participants spoke dual languages regularly at home, though bearing in mind that these participants had to learn the English language. Most likely, for some of these mothers, there were role reversals between them and the children. Children learnt English in school and then taught their mothers at home. The length of stay in the UK among the CTB mothers ranged from 3 and

20 years (see table 7.4b). One participant spoke Urdu, but she had learnt English, and her daughter learnt from the nursery. This participant might have retained the Asian only language at home for various reasons. First, she had only been in the UK for three years. Second, she was probably unaware how long they would be in the UK, having emigrated on a Highly Skilled Migrant Visa.

> *We want consistency, because of when we go back. Our families back home do not understand English; the children need to communicate with their grandparents*... Cantara (31), mother of 2 (CTB)

Third, as she had endeavoured to learn English, she might have held onto the language with which she was familiar while negotiating another. Fourth, she communicated regularly with her family in Pakistan, as she had no immediate relations in Bradford.

> *I had lots of family back in Pakistan… There are lots of help in Pakistan… [here] I was always crying and phoned my mother in Pakistan a lot…* Cantara (31), mother of 2 (CTB).

Another participant spoke English already on arrival from Pakistan, having studied for an MA in English Literature.

12.5 Level of Education

12.5.1 BIB mothers

Nine BIB mothers had lower levels of education, and eight had degrees. The provision of a stimulating environment among the BIB mothers was limited to those who had a reasonable level of education (degree), and were not working. Mothers with a high level of education and working had the extended families looking after their children, so access to stimulating learning and resources within this period was somewhat restricted. Such mothers could only mediate this situation at the weekends. However, this generally received less priority, as according to the mothers there was already a considerable amount of 'juggling' of competing activities.

12.5.2 BTB mothers

Four BTB mothers in this category were educated up to A level standard and one had a masters in Marketing. Four of them were not in any form of training or employment and two had never worked. The remaining two, had worked in the past prior to marriage, but not since then. The participant with MA was on a six-year career break from her full-time role in the governmental department, which ended about a week after the interview took place. This participant had regulated mixed daily activities for her children. The BTB mothers who had school age children spoke of being involved with the children's learning via homework where

possible, even if it was just to establish the children attended to their homework daily.

> *I help wherever I can, I make sure they do their homework* …Bashira (32), mother of 4 (BTB)

12.5.3 CTB mothers

Three CTB mothers had 'up to A' levels' (2, 18, 25). Of note however, in these women's category was their desire for education, and this influenced their parenting pattern. For instance, of these three, one (25) came fifteen years ago for marriage and lamented missing educational opportunities as a result. She hoped to undertake nurse training once her last child went to school. This participant also expressed her determination to pay whatever it might cost her so that her children could have a good education. Another participant (18) emigrated from Hong-Kong, specifically to access education and occupation in the UK, and had since applied for a child-care course, and was working at the time in Care. The third participant had numerous health challenges, which had defied her various attempts at education; however, she remained an avid reader.

> *I like reading books and em... no matter how tired I am before I go to bed, before I go to sleep, I always read ... and the same habit, my 1st and 2nd child are into, they can't go to sleep without reading a book…* Chanda (38), mother of 4 (CTB).

The remaining five mothers had degrees, and two had masters. These mothers organised educational activities for their children at home and spoke of interacting with teachers at school.

> *"I do educative activities with my 2 year old – like numbers… he has activity cards; with shapes, colours, count down, etc., reading books, he watches educative TV programmes…"* Dhakira (27), mother of 2 (CTB).

> *"I want my kids to have a broader view of life I have very high expectation. I want them to do very well…*Jadwa (32), mother of 3 (CTB).

These mothers desire for higher levels of education could be due to deficiencies endured or the limited educational opportunities available to women in Pakistan. They might also have been part of the elite that had always had access and opportunities for good education. Their determination to ensure their children did not miss out was obvious, and distinct from the remaining women in the category.

12.6 Support Networks

12.6.1 BIB mothers

The majority of BIB mothers had access to extended family support and utilised it maximally. This affected their parenting patterns, as there were remarkably strong influences from the elders within the extended family

clans. The participation and influence of elders, such as mothers, parents and parents-in-law, played a vital role in these Pakistani mothers' parenting behaviours.

12.6.2 BTB mothers

All BTB participants had close extended family networks and support, living in extremely close proximity (i.e., next door) although, one participant complained of some aunts and uncles who were prying into her affairs. She felt it was a mistake living close to them, and contemplated moving away.

12.6.3 CTB mothers

Only some of the CTB women had extended families, mostly siblings and in-laws. A number of them neither had close relations in Bradford nor in Britain. They found this hard and perhaps this contributed to the amount of time they were able to devote to their children, as they did not have to visit relations who lived locally. Some compensated by connecting with people that came from the same village they had come from. However, they would telephone relations, especially their own mothers in Pakistan, for advice.

12. 7 Health

12.7.1 BIB mothers

Only three BIB mothers reported no health challenges, one suffered a miscarriage and others reported physical and or mental health challenges. Also, BIB mothers reported frequent feelings of guilt or depression as a result of working full-time and juggling several activities (mentioned in pg. 295). This was the reason for depression given by a participant (in a mixed-format marriage) mentioned previously.

> *To be honest, not good I've had a few bouts of bad depression. I have a lot on, like work, home and so on, and I do not want any to fall out. I juggle things a lot and I try to please everybody. So, because of all these juggling, I find the job of parenting hard* Aroob (31), mother of 1 (BIB).

12.7.2 BTB mothers

One BTB participant (8) in this category reported no health challenges. Another participant (20) reported a miscarriage and feeling depressed, being one out of four who reported depression amongst BTB mothers. This participant (20) also mentioned not doing anything in particular with her children, other than to watch TV with them. This appeared to be a symptom of her depression and possibly a physical ailment. I observed, by the participant's appearance, that she was depressed, upon further probing; she mentioned that she had a miscarriage two weeks prior, but the extended family problems mainly caused her stress.

I had a miscarriage 2 weeks ago. The pregnancy was three months [but] I'm not sad because of that… it's the other pressure. I'm depressed, due to family pressure …Saliha (25), mother of 2 (BTB).

12.7.3 CTB mothers

One CTB participant reported no health challenges, but two mothers had miscarriages, one having experienced this twice, and six had depression.

12.8 Religion

12.8.1 BIB mothers

All the BIB mothers professed to be religious, and to a large extent this affected their childrearing patterns, though it was obvious that some were not as religious as their parents. In fact, some of them challenged the application and or the performance of their parents and indeed, the Pakistani community's religious beliefs and culture.

12.8.2 BTB and CTB mothers

BTB and CTB participants, as their BIB peers, expressed affinity for their religion and the majority of these mothers ensured their children went to the Mosques daily.

12.8 Conclusion

This chapter discussed parenting patterns of each of the women's categories - BIB, BTB and CTB. Of note were the BIB mothers' criticism of arranged marriages, BTB mothers' utilisation of available opportunities in the UK, and CTB mothers' desire for good education for their children. All these mothers were affected by the same set of factors (acculturation, education, support network, health and religion), some perhaps more than others, but their perceptions and reactions differed. This might have been due to their levels of acculturation, or exposure to the UK culture and opportunities. The next and final chapter discuss these findings and concludes the thesis.

CHAPTER 13

DISCUSSION AND CONCLUSION

13.1 Introduction

The purpose of this research was to understand how socio-cultural factors and maternal health influenced parenting patterns in families of Pakistani origin. It explored factors such as maternal mental health, level of education, religion, acculturation and social support. This exploration is vital for a better understanding of the group's childrearing practices, which might clarify the reasons for variation from other ethnic groups' parenting. A lack of understanding of what is and is not an acceptable norm for a group could result in an inappropriate assessment of their needs. Effective solutions can only be procured for what is properly understood, whereas a better understanding can highlight specific problem areas that would facilitate further exploration and /or allow interventions to be considered. Both these strategies need to pay attention to the perceived needs of the community, not merely to replace one problem with another, or provide an intervention that is not required. Empirical studies focusing on Pakistani families' parenting are scarce, and those available indicate that little is known of the parenting patterns among the Pakistani group. In this respect, and to the best of my knowledge, none of the existing literature presents and categorises Pakistani parents as employed in this project. This study, therefore, contributes to the literature in this field, drawing participants

from the Born-in-Bradford (BIB) cohort study, and using a mixed qualitative method for its investigation. The study also uses the HOME (Home Observation and Measurement of the Environment) inventory qualitatively, to determine the quality of childrearing environments and parents' capacity to foster stimulating learning for their children in such environments. I emphasise that this is an original use of this tool in this manner and for this reason and those mentioned above, this research makes an original contribution to the body of available literature.

The main arguments of this research study concern the need to explain the essential influences of health and socio-cultural factors on minority ethnic families. Due to varying cultural lenses, economic opportunities (or missed opportunities) and life chances, they differ to some extent from that of the majority ethnic groups and need to be understood in their own right, so that intervention is appropriately located and packaged. The aims of discussing with parents of Pakistani origin, so that they could explain influences on their parenting patterns, and the observing of parent-child interactions, were achieved and the findings are summarised here. In the result chapters (7- 11), I relayed the findings in accordance with the study's stated objectives, using the Bronfenbrenner-Belsky Framework (BBF) of the ecology of parenting.

13.2 Summary of findings

- British-born, i.e., BIB mothers prefer to speak Asian language at home with their children. Once children start to speak English, it sometimes marks the beginning of a 'tug-of-war' between them and their parents over which language is spoken at home.

- A higher (postgraduate) level of education is prevalent among BTB and CTB mothers; Lower (GCSE & A) level of education is common among BIB mothers.

- Some Pakistani mothers, particularly in the BIB category, lament missing educational opportunities because of culture and the formats of marriage.

- Three formats of marriages were found: Arranged, Love and Mixed. The arranged marriage format is still prevalent. Most of the participants are married to blood relations.

- Most participants contest the arranged marriage format, particularly when they have to meet the spouse a few days before engagement or marriage, and if they have no say in the process and choice of partner.

- Mothers in love marriage are not necessarily happier, but mothers in mixed marriages are more contented and have better relationships with the extended families.

- Marriage and childbearing often preclude further education and, at times work, amongst mothers with low levels of education.

- BTB and CTB mothers are more comfortable with arranged marriages. CTB mothers expect their marriages to be arranged.

- Low levels of education, arranged marriages and problems with the extended families are key sources of depression in BIB mothers.

- Inability to communicate in the English language and having to work in the UK and limited or lack of support networks causes depression initially for CTB mothers.

- Not having access to work despite having a high level of education continues to cause depression for CTB mothers.

- Most of the mothers having depression do not consult professionals, but rely on self-help and family support.

- Religion is a common ground in the Pakistani community and is crucial to Pakistani parents' activities; some participants question how their parents confuse culture with religion.

- Traditional family values (e.g., of marriage) are highly venerated and the family (kinfolk) remain the bedrock of Pakistani community support and existence. The role of elders is pertinent to childcare, transferring of skills, language, traditional motherhood and child rearing practices – common areas of kinfolk's conflict are dress and marriage.

- Some parents report that their male children are slow in learning to speak.

- Whilst BIB mothers bemoan lost opportunities in education, some BTB mothers seem to embrace available opportunities in both education and work, and CTB mothers want more opportunities for childcare to enable them to access work in the UK.

13.3 Acculturation and Culture

The first and second objectives of this study were to explore the experience of living in the UK among three groups of Pakistani mothers and to identify the key differences between them. The exploration showed how and to what extent society (at a macrosystem level) influenced individuals (within the microsystem). In Belsky's terminology of the determinants of parenting, it examined how contextual factors can influence parenting positively (i.e., to support) or negatively (i.e, cause stress). There was evidence from my research findings that participants' experiences differed, in accordance with their immigration status (BIB, BTB and CTB). However, since they encountered the British society and culture at different times, it was plausible that to some extent their experiences would be different. Perhaps what was more intriguing was what they did, in other words, how their experiences influence their patterns of parenting.

In chapter one, I examined Asian migration to the UK and the eventual settlement of many of them into various cities in the UK, including Bradford. According to the ecological model, these immigrants and the subsequent generation (e.g., study participants) were influenced by the wider society through policy, culture, SES, attitudes toward them (racism, exclusion, social inclusion etc.). Immigrants must make effort to understand and adjust in order to fit into and relate with the host culture. This ensures immigrants do not feel alienated from the host society in which they reside. The findings of this study show these Pakistani parents,

including ~~a~~nd especially the BIB (the children of immigrants) and BTB (who came as children) categories, preferred to keep as close as possible to their own (Asian) culture. The consequence of this, to some extent, was that parents became reluctant to imbibe some of the host culture that might be beneficial to them and their children's development. Most of the ideas the mothers described as good parenting practices were determined by their cultural values and beliefs, even when these might not be conducive in the present UK context (Okagaki and Bingham, 2009; Park and Kwon, 2009; Weisner, 2005, 2009). Mothers have complex issues of their own (e.g., self-esteem, self-efficacy, conflict of cultures etc.), which can make it difficult for them to fully integrate. The study participants who disagreed with their own parents' practices in raising them intended to continue similar practices with their children (Champagne, 2009), albeit in a more pragmatic manner. For example, in the area of marriage, mothers said they would arrange their children's marriages, but allow their involvement. The reason for this may be the need to keep to their cultural values in a modernised (possibly acceptable) way. What these participants think is currently acceptable may turn out to be different from what their children might find acceptable in the future, but only time will tell. However, this finding is consistent with other research in the field, that the Pakistani community hold a strong attachment to their culture and marry among themselves (Stewart et al., 2000; Charsley, 2007; Hasan, 2009).

The present study found that changes may be taking place within the Pakistani families, albeit very slowly. For example, it is expected that

intergenerational differences will occur, especially over childrearing and the issue of preferences (Sonuga-Barke, 1998). Currently, the ideas influencing Pakistani families' patterns of parenting are rooted deep in the values their immigrant parents have passed down. This is demonstrated as mentioned above, in parents' choice of speaking an Asian language at home, and marrying relatives from Pakistan, in order to keep to their cultural roots and maintain the '*barideri*' (kinship loyalty) - (Shaw, 2001[1]; Bruce, 2003; Migration Watch UK, 2004). This study confirms the findings of other researchers in the field that the preservation of culture is paramount to the Pakistani group, (e.g., Stewart et al. 2000; Shaw, 2001[1]; Ballard, 2003; Irfan, 2004, 2008; Anto-Awuakye, 2009). However, it becomes imperative for health and social care professionals dealing with the group to cultivate and continue to improve upon this understanding of cultural sensitivity in order to better understand and work effectively with the group.

Notwithstanding, the dangers of some practices, such as marriage to blood relations, are enumerated in the literature (Bruce, 2003; Migration Watch UK, 2004; Charsley, 2007; Progress Educational Trust, 2008; Hasan, 2009). This could be an important area of research in the future.

The experience of mothers in this study may also be an indication in line with the analysis of cultural change in the literature, which suggests that change can be very hard (Berry, 1997, 1998, Dow, 2011). Parents, even those that were born within the UK, believe that the process of cultural

change (i.e., acculturation) is bewildering for them and their families, and would dilute their cultural bonds, so must be resisted. It was possible therefore, that the parents in this study had negotiated their existence and parenting practices within the UK at the level with which they felt comfortable or found manageable. At other times, the community is forcing the resistance upon parents, as parents are challenged if they adopt a contrary (westernised) approach in parenting.

Professionals in decision-making capacities and/ or working directly with these families need to consistently demonstrate this understanding, so that such services are more emancipating and empowering. Otherwise, lack of appreciation or misunderstanding of these parents' cultural and psychological struggles in acculturation could result in professionals being (unintentionally) essentialist, discriminating or unsupportive and/or offering of sub-optimal standards of services owing to the differences observed (Littlechild, 2012). This shows that even though acculturation is defined by Berry (2005: 699) as the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members, it does not necessarily mean that acculturation is a linear process, and parents may often struggle to maintain the necessary balance (Pires and Stanton, 2010).

When, for example, an excessive pendulum swing of acculturation takes place, it can result in negative effects on immigrants' health, relationships

with their own clan, and cause deterioration into identity crisis (Berry, 1997; Rauh, 2003; Perreira and Cortes, 2004; Madan et al., 2006). Individual parents, therefore, need to strike the right balance, which is consequently termed *integration*. One mother in this study, who seemed to have imbibed some [un]healthy behaviours, i.e., smoking and drinking, had been alienated from the rest of her family, although the strife initially was over marriage matters.

For parents in this study, finding and establishing the right balance appeared to be, to an extent, a combination of many factors, including individual choice (i.e., preference), belief (demonstrated by attitude) and their socio-economic status and group processes. Group process is especially vital to the Pakistani families in this study because they live in a close-knit community with others in Bradford. This 'close-knitted-ness' of the families creates culture-contact settings, which reinforces more of their own cultural practices than acculturation (into the UK culture). In essence, this makes proper acculturation or (harmonious and effective) integration take longer to achieve (Berry, 2005). It also shows acculturation is not just about attitudes and beliefs, but also about participants' preferences, strategies, identity and behaviours (Berry, 2009; Ward and Kus, 2012). However, acculturation does not have to start, involve and/or end in conflict, as there is evidence showing successful pathways into integration, and individuals can always find a level of acculturation that works for them, even though to an outsider, what works might have its downside (Johnson, 2006; Berry, 2009; Versi, 2010).

It was evident that some of the participants in this study attempted to strike this balance with an integrationist perspective by marrying their own culture with aspects of the culture in the UK. The finding of this study is consistent with the literature in the field in this respect, particularly that those who have high levels of education prefer and mostly adopt this approach (Dow, 2011). There was evidence that a high level of education was not as prevalent among the BIB study participants. Whilst it might seem ironic that those born in the UK may need to 'acculturate', it appears necessary because they (BIB participants) mentioned having been raised in a culturally intense atmosphere, with the underlying segregated stance or disposition of their immigrant parents.

This appeared to have hampered their economic and cultural explorative possibilities, as they grew up in the UK but felt alienated from it. Most of their peers, i.e., BTB and CTB mothers seemed to have grasped more of the available opportunities in the UK, particularly, in the areas of learning and exploring the English language, and in education and employment. The reason for this may be because these mothers were more aware of the lack of opportunities in their homeland (Pakistan), and were more focused and determined to gain knowledge and use opportunities available in the UK. However, this might be peculiar to this cohort and so it is important that the readers of this thesis exercise their own judgement here. Moreover, future research exploring different cohorts may either confirm or refute this.

Another way of considering the concept of acculturation in terms of length of stay in the UK and language spoken at home, is that most of the participants in this study, especially the BIB mothers, need to acculturate (assimilate or integrate) in the real sense of the concept, as their present status or preferences seem to suggest alienation, or separation. Separation could hinder full participation of this group of mothers, as they chose (exercised their preference) the language they and their children would speak at home. This does not mean, however, that these women would not have an affinity for their mother tongue, but that they would acquiesce with the English language, in order to benefit economically and to help their children cognitively.

As the BIB mothers had been in the UK all their lives, it suggested that length of stay in the UK did not necessarily predict the language spoken or its preference, but the issue in this case might be the level of, and/or willingness to integrate. As discussed above, this might be influenced by the mothers' upbringing and the influence of the community. Nevertheless, the willingness to acculturate and the level at which it was done, by the participants in particular, and Pakistani parents in general, may also be influenced by how well or otherwise, they perceived their acceptance to be within the UK society. For example, immigrants must feel, as Seaford (2001: 107) maintained "that their own personal story and that of their family is entwined with the national story in a way which respects their humanity". Conversely, Pakistani parents themselves might be limited by their own culture from full participation in that of the UK, although higher

levels of education can moderate this, increasing their willingness to integrate better.

Harmonious and effective integration would enable the parents to relate better to society and vice versa. They could derive opportunities from society and make more contribution to it. Renegotiation might be required within the group or community as to how they would relate or continue to relate with each other to maintain what was important to them. It would appear that when a culture is fully inculcated or integrated into, it exerts influence on behaviour. For instance, people are more able to freely and easily switch between their languages and English or to dress in their traditional wear for special occasions and in English clothes for work or any other event. Until one culture mingles, or 'surrenders' to another, through acculturation, the original culture remains a powerful influence on individuals' behaviour.

Consequently, true acculturation (integration) may not occur within any group until several generations have passed, but a group's flexibility and openness to change determine how quickly the change is attained. As research in the field still found, third generation Pakistani children in Bradford were "growing up without any interaction with white people. They attend Islamic schools (or local state schools in which ethnic minorities predominate), visit only Mirpuri friends and family, shop in local supermarkets, watch Asian television channels, and view the white English community as a different breed of people…[with] … no desire to mix or

integrate" (Hasan 2009: 295). This further indicates the tension and the determination of Pakistani parents to hold onto their culture and their own kin.

Whilst full acculturation (assimilation) may generate its own problems of identity for the mothers in this study and future generations, a lack of desire to integrate could also be problematic. This could have negative impacts on the individuals, their communities and society at large. These observations address the first and second objectives of this study. I now turn to the third, fourth and fifth objectives, dealing with how health and socio-cultural characteristics (e.g., religion, education, support networks), influence Pakistani families' parenting patterns, beginning with religion.

13.4 Religious practices

Mothers in this study identified themselves as being religious and Muslim. Some of the women affirmed that their religion, was part of their own identity, influencing how they raised their children and teaching them to become religiously sensitive. For example, some mothers believed raising their children was a religious service, for which they would be rewarded. These participants were more knitted to, and in sync with their communities where religion was given attention and facilities were made available. Therefore, one possible area of potential negotiation within the community (exosystem-level) is religion.

Mothers in the study found a religious community reassuring and safe for themselves and their children, giving them the means to engaging in religious practices or worship: mosques; Imams; religious materials; after-school religious activities for children. This linked individuals (microsystem) and their families (at mesosystem) with the community (at exosystem). Mothers could access the Imams to ask questions about parenting. It would appear that only as individuals or their communities feel accepted by the wider society, would they also feel connected at that level (Macrosystem). Perhaps, were this to happen, the religious community might feel compelled to contribute positively and encourage their members' integration into the wider society. For example, religious organisations might teach their members how to acculturate better, and appreciate the moral values and issues of citizenship and conflict resolution, as well as (re)echoing policies for proper comprehension by their members, etc., (e.g., Versi, 2010). There was also evidence for realising considerable potential for professionals and policy makers alike, should they incorporate aspects of religion into working with groups that followed some form of religious faith (Beach et al., 2008). This could encourage individuals within the community and enable some or most of the community members acculturate better.

Whilst all participants in this study had an affinity to their religion, the level of individual practices of it varied, but it was evident that religion had a positive influence on the attitude and behaviour of these mothers (Larson and Larson, 2003; Beach et al., 2008; Dashwood and Lawrence, 2011; Devine, and Deneulin, 2011). Recent events, such as nine-eleven and the London, UK terrorist incidents were attacks which seem to cast a shadow

over this notion. It is at such a juncture that we must exercise caution and observe certain warnings from the literature, like that of Devine and Deneulin (2011: 61) that, "Religion may also nurture values … which can be 'bad', especially for women in patriarchal societies…"

This observation may be particularly true in cases where women are used in or involved with terrorist attacks, and in some Pakistani community's arranged marriages, to which I now turn.

Arranged marriage in Pakistani families is currently condemned by some participants for its influence over their lives and those of the partners they marry. Research evidence suggests the practice goes beyond religion and culture to possible perceived economic obligations of Pakistani parents toward supporting extended families in Pakistan, by sending young men (blood relations) over to marry their British-based daughters, thereby granting them access to work and live in the UK (Hasan, 2009) and send remittances to boost the economy of Pakistan (Akbar, 2011). There was evidence from this study that mothers affected by this practice were distressed, and some were aware of the concerns raised regarding the health of their children and the social problems associated with blood relations (like cousins) marrying each other (Dyer, 2005; Taylor and Hughes, 2008; Hasan, 2009).

In addition, some participants in this study (and their siblings) were married to sibling brothers, so that when there was a problem in one family (Family A), it automatically had an impact on the other (Family B), even when there

was no reason for the couple in Family B to clash. The effect of the blood-relationship caused siblings to become involved in each other's business, as it appeared to be their business also, creating 'chains of heartache'. I argue that policy could have some influence in this area, to encourage negotiation and involvement of the marrying parties, in decision-making and perhaps giving them time to consider whether or not a potential partner is acceptable to them. Policy could advocate and encourage openness among families. Also, there might be liaison with religious leaders to engage in discussing options within families. It is acknowledged that this is a difficult area, and one that requires caution, in order that the group's cultural norm should not be undermined. In addition, drastic challenges or actions should be avoided, as these might impinge on human rights, or be perceived as instances of cultural discrimination. These represent unresolved and complex issues within the religious practice of the Pakistani group and suggest that there may be complex reasons and/or motives underlying some practices, which need to be unravelled to foster better understanding. I therefore, suggest in-depth exploration into the practice of arrange marriages in future research.

Despite this ongoing challenge in the religious practices of the Pakistani community, participants in general stated that religion had a positive influence on them, claiming, for instance, that it helped them be who they ought to be, 'good, moral women'. Perhaps without the religion these women reported being able to fall back on, their psychological problems might have escalated. Indeed, religion seemed to have enhanced psychological wellbeing by promoting implicit self-regulation amongst the

women (Larson and Larson, 2003; Shah, 2005; Koole et al., 2010; Devine and Deneulin, 2011).

The participants in this study also confirmed that religion influenced most of their activities, identities and aspirations, and even more so, the upbringing of their children (Dosanjh and Ghuman, 1997). Given this, a suggested policy implication would be to consider how this avenue could be tapped into. It would appear that if policies and possible interventions were channelled in such a way that religious leaders could teach about it - after having a programme of training for the religious leaders themselves, (for example, JET Derby, 2006), they in turn could teach and encourage the support or adherence of their members, in initiatives that would benefit the entire community. They might generate more support than if politicians and professionals were to advocate them.

Religious leaders have real influence with the people that politicians might not be able to wield, and decision-makers would do well to tap into this in order to capture the attention and interest of the Pakistani people (Appadurai, 2004. Clarke et al., 2008; Devine and Deneulin, 2011). Also, were there more tolerance towards religion (e.g., Islam and Christianity), more might be accomplished, particularly with reference to minority ethnic groups. If acceptance, co-operation and involvement in matters to do with their members were channelled through religion, the sacred-secular divide might be bridged. This would require several processes, for example,

vetting, training, consultation, monitoring etc., to distinguish the 'wheat from the chaff' amongst the religious sects and to ensure religion was not 'essentialised' and used as a means to achieve ends other than those for the common good. However, this approach could only solve some, not necessarily all of the problems, as even the best religious teaching and encouragement does not preclude the fact that humans, as agents of choice, can still exercise this either negatively or positively (Devine, and Deneulin, 2011).

13.5 The parenting environment

Another important aspect at the community level is the neighbourhood or the physical and home environments in which the families are located. Some of the families in this study lived in deprived areas; the physical environment of the home, such as cleanliness, noise level and general pollution could affect the general health and well-being of parents and the development of their children (e.g., Evans, 2003, 2004 & 2006; Iltus, 2006; Britto and Ulkuer, 2012).

Environmental policies in the UK should instil the importance of high standards of environmental cleanliness on all families and in all communities, ensuring individuals as well as their communities took responsibility for environmental cleanliness, for example, by proper disposal of refuse.

A number of businesses were operating close to some participants' residential areas, and these in particular needed to ensure that the highest possible standards of environmental cleanliness were in place to demonstrate their duty of care towards residents. These businesses also needed to ensure their customers, visitors and staff handled equipment such as trolleys and litter appropriately. Environmental cleanliness ought to be enforced as everyone's responsibility and not just the government's, with businesses located in close proximity to residential homes incorporating and prioritising cleanliness of the environment in which the businesses are located in their policies and procedures (Evans, 2003; DHSSPS, 2005).

Professionals working with these mothers need to include health promotional dimensions, such as educating women on the potential hazards of dirty and unhygienic environments on their mental health and the well-being and development of their children. Professionals, I suggest, should use a Community Development approach – i.e., an approach, which attempts to empower people with the skills necessary to aid self or group advocacy, thus improving their lives, as well as promoting their access to resources for their communities. This would ensure health promotion initiatives were sustained, and would enhance the possibility of a supportive environment by utilising participatory methodologies, to encourage the discovery of, and build on the strengths, interactions and resources inherent in the community (human capital) as a means to address their collective health /cleanliness challenges (Rios et al., 2007).

The general indication of this study is that religion appeared to moderate attitudes and behaviours. The physical environment of some of the participants, however, could have adverse effects on mothers' health, and psychological well-being, minimising the positive effects of their religion and community cohesion. As a result, this could become a contextual factor capable of causing stress for parents in this study, except for those with other forms of recourse, e.g., personal resources, such as finances, who might negotiate their way e.g., to better neighbourhoods to these, in which case, the neighbourhood would become a supportive contextual factor. I now turn to the discussion of personal characteristics of parents in negotiating their parenting patterns.

13.6 Mothers educational experience

At the individual level, it was apparent in this study that education was a resource for the mothers. For example, it facilitated English language acquisition and the ability to communicate with various people and at different levels for CTB mothers with a reasonable level of education. These mothers were then able to read to their children (Belsky, 1984; Bronfenbrenner and Morris, 2006). It also expanded the sphere of their communication beyond the home and (immediate) community (Barker, 2006). Those that had older children were able to relate with the school and were involved in schoolwork with their children. For these reasons, Belsky's framework included education as part of the characteristics (or personal resources) of parents.

Perhaps one unanticipated finding of the study was that a low level of education was more common among BIB mothers. Whilst being born in the UK meant that these (BIB) mothers could communicate fluently in English, because of the low level of education common to some, the benefits of their British citizenship, or integration appeared to be limited. Particularly, it limited their personal resources - e.g., ability to work, earn money, or acquire skills to create balanced and varied stimulating activities for their children, and motivation to learn new things (Parker et al., 1999). To some extent, their psychological wellbeing was also affected - e.g., as they could not afford to choose a better environment in which to live and raise their children, or have the autonomy demanded by parenting. A relationship breakdown could also be devastating, easily leading them to depression. It might also have influenced and limited the extent mothers made use of the available resources within their communities or provided varied educational and/or developmental resources for their children (Gottfried et al., 1998; Iltus, 2006). Personal resources and psychological wellbeing are practical and essential resources needed for parenting (Belsky, 2003; Bronfenbrenner and Morris, 2006; Kiernan and Huerta, 2008). The BTB and CTB mothers with high levels of education were more willing to learn the English language, allowed their children to explore, and were coping better in terms of using their personal and psychological resources in parenting. For example, they created stimulating environments and questioned their children so they could reason, rather than supplying them with answers.

Similar practice was found among BIB mothers with a degree level of education and who had undertaken Education or Education-related degrees

and were not in work or working from home (e.g., as a child-minder). Overall, it appeared children derived much more in terms of health and development when their mothers were educated (Hobcraft, 1993; Garbarino, 2001; Magnuson 2007; Augustine and Crosnoe, 2010; Crosnoe and Cooper, 2010; Abuqamar et al., 2011). The CTB mothers' challenges were predominantly lack of available support networks (discussed below).

In general, all participants expressed firmly their desire to adhere to their roots, and to bring up their children to arrive at an appreciation of and become connected to their culture. This influenced the pattern of their parenting, and the example cited above of not allowing their children to speak the English language at home (also on matters of food, dress etc.), demonstrated this. Language is a vital link for social connectedness to one's culture, and these parents wanted to ensure that neither they, nor their children, missed this opportunity to stay close to their cultural values. This could be a good thing regarding their language, but language is also a form of social capital, and learning a host language enables the learner to contribute economically to the host country. As mentioned above, failure to maximise this opportunity might result in a loss of or minimised benefits for both parties (Dashwood and Lawrence, 2011).

When participants born in Bradford (BIB mothers) did not speak English, it further encouraged subsequent women arriving from Pakistan with low levels of or no education not to learn the English language, increasing the

circle of women who might not be able to relate confidently or well enough with society, with the exception of with those in their immediate vicinity. Their children would face more challenges, as they would have to communicate with their mothers in their familiar language, but as their proficiency in English increased, they might prefer the English language – as has been the case with some of the study participants and their children (mentioned in chapter 7). If this cycle is maintained continuously, it will limit integration considerably, even contributing to children's speech delays (mostly boys), observed and reported by some participants in the study. If this is case, speech delays might only be a temporary handicap for the children, as most learning is done in the first six years of life, so the early years would appear to be the best time to introduce dual language to children (Yoshida, 2008). Notwithstanding, further research might be required to investigate this.

13.7 Level of education and culture

As stated earlier, it was somewhat surprising that this study found what some parents termed as 'missed opportunities' in their educational experience within the UK. If new arrivals from Pakistan were to have mentioned this, it would not have been very surprising, but within the UK, participants seem to realise that there were opportunities, which they sadly missed due to their parents' attitude towards education. It remained a source of anger and concern for some mothers, as they felt deprived of the opportunity to further their education before they were married. They claimed this was cultural, although their parents saw it as religious

observance. It would indicate that the availability of opportunity does not necessarily signify that such opportunity is utilised or indeed, utilised maximally: rather, opportunities are sadly missed. Some scholars have found that religion, within the context of cultural influences, is a specific way in which parents' beliefs and attitudes are enforced (Okagaki and Bingham, 2009). According to some participants in the study, education stopped with marriage, and their parents decided when marriages took place. Some of the participants condemned this practice, and it had become an influencing factor in their own parenting. Some of these mothers became doubly frustrated if their husbands also did not believe in women's education. Such women tended to be more determined that their children would not undergo similar experiences and must become educated at no matter what the cost. Whilst this could be a good thing, these mothers might become overbearing with their children, irrespective of the children's abilities, in a bid to ensure them a high level of education; and thus commit similar or opposite mistakes to those of their parents. Conversely, this could be the necessary motivation needed to bring about a desired change, particularly regarding the future of their female children.

However, my results show that some husbands did not necessarily hinder their wives from furthering their education *per se,* but rather this was a result of cultural conditioning, women themselves, their upbringing and the possible effect of early motherhood in some (Ragozin et al., 1982; Markus and Kitayama, 1991; Kagitçibasi, 1996; Rogan, 1997; Lee, 2009). Also, once a child was born into the family, it seemed to automatically stop some

mothers with a low level of education from aspiring further. No doubt, the arrival of a child would change many things, e.g., the status and outlook of parents, but it would not necessarily debar an aspiring parent from making progress (Holden, 2009). For the participants in this study, the arrival of children signified a point at which to stagnate, and this might have been due to three reasons. Firstly, Pakistani mothers tend to live for their children, and prefer to devote themselves to full-time care, giving them undivided attention, as a means to secure their own wellbeing in old age. Secondly, due to their psychological resources, they may believe they cannot cope with, or combine learning and care-giving. Some often refer, perhaps correctly, to possibly returning to education when the child is in school. Thirdly, the lack of confidence, and fear of stepping out of the cultural constraints to pursue an unknown destination of learning may seem too much of a price to pay.

Otherwise, there seemed to be no physical deterrent to these women progressing. Given that the majority of these mothers did not have to worry about childcare, if their mothers and /or mothers-in-law were around and they have good relationship with them, waiting until a child went to school may perhaps be a form of procrastination. On the other hand, the elders might also be the deterrents that did not allow them to venture beyond their present positions, although they were exasperated by them. Additionally, all mothers in this category (with low levels of education: GCSE and A 'Levels), were not in any form of employment, so they did not have to worry about losing any income whilst they returned to study. In contrast, those

that possessed a high level of education were venturing to attain something for themselves, and learning from their experiences to better their future. For example, a CTB participant who had had two miscarriages and three children wanted to be a midwife, due to what she had learnt from her experience, although she already had a Postgraduate degree. Possibly there is a need for an intervention which would encourage Pakistani women, if they so wished, to access better education. This would increase their personal resources, which would also impact on their families, communities and the wider society and would have many benefits.

First, they would advance their knowledge bases, skills and proficiencies. Second, they would be in a better position to compete in the job market. Failing this at least, third, they would be able to provide a stimulating learning environment for their children. Fourth, the need among these participants in particular and Pakistani women in general, to move up the economic ladder would be met.

On the other hand, the increase in higher education fees would be a great deterrent for advancing in education. Pennell and West (2005: 127) found evidence suggesting that financial payments and grants were likely to be the most promising way forward to increase participation in higher education amongst those from lower socio-economic backgrounds.

13.8 Mental Health and Pakistani families' parenting

A major factor influencing Pakistani parenting is mental health. There was a high level of depression among all the categories of women (O'Hara and

Swain, 1996; Wisner, 2002; Gavin et al., 2005; Joy et al., 2010). This research study organised study participants into three categories in relation to their immigration status, which helped to identify how various factors affected each segment specifically. It showed various pathways of mental health problems for each category.

For example, BIB and BTB mothers with low levels of education, in arranged marriages, and having problems with the extended families, reported experiencing depression. CTB mothers with high levels of education, not working and having no support network reported depression. Mothers identified many reasons for their depression or anxiety, including their inability to communicate in English, relationship breakdowns with attendant hostility from the extended family, lack of support, poor physical health, remembrance of past life and pressures from living in the extended family. The findings of this present study indicated that mothers who wanted to work and were unable to due to cultural constraint and immigration status, suffered from depression (Sonuga-Barke and Mistry, 2000; Patel et al., 2002; Hennessy et al., 2010; Chaudry et al., 2011). It appeared that if the decision to be 'stay-at-home-mums', originated from the mothers themselves, then whenever they felt frustrated and constrained they could have rationalised by recalling their reasons for choosing to stay at home in the first place. This might have helped to minimise the depressive episodes.

Whilst some women in the study found being at home monotonous and depressing, one woman new to the British culture found the idea of having to work in the UK depressing, but only in the initial stages upon arrival. This

may be largely due to ‘acculturative stress or culture shock’ of the state of affairs in the UK compared to her home country (Berry, 2005:708).

Mothers not in work depended economically on their husbands, most of whom were low-skilled workers. These families might experience poverty and this, in addition to mothers’ inability to have variety, creativity and challenge (stimulation) made mothering at home monotonous, and increased the risk of maternal depression (Petersen and Albers, 2001). Mothers might have to be proactive in their thinking about what they can do alongside looking after children, e.g., an online course, distance learning, or a home-based business, which might engage their minds, reduce monotony and help avoid depression.

I suggest that local universities and colleges engage with this community to find out how they might best serve them, possibly by looking into various types of courses that Pakistani women could access online, classes they could attend, or by distance learning. Furthermore, I suggest that local colleges and universities work closely with key players within the Pakistani community e.g., the religious leaders in Mosques, to address this issue. As mentioned above, however, such courses must have only minimal fees or be subsidised for this to be attractive.

My result shows that mental health problems (depression and/or anxiety), limited the functionality of participants in this study, and this is consistent with research findings in the field (Propper et al., 2007; Kiernan and Huerta, 2008; Joy, 2010; Diggins et al., 2011). However, within the Pakistani communities mental illness carries a stigma and needs to be addressed

(Kramer et al., 2002; Time to Change, 2010, 2011). There was evidence from the study also that this prevented Pakistani mothers from seeking help. In a close-knit community, other people would get to know that something was wrong once mothers sought help, and they might, as a result lose face (and honour – '*izzat'*) within the community. When mothers seek formal help, professionals need to be sensitive with treatment and confidentiality, because it is costly (in terms of stigma, shame, labelling, etc.) for these women to seek outside help. Were others to become aware of their mental illness, it could affect their marriages and hinder other female members of their families getting married; as the admittance of mental health challenges might be perceived culturally as hereditary (runs in the family), and cast doubts on the suitability of the female members of the family (lineage) to marry. As this seems a high price to pay, and one that could cause major friction within the *Biraderi* (kinship), it was considered a 'safe' option by some participants to rely on the nuclear families' help, usually (and unavoidably) the spouse (Jambunathan, 1992; Fenton and Sadiq-Sangster, 1996: Fernando, 2002; Kramer et al., 2002; Time to Change pilot project, 2011).

However, the majority of the participants' spouses were in employment. They faced the likelihood of isolation, job loss and becoming overstretched, which could easily lead to stress (Time to Change pilot project, 2011). This would compromise care giving in the short-term, but might also have a long-term effect on parents' self-efficacy and child development. The other side is also true, that fathers in full-time employment could not manage full-time childcare as well; they had to go to work at some point, leaving

depressed mothers in charge of care giving. Failing this, and in order to maintain their dignity, keep their marriages intact and avoid their husbands losing their jobs, might make a pretence of being well. Because of the small sample size involved in this study, there is need for caution in its interpretation, as the findings might not be transferable to all members of the group and /or elsewhere in the country.

However, I suggest that health and social care professionals pay more attention to these issues, to encourage openness during the antenatal period, and find ways of involving and /or passing similar messages to the fathers, to help challenge the stigma attached to mental illness and encourage mothers to speak about these issues in a dignified and non-judgmental or non-critical environment. They should be more willing to engage women in discussing the self-perception of their health in order to assess the state of their health and wellbeing in general. Since, such self-assessment of health has been found to be characterised by intense and complex factors, and women in particular have been observed to include psychological characteristics and non-life threatening illnesses. Mothers would normally evaluate how they are able to conduct daily activities and functionalities without difficulty or having to rely on others.

Again, there may be the need to educate and engage such respected figures as religious leaders within the Pakistani community as agents to promote openness on mental health issues and possibly set up community support networks to attend to this.

13.9 The possibilities & challenges of relying on the religious leaders

Religious leaders hold the key to the Pakistani community because of the power they wield among the people, not only this, but also, any manner of dispute, conflict or misunderstanding among the group, especially women are taken to them for clarification. Although, maximising this already established power may seem like over-relying on the possibility of working with religious leaders as it might confer more power and control, hence, as the saying; "power corrupts, and absolute power corrupts absolutely" implicating the likelihood of assuming and retaining a dominance stance over the people. Ignoring this channel however, did not necessarily take away the power they already have among the people nor did it remove insular perspective of the community. Their involvement and teaching may enhance the capacity of the Pakistani community in Bradford to act collectively on issues of women's health and well-being, their access to education and learning of everyday English at home, which would also help them in communities outside their own, and in turn, their relation with the wider society.

In essence, the teachings of the religious leader may have contributed partly to what now constitutes problem within the community. However, with broader envisioning, training and redirecting-involvement with the religious leaders, they might also become useful in becoming part of the solution. It is also likely that such attempts risk causing division, feeling of betrayal in the initial stages, these would be overcome once the community recognises it as attempts to better them, improve their health and socioeconomic status.

Of a necessity however, guidelines have to be put in place regarding qualifications, fluency of English, training, monitoring etc., of the leaders even though, they hold the key of access to the community.

An important caveat therefore would be that the religious leaders should not be engaged without proper screening, monitoring and constant evaluation of how the relationship is working, the impact on the people and the future of such engagement for the wider UK society. Finally, the purpose of engaging and involving religious leaders, i.e., to influence the people to have an interest in, breakthrough apathy so the community can pay attention to and be willing to integrate with the wider society, should be constantly borne in mind. No doubt, other agencies such as schools are essential too, and some are already involved, nevertheless, their involvement and or impact might be limited. Since, the teachings in schools, if not sanctioned and upheld at home level, would only cause dichotomy between parents and children as the case of language has been so far, whereas religious leaders are well placed, and could harmonise practice at home and school; between parents and children, and between generations. Inevitably, different family will have different views on the purpose and motivation of such initiative and the best consolation and assurance would be the benefits that ensue, such as, improved health, better uptake of services, attaining higher level of education, etc.

Also, new generation of fathers who would like to take on more roles and be very active in their children's upbringing, care and learning could add a helpful dimension to liberating their wives, and relieving them of some

gender-laden responsibilities, but even these might be restricted and become challenged to reinforce traditional values. Understanding they are also constraint by what their culture defined as the roles of men and women and family 'biraderi' (honour), illuminate why they live with the awareness and dread of being seen as domesticated fathers. Some of these men might only be able to 'liberate or relieve' their wives privately (internally), such as the man (para. 8.5.2) who permitted his wife to be uncovered inside the house and to wear whatever she deemed reasonable whilst indoors, but she must conform externally.

13.10 Support networks

I have shown that family support networks within the families of most of the participants were very strong, and were cultivated initially by their living arrangements. All participants had lived within the extended family set-up, but at the time of the study, the majority had moved away from such arrangements to avoid, amongst other things, stress and misunderstandings, whilst still deriving the benefits such relationships provided. This differs from the notion that Pakistani families in the UK live or continue to live in extended families (Ahmad, 1996). The extended family has many benefits, including childcare, emotional support, someone always available to talk to, or to attend to chores around the households. However, it has challenges too: noise; tension in the atmosphere; clashes in child disciplinary practices; budget; relationship breakdown; and, possibly, overcrowding. Participants tackled these challenges by moving into close proximity community living.

It is not uncommon in Bradford, for instance, to have blood relations as neighbours in a particular street or area. This helps family members continue to derive benefits, reciprocate support and minimise challenges.

Extended families were not always willing and able to support each other, as my study demonstrated, although this was only in the minority of cases (Katbamna et al., 2004). The challenges in all these cases related mostly to marriage and remained unresolved. Therefore, participants moved further away from their extended families. It is apparent that the support networks can be a positive contributor to health and psychological wellbeing, as well as a source of stress for mothers (Belsky, 1984; Sonuka-Barke et al., 1998; Willis, 2008). For instance, the present study shows parents who had strained relationships within extended families reported depression, stress and /or anxiety, whereas those who had access to help and support from the extended families, community and /or religious activities reported relatively better physical and psychological health (Heath, 2004; Farnfield, 2008). As a result, the latter group were likely to offer a more conducive care-giving environment to their children (Belsky, 1999). This upholds the argument in the literature that support networks can be a source of stress *and* support for parents, influencing parenting patterns (Belsky, 1984; Sonuga-Barke et al., 1998)**.**

13.11 Support networks and marriage

This study shows most family breakdown occurred because of disagreement over marriage. As indicated above, change is hard, and requires deliberate effort for it to be worthwhile. It appears more work is required to explore Pakistani parents' willingness to change, and to understand how important it is for their children's generation (participants) to be involved in the process of choosing life partners and to have a way of communication that would be acceptable to all parties involved. No doubt, this is a sensitive issue, involving religion, culture, pride and preferences (Hasan, 2009), and it seems the best target for this task are the Muslim religious leaders.

Given that religion is central to Pakistani families, and their leaders are already positioned to resolve disputes and help in intricate matters of religion, these can exercise great influence amongst the group, making it prudent to maximise the possibilities this can offer. However, the emphasis should be laid on the benefit to families and communities, not necessarily to the individual. This may work well, given the Pakistani group's collective-interdependence worldview. Whilst this is not an attempt to stereotype the group, further research would be necessary to explore if and how potential interventions could be channelled through religious leaders to educate their people on salient matters that would enhance their living in the UK.

13.12 The role of fathers

Participants in this study reported varied levels of fathers' involvement with their children's care-giving. The majority of mothers said their husbands

were involved, although not at the same level they were. A few reported their husbands did similar things that they would do, and some believed their husbands should do more than they currently did (Salway et al., 2009). The literature on fathers is scarce, though a few studies recorded similar findings. In general, more fathers are currently involved in their children‘s care even though there is a need to do more (Olavarria, 2003; Salway et al., 2009).

This study showed that the traditional role of fathers as breadwinners, providing discipline and protection, was still prominent in most Pakistani families (Hauari and Hollingworth, 2009). However, a few were more pragmatic and would engage in what was traditionally women’s roles, such as feeding, changing, bathing children, and looking after older children, as well as having primary care role when mothers were working (West et al., 2009).

13.13 How findings link with other studies

This study finds that culture influences Pakistani parents’ behaviours and attitudes in the same way as other studies implicated cultural values and attributes in parenting behaviours (Kelly et al., 1992; Kelly et al., 2006; Park and Kwon, 2009; Okagaki and Bingham, 2009). This study found that mental health problems were common and reduced a parent’s functionality - results consistent with those of other studies (Oates et al., 2004; Time to Change, 2010; Time to Change pilot project, 2011; Traviss et al., 2012). However, the present study found that parents often knew why they had depression. In some cases this is not necessarily so; indeed, in relation to BME groups, mental illness is sometimes altogether misunderstood (Time to

Change pilot project, 2011). High level of mental illness was also reported by all women category, not just the young women as in some literature. The study also uncovers the fact that shame, fear and secrecy (the need to keep it in the family) still surrounds mental illness in Pakistani communities.

The study found that the family network could be both a source of stress and support for mothers - a fact that is well established in the literature (Shah and Sonuga-Barke, 1995; Sonuga-Barke et al., 1998; Sonuga-Barke and Mistry, 2000), although, this study added that increasingly, families were moving away from this set-up, and provided explanations as to why. The literature established that Pakistani groups live in close-knit communities, and this study added the fact that some of the communities actually consist of blood relations.

Current findings seem to be consistent with other research which found religion to be important to Pakistani families; it was suggested in this study that this should be used as an advantage for the group and the wider society. This study also accords with earlier findings of other studies, establishing transnational cousin marriages in Pakistani families and the health and social effects that result (Dyer, 2005; Charsley, 2007; Hasan, 2009). The present study added that mothers who were forced to marry and who despised the practice would pattern their parenting in an "anti-arranged marriage" format. They had a host of family forces (elders, in-laws, older siblings etc.) to contend with, but there might be a way round this for these mothers, particularly if they had supportive husbands, who understood their plight.

The literature attests to low educational attainment among Pakistani people particularly women (Dwyer et al., 2006), and this was confirmed here, with the addition that mothers born in Bradford were among those with a low level of education, not just those who came from Pakistan and for marriage.

Finally, mothers with a high level of education and better resources provided their children with stimulating learning environments and varieties of activities (structured and unstructured), which is also consistent with literature in the field (e.g., Gutman and Feinstein, 2007).

13.14 The study's contribution to knowledge

In reflecting on this study, I came to consider parenting in ethnic minority families as a culturally sensitive activity, which I have come to understand as a common phenomenon in all families. Particularly, it affects in a rather visible manner, minority ethnic parents' behaviour, beliefs and values. In fact, their parenting and ethnicity become the essence of their being – part of who they are and responsible for what they do or do not contribute to the community and society.

Exploring various influences such as health, socio-cultural, and economic factors on their parenting practices, only show to some extent, the struggles that BME parents go through in raising their children in an unpredictably changing environment. If some BME parents do not partake of these struggles, they might have employed and / or exhibited certain attributes; for example, they might have integrated via high level of education, or perhaps,

they were more flexible, adapted and adopted aspects of their culture and most of the host culture. This study helped me to see why it might become imperative to learn, unlearn and relearn as the context may demand, for continuity and change. Bearing in mind, that change in itself is neither good nor bad, but how it is managed.

When this is well managed, it has benefits for children and the wider society, but benefits and cost such as unintended consequences for parents. Examining parenting and ethnicity from a wider perspective has shown the importance of actions, relationships and interactions, especially within a multi-racial, multi-ethnic and multi-cultural setting as the UK. This requires the willingness of and action from, all ethnicities within the society, in order to achieve a common goal.

Often, problems are not only from outside; they are generated among ourselves (within), through the intersection of our past with the critical events of the present life of individuals and the collective opportunites or lack of opportunities faced by the group. In effect therefore, we must find solutions from within ourselves also. This study's initial contribution to knowledge therefore, has been to understand these views, which was the basis of exploring how diverse agencies (parents, religious circles, government, practitioners etc.), can contribute to the solution. This has helped me arrive at a new understanding of the concept of parenting. For example, in addition to some definitions of parenting examined in this study, the new understanding has included; one, context and two, that parenting is not a professional activity, which is beyond seeing parenting as the socialisation of children given certain resources. I have come to view BME

parenting in the UK as the attempts of parents to raise culturally sensitive children amidst complex challenges intertwined with privileges and timely possibilities in that context.

In addition, the organisation of women into categories of immigration status is an original and creative aspect of this study. It gives a practical indication of women's experiences in the UK, and how specific factors affect their parenting patterns in each category.

This is further expressed in the different pathways of mental health problems among the respective women's categories. Likewise, the utilisation of the HOME inventory to qualitatively determine the value of the parenting environment is an original use of this tool, providing a twist to the use of an old approach.

13.15 Reflections on the strengths and limitations of the study

13.15.1 Methodology

Every attempt has been made to undertake, analyse and present this research study as accurately, and in as much detail as possible to enable an improved understanding of what influences Pakistani families' parenting patterns and to aid our understanding of their parenting. In undertaking the study, qualitative research methods (face-to-face interviews and ethnographic observations) were used to extract information about the views, perceptions and observed practices of the participants. Thirty participant families were drawn from the Born-in-Bradford study cohort, hence purposive sampling was used. This is consistent with the recommendations for qualitative

research studies, which aim to interview people who are relevant to the research questions (Bulmer and Solomos, 2004; Bryman, 2008). I generated data by face-to-face interviews and participant observations. These were appropriate for meeting my research aims, although focus groups could also have added a rich dimension to the study. However, given the sensitive nature of some of the information required and other limitations discussed in chapter 6, this was not considered appropriate. Also, it was probably a limitation of the study not to have included a standardized measure such as the Beck's Depression Inventory (BDI) to establish the prevalence of depression in Pakistani mothers. Again, the reason for this was given in the methodology chapter (chp. 6).

The information derived through the methods used, however, generated rich data, which helped to categorise relationships and tendencies of the research findings, and which helped made meaning and gave 'voice' to the participants. Data could be analysed in a number of ways, but thematic analysis as grounded in the data was used, allowing participants' narratives to be used as much as possible. This helped to convey the issues that were of importance to, and influenced their parenting patterns. Decisions had to be made in choosing narratives and tension existed regarding the diversity of issues that could be considered from the data. However, decisions were made and tensions resolved by focusing on what best answered the question that was posed by the research.

The Bronfenbrenner-Belsky Framework was helpful in determining the influence of various factors within the systems - i.e., where parents were

located and the other systems that interact with them. This was particularly beneficial to the understanding of the complex nature of these factors in influencing parenting. Challenges at each systemic level often complicated its effect on parenting. For example, a participant's marriage arrangement could aid or hamper the parents' relationships with their immediate community. Hostility from the community added stress, which could influence how a parent gave care to the child.

There were complications in using the framework however, one of such complications was the placement of the factors themselves. For example, should religion be placed at the community or family levels or (made personal) at the individual level? Actually, it cut across these three levels. Also, the fathers' role was a form of support for the mother, and therefore, a contextual factor. But fathers were also at the crux of parenting: ideally then, fathering belonged to the micro and the meso levels in Bronfenbrenner's ecological model, and in Belsky's model it was both characteristic of the parents and part of the contextual sources of support and stress. These difficulties, in fact, show that some of the separation and distinctions were quite superficial and blurred (Vondra et al., 2009), although the study attempted to present the model used, and the research findings, in as logical a form as possible, for ease of comprehension. In other words, the framework is not a clear-cut approach, and to call readers attention to this challenge is deemed appropriate and prudent.

13.15.2 Reflecting on assumptions and perspective

Writing from an interpretative perspective certain assumptions have been made, for example that the research participants viewed and constructed their lived experiences of parenting (the phenomenon) in order to inform the research questions posed to them, and the data generated are organised, analysed and interpreted accordingly, for meaning-making (Shaw, 2001[2]; Smith, 2004). Whilst this stance is justified in the thesis, it has its challenges. The way individuals perceive an experience is linked to, or determines how they relate and behave regarding the experience. My role from an interpretative phenomenological perspective was to gain in-depth, or 'insider' perspective of these experiences and the meanings given to them, in order to understand the phenomenon under study and thus, answer the research question (Griffith, 2009; Cassidy, 2010). However, this is usually done from the researchers' perspectives as well, i.e., based on their experience (Glesne and Peshkin, 1992; Maxwell, 2012). Such perspectives might have portrayed the Pakistani community, or indeed minority ethnic groups, as 'victims of circumstance', reinforcing essentialist ideology. However, remaining open-minded and flexible, "until the phenomenon has started to emerge' (Smith et al., 2009: 7) helped in gathering and analysing the data. To a large extent, the data had adjusted any potential essentialist view (Larkin et al., 2006). For example, instead of perceiving individuals as 'victims of circumstance', I also found the possibility of failing to maximise available opportunities; which made individuals agents of choice rather than victims.

Also, the argument in the introductory chapter and its assumption is that every culture contains both what is good and what may need improvement; and these require proper understanding (Owusu-Bempah, 2002; Quintana et al., 2006). Essentially, parents in every culture want what is best for their children, and practices in every culture should be studied for a better understanding of their cultural norm. Once, this understanding is attained, and within the same framework, policies might be targeted that would be acceptable to its members. This would be particularly useful in improving competencies or resources, as parents, for instance, would require certain levels of competency and resources to adequately provide for their children (LeVine, 1988; Hoghughi, 2004). Largely, this view still stands, and the study has highlighted areas that might need redress via interventions or further research, with possible policy implications, as discussed below.

13.15.3 Subjectivity

In chapters one (para. 1.5) and six (para.6.4) I acknowledged my background as a woman, immigrant, and a member of a minority ethnic group in the UK. This was part of my identity and my perspective as a researcher, and might have influenced my insight and the emphasis I made in the course of my writing. However, to some extent, this identity and personal experience added to my being accepted and 'accommodated' by the study participants, and added to my understanding of their perspective. I was able to maintain a good level of rapport in my working relationships

with the participants, helping me probe and obtain detailed answers, and often the meanings behind the answers.

In chapter six, I cited instances of mothers expressing their personal concerns, particularly regarding combining education with childrearing duties. This perhaps demonstrated a level of trust that made the women willing to discuss their private lives and an area of vulnerability. Also, they possibly identified in me a potential role model to motivate them to venture beyond their comfort zones. Notwithstanding, the brevity of the contact period did not give room for me to become over-familiar with the participants, which might have rendered the data unsuitable 'or biased' for its defined purposes. This thesis is therefore a combination of researcher and researched encounters in the field, to uncover the participants' lived experiences of the factors that affected and continued to influence their parenting patterns.

13.15.4 Generalisation and Credibility.

Quite clearly, with so few study participants, it might not represent the views and perceptions of the entire Pakistani population in Bradford or, in any other part of the country. It can, however, generalise to theory e.g., Belsky's determinants of parenting and relate its findings to that of others in the field, for instance, Anto-Awuakye's (2009) research into the child rearing practices of South Asian communities (Indian, Pakistani, and Bangladeshi families) living in London's East End. This study reported some of the child rearing practices, folk beliefs and the influence of elders

within the combined group and served as a launching pad for my study. More importantly, I took my cue from the suggested future research focus of the literature review on the broad subjects of *ethnicity and parenting* undertaken by Phoenix and Husain (2007), and situated my study within this broader context. This, in addition to the rigour, transparency and data rich results, attest to the credibility of this study.

Whilst mothers' views and perceptions were detailed in their presentation in the current study, there were possibilities that mothers might have over/under stated what they actually did or what actually happened. To minimise this, I utilised a mixed qualitative methodology (interviews and observation) and triangulated it with the HOME inventory, as a qualitative exploration of the physical and home environments of the participants (Maggs-Rapport, 2001). This ensured, for example, that what mothers said in the interviews was observed in the ethnographic observations (Murphy et al., 1998). The examination of three categories of mother and enquiring from them the role that their husbands played in childrearing were added strengths of this study, presenting the diverse and rich perspectives, experiences and attitudes of the participants. It shed more light on the role of fathers in contemporary Pakistani homes, which is not currently common in studies. The depth of interaction to obtain rich data is evident in detailed quotes from the participants throughout the results chapters (seven to eleven).

Upon reflection, however, it appears the socio-cultural factors examined are quite broad. Focusing on one or two (e.g., mental health and acculturation) would have brought out the other factors anyway, but this was not known at the onset of the study. Each factor had a complex interaction with the others, and it was good that this study identified that to be the case. Nevertheless, each factor could be the focus of PhD research for thorough depth (Boud et al., 1995; Jasper, 2003; Bolton, 2005; Murray and Kujundzic, 2005; Hilliard, 2006).

Although a plan was in place for an interpreter, it was not needed as all the participants spoke English to varying degrees, and the interviews were conducted in English. Therefore, in the thesis, no attempt has been made to correct grammar or the formats in which the mothers spoke. Their words were given directly in quotes. This helps to avoid bias or mis interpretation of the meaning of the study participants responses, although, as mentioned earlier, due to the vast amount of data, choosing which quote(s) best proved the relevant point or theme was a constant challenge. This was overcome by endeavouring to focus on and present findings that best answered the research question and fulfilled the study objectives.

13.16 Policy and practice implications

One of the striking findings of the current study was the low level of education amongst the participants born in the UK compared to their BTB and CTB counterparts. A basic and perhaps an introduction back into education / learning for some of these mothers might be the parenting skills

programme. In the UK, a number of attempts have been made and are still being made to accommodate, assimilate and promote the integration of the diverse multi-cultural and ethnicities of its populace. Parenting programmes and initiatives to cater for children of parents from low socioeconomic status are readily in operation. The general availability of initiatives as the Sure Start in deprived areas of UK cities and towns is one example. Parents from Pakistani origin can access Sure Start schemes located in specific and diverse areas of Bradford easily. Perhaps, parents are not aware of these services, are distrustful of them, or do not see the need for them. It is difficult to draw conclusions on what might be going on, but evidently, more needed to be done, not necessarily to create new services, rather, to modify, promote and improve or adapt what is there already. In particular, the Bradford Joint Strategic Needs Assessment identified a number of strategies and local documents for use in promoting equality of opportunity, access to health and social care services and outcomes in the city and these include, The Community Strategy 2011-2014, Stronger Communities Delivery Plan, Community Cohesion and Inclusion Framework 2009 and Equality and Diversity Strategy 2010–2013. These could be used to address issues faced by BME families living in the city, especially to promote access and Pakistani parents' engagement in the district to the provision of parenting programmes.

Often parenting programmes and interventions are geared towards and are assumed could be easily accessed by members of the BME groups, but long-drawn-out procedures, unavailable websites to obtain information in the time of need - for example, current search on Bradford Council website,

shows its undergoing essential maintenance, and therefore, not available. Moreover, websites that are not user friendly and training programmes, which are timed inconveniently and of unrealistic duration (?) can put off some parents enquiring into parenting programmes. Further, it should be considered whether the programmes facilitator's timing (e.g., 9am-5pm) or parents' availability should take priority in setting the time of programmes. No doubt, the timing for both facilitators and parents is crucial.

On the other hand, it might be one thing to have programmes, initiatives and interventions that are BME specific. It is quite another to draw the attention and interest of BME families to it, and yet another to have them access and maximise the benefits these services have to offer. This may require further enquiry for clarification. This is because individuals, families and communities differ in the way they perceive the need for change and take action. The possibility of parents taking action to engage in parenting programmes and interventions might largely depend upon their perception of the need for it (Naidoo and Wills, 2009). Although, it may also be a case of fewer parents, among those in dire need of these services are accessing them, whilst some do – therefore, engaging parents may be the real issue among the families of Pakistani origin in the city of Bradford.

Policy should be implicated, whether in relation to the health improvement of mothers and children or in improving parenting skills, education and proficiency. ALTHOUGH, national and local policies-prompted initiatives

are available in Bradford, accessing and utilising these seem an issue among the participants in this study. For example, there are a number of Sure Start projects running in some of the deprived areas of the city, and some of these were contacted for the possibility of access as explained in chapter 6. However, different governing bodies run them, and none of the participants in the study mentioned attending or accessing any of their services. Although some mothers mentioned that, their children attend day care and mum and toddler groups, which could have taken place in such projects. Further, parents could access a six-week online taster or a full 13 week Parenting Programme of the Strengthening Families, Strengthening Communities (SFSC) Foundation. This is an all-inclusive evidence-based, Programme "designed to promote protective factors which are associated with good parenting and better outcomes for children" (Race Equality Foundation (REF), 2013).

It is possible that mothers in this study are not aware of initiatives like this, although, it appears initiative (i.e., initial interest, or motivation) has to come from mothers (or parents) to enquire and access the training. Unless they look for it, or are referred by Social Workers and or possibly respond to advertisement (in Children Centers, schools etc.,), parents would not be able to access the training. Other options would be an online access and parents must be willing to do this also. In addition, parents may be hesitant of committing to a 13-week long training, which can increase drop-out rate for parents who might be considering registration on the programme or those who (if any) manage to start, similarly distance to training centers might be

a barrier. Some parents may not appreciate being taught by 'strangers' on how to parent their children, others may sincerely think they know all there is to know – and many in this group, may prefer family, especially, their mothers help to that of strangers. Although, REF offices are based in London, Manchester and Leeds, training is facilitated by agencies some of which are run by local authorities, and at location near participants. Moreover, this is one of many locally and nationally available initiatives, for interested parents. Then again, similar challenges may be applicable to most facilities and services offered by the relevant schemes.

Finally, except parents are within the CANparent voucher scheme locations, which are Camden, Middleborough and High Peak in Derbyshire, they would not qualify for a voucher worth £100 to spend on parenting classes. Whilst, this could be a minimal fee to pay, this cost, for some parents from Pakistani families in this study, could nonetheless be a further hindrance to the likely parent engagement issues in Bradford. According to the Bradford Observatory, the Parenting and Family Support Board is responsible for the development and delivery of the district's Parenting and Family Support Strategy, and so far, had carried out consultation exercise with parents. This exercise had highlighted the importance of effective engagement between services and parents (Bradford NHS, 2013), although, the extent of concentration on families from Pakistani origin during the consultation is unknown.

Therefore, in accordance with the improving support for families, opportunities could be made available for Pakistani mothers, similar to the WISE (Women into Science and Engineering) Campaign launched in the early 1980s. The WISE campaign was launched in 1984 to change the attitudes of young people, parents, teachers and the general public (SET, 2012 online). In this case, the target or focus should be South Asian women (and possibly others), and it need not be science and technology only, but educational opportunities in general, for those who want them. Such courses should be in a diverse, accessible format: online; distance learning; classroom attendance etc. If women received adequate training, their children would derive benefits from it. The old saying, that if you "train a woman you would have trained a nation" still holds true in the case of mothers and their children and it might be a worthy investment, as the strength inherent in women usually has many different aspects.

Any investment to ensure the resourcefulness and psychological health of women in general and Pakistani mothers specifically would be of value (Davies et al., 2002). Through policies, professionals should engage with these women, and where possible with their menfolk, to enlighten them about mental health, and how to recognise its symptoms. They should encourage open discussion, with the particular aim of de-stigmatising the condition among Pakistani families. This might achieve more effectiveness, if it could be channelled through religious leaders, who should be teaching their members about this common condition and how they should seek help not only within the family, but also accept professional help.

Policy-makers should seek to work with religious organisations and not against them. They should foster a harmonious working environment to create a synergetic result for all. Policy considerations might include re-evaluating the purpose of migration, to see how migration control might include compulsory acquisition of the English language, not just for academic purposes but also in immigrants' homes. New entrants may have, for example, up to three years to learn English as part of their entry-residence/permit condition. This would not influence the language they chose to speak at home. UK-born partners, who married someone from overseas, should be responsible for their spouse learning English within the stipulated time. Measures should be put in place to monitor or co-ordinate how this was implemented, adhered to, and evaluated, and this would increase confidence amongst new entrants to the UK, particularly in relating to the wider society. People would not necessarily be deterred from coming to the UK, as it would not be a condition of entry, but a condition upon entry (i.e., after), and to permit them to remain. The time limit would allow immigrants to adjust to the UK system and prioritise learning the English language in addition to their original tongue.

Finally, the policy implication for the marriage format is imperative, but extremely sensitive and challenging, as it borders on religious freedoms, human rights issues, cultural practices and, to a large extent, religious beliefs. More research might be required to investigate how the government

and religious leaders in particular could work together to achieve a common purpose for the good of the young women of Pakistani origin. This is of utmost importance to avoid intervention or policy that might generate religious uproar and unrest. In a similar vein, there should be regulation and examination of Imams brought into the UK. Proper scrutiny of beliefs, values, qualifications, English language proficiency and, most importantly, induction into the UK systems, culture and values should be considered.

13.17 Future research

Future research should look into the possible reasons for speech delay among some Pakistani children. Further research may be required to establish how the sacred-secular bridge could be minimised, and a cordial working relationship begun. Research may also explore the qualifications of current religious leaders to assess their ability to teach practical, relevant and holistic (affecting all aspects of life) tenets to their members. In addition, future research should explore the social and psychological effects of different kinds of marriage among Pakistani families. This suggests a need for understanding of the motives, the historical background and the cultural basis for the lives of young Pakistani girls and pre-empt potentially harmful outcomes. Finally, future research should explore how Pakistani families can balance ethnicity and psychological health in their parenting endeavour in the context of health and social inequalities.

13.18 Conclusion

This study asked the question: How do socio-cultural characteristics and maternal health influence the parenting patterns of families of Pakistani origin living in Bradford? Thirty face-to-face, semi-structured interviews and five ethnographic observations were conducted with Pakistani women and their children, aged two and three years. Participants were drawn purposively from the Born-in-Bradford study cohort. The study participants were from three categories - BIB, BTB and CTB women, who had experienced the UK at different times and had differing experiences.

The study had five objectives (see paragraph. 10.2), which were adhered to in answering its question. The researcher submits that the study has answered the question, and fulfilled these five objectives, reported its findings in five different chapters (seven to eleven), discussed and drawn conclusions in this chapter. The study confirms what most of the literature emphasises about the importance of cultural values in parenting. Pakistani families' parenting patterns are firstly, like all other ethnic groups, culture-laden. Often, as indicated by the participants, the immigrant parents appear to be using culture as a custodian of religion. Religion is pivotal to the existence and parenting practices of the Pakistani participants in this study. This knowledge should be used to advantage to discover whatever is needed to attract the attention of the group. It is not a device to glamorise their religion, but an avenue for the use of knowledge to advantage and to the benefit of the people and society.

However, this is not limited to the Islamic religion. The study also found higher levels (i.e., postgraduate) of education, mainly among BTB and CTB mothers. Some BIB mothers had a degree, and most had GCSEs. This was rather striking, as the UK is full of opportunities to advance academically, with little or no gender restrictions compared to Pakistan, where there are gender differences in education, and opportunities may not be as extensive. This may partly be due to religious teachings or instruction in the Quran that parents should start to look for spouses for their daughters immediately following their first menstruation, which could be any time from 12 years old onwards. Such practices are not strictly adhered to in the UK because of the law, but Pakistani women still marry relatively early (from 16) compared to their English peers. This means they would be engaged at an earlier age.

Whilst the participants in this study might have been unique, it does show that change is beginning to take place in Pakistan regarding education, or possibly, that those who participated in this study were among the elite, who had always had access to a good level of education. Nevertheless, their UK-born counterparts would need to rise to this challenge. Current fee levels in higher education institutions could be a real deterrent to this suggestion.

This study finds that marriage arrangement (the 'arranged', and/ or, the love-with conflict formats) can influence Pakistani families parenting patterns, and their aspirations and behaviour towards their children. Mothers stood the risk of living miserable married lives, being vulnerable to separation and

divorce and the associated stigma, in forced arranged marriages, if they did not love their partners. This inevitably resulted in family breakdown, as most arranged marriages were to blood relations. Younger unmarried girls face future challenges of forced marriages here in the UK, or in Pakistan, by not returning home from family holidays. Frequent disappearances of Pakistani women might result, first, engendered by the women themselves, as they might run away from home to avoid being forced into marriage. Second, steps might be taken by the families, whose wrath would be incurred and could, take fatal action in order to preserve the family '*izzat'* (honour).

The fact that a minority in this study had love and mixed (arranged and love) marriages, might indicate the willingness of some members of the community to negotiate and be pragmatic, and more marriages of this kind need to be encouraged.

Many mothers report having experienced or were experiencing mental health challenges, though not many sought professional help, but depended mostly on that of the family. The implication of this was limited help being made available, and the possibility of stress, due to overstretching of this support. It does emphasise the importance of family and the bonding among Pakistani families.

The support network remains a strong influence in Pakistani parenting, especially, in relation to child-care, discipline, the link with language, culture and traditional child-rearing practices. Most of these networks are positive, though in a minority of cases, relationships have broken down and

participants have found it rather unhelpful. All participants had lived in extended families previously, but the majority had moved away to close-knit living, which seemed to have enhanced relationships, ties of kinship and the giving of support within the set-up. This study has contributed to the knowledge in this field and could serve as a springboard for future research - one that could generate societal-academic discourse on the factors that might influence ethnic minority parenting patterns.

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National Research Ethics Service

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Telephone: 0113 3050108

Mrs Ibiyemi K. Nnadede
[redacted]

17 February 2011

Dear Mrs Nnadede

Study Title:	**Parenting patterns in families of Pakistani origin.**
REC reference number:	**10/H1306/89**
Protocol number:	**n/a**

Thank you for your letter of 26 January 2011, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Vice-Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, **subject to the conditions specified below.**

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Interview guide for the parenting study.

Exploring maternal health, level of education, acculturation, religion and support network in parenting practice in families from Pakistani origin.

I would like to thank you for taking part in this Parenting study. Today, we would like to talk with you about your everyday life, what you do with your family and friends, or on your own. In the interview, we will talk about your experience in the UK, health, education, religion and the types of support you have within your family. I would also like you to tell me what it was like taking part in this study and if there are any other information you will like to add. If there is any question you would rather not answer, it is OK, just let me know and we would move on from there.

General:

How old is your child? What position is the child [1st, 2nd, 3rd, 4th, 5th, etc]

Is the Child Male / Female? [Delete one].

Your experience of living in the UK [ACCULTURATION].

Could you begin by telling me who are the members of your family? (in the house, then in Bradford).

Tell me about where you live and how long you have lived here?

Notes of notable findings/ further exploration:

Is your marriage a love or arranged one?

Do you work outside the home?

If so, who looks after your child (day-care/ babysitter/family-care)?

Were you born in Britain?

If No, How old were you when you came to the UK?

How old are you now?

[Main question] In a typical day [e.g. yesterday or a 24-hour period] what sort of activities do you do?

[Prompt questions]: When is your 3year old child involved in the activities?

In what ways is s/he involved? Can you explain how you get your child involve in the activity?

Does it mean that you often have to do many jobs at a time (for example, look after/care/play with the child and do something else)?

What language do you use at home?

Is it the same language you use with your children?

Does your 3-year old understand and speak English?

How did you decide which language to use at home or with your children?

How is the language used at home helping you to parent your child?

HEALTH

What has your general health been like over the past three years or so? [e.g., physical health, mood]?

If you have not felt well, can you explain how this affected your family and more specifically your children and the activities you would normally do with your 3 year old child?

Were you seeing a doctor or health advisor, nurse during this period?

Did you receive help or support from your extended family like your mother, others, neighbours?

Were you able to do everything as normal like when you did not feel unwell?

RELIGION

The information I gathered from reading some books tell me that most Pakistani families practice Islam…

Are you practicing Islam?

In what way does Islam affect the way you bring up your children?

What does Islam mean to you as a person?

What do you think Islam mean to the Pakistani community?

If you were not a Muslim, how would you do things [for example, raise your children] differently?

Would you follow the suggestions of Islam to discipline your child/ren?

How would you generally discipline your child, if s/he is naughty?

How do you see discipline and the practice of parenting?

[in your opinion, does discipline make parenting harder, easier or no difference, for you?

LEVEL OF EDUCATION

Some books I read states that women in Pakistani do not have as much chance as men to go to school.

As much as you are aware, Is this still the case in Pakistan?

Did you school in Pakistan and / or in Britain?

What is your educational experience?

Can you explain how your educational experience influence the way you bring up your children?

What do you think about your education experience [e.g. would you have wanted more or less of it]?

From your experience, how is your education helping you to parent your child?

What sort of expectations do you have for your child because of your own educational experience?

How has your educational experience influence these expectations?

Help with looking after your children [SUPPORT NETWORK]

How do you think Pakistani mothers express love to their children?

How do you demonstrate love to your children? [hugs, kisses, pat on the back, stroking the head, etc.].

Do you have the help you require to bring up your children [i.e., childcare]?

What role do elders [grandparents, mothers-in-law] play in looking after the children?

Do you find their participation useful?

Do you live within the extended families?

Can you explain how the extended family support or help influence the way you raise your children?

How does the help from others influence how you bring up your child?

How is the children's father involved in looking after them?

What sort of support do you get from the wider Pakistani community?

Are you involved with any mother toddler groups or events, mosque, church etc.?

What type of parent would you see yourself as: very strict [Authoritarian], easy-going [Permissive], warm but firm [Authoritative], too soft [Negligent]?

Finally, how are you finding the job of parenting?

Thank you very much for your time.

THE RESEARCH CONSENT FORM

Title of Research: **PARENTING PATTERNS IN PAKISTANI FAMILIES** (Interview Phase)	
Research participants would complete this sheet him/herself.	**Initials**
Have you read the participants' information sheet?	
Have you had an opportunity to ask questions and discuss this study?	
Have you received satisfactory answers to all your questions?	
Have you received enough information about the study?	
Did you know that your personal identity will be protected?	
Have you spoken with the principal researcher conducting this study?	
Do you understand that you are free to withdraw from the study: • at any time • without having to give a reason for withdrawing • and without affecting your future medical care or effecting any form of penalty	
Do you agree to take part in one-to-one interview (Phase one) of this study? Y ☐ N ☐ (I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and my questions have been answered to my satisfaction. I consent voluntarily to participate in this study and have the right to withdraw from it at anytime without any consequences whatsoever. I know I am free to ask any further questions during the study).	
Signed (mother) ……..…… Date ……..…..…… Name (block capitals) ……	
Signed (researcher) ……..…… Date ……..…..…… Name (block capitals) ……	
Signed (interpreter) ……..…… Date ……..…..…… Name (block capitals) ……	

Date:

Time:

Place of observation:

Field Description: physical and home environment

Specific facts, numbers, details of what happens at the site {e.g., # of acts., disturbances}

Sensory impressions: sights, sounds, textures, smells, tastes

Child disposition and activity during observation

Personal responses to the fact of recording field notes

Specific words, phrases, summaries of conversations, and insider language

Observe people or behaviours at the site during investigation {how did mother-child relate?}

Other Comment:

THE RESEARCH CONSENT FORM

Title of Research: **PARENTING PATTERNS IN PAKISTANI FAMILIES** **(Observation Phase)**	
Research participants would complete this sheet him/herself.	**Initials**
Have you read the participants' information sheet about the observation?	
Have you had an opportunity to ask questions regarding the observation?	
Have you received satisfactory answers to your questions?	
Did you know that your personal identity will be protected?	
Have you spoken with the principal researcher conducting this research?	
Do you understand that you are free to withdraw from the study: • at any time • without having to give a reason for withdrawing • and without affecting your future medical care or effecting any form of penalty	
Do you agree to take part in Observation (Phase two) of this study? Y ☐ N ☐ (I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and my questions have been answered to my satisfaction. I consent voluntarily to participate in this study and have the right to withdraw from it at anytime without any consequences whatsoever. I know I am free to ask any further questions during the study).	
Signed (mother) ……..…… Date ……..…..…… Name (block capitals) ……	
Signed (researcher) ……..…… Date ……..…..…… Name (block capitals) ……	
Signed (interpreter) ……..…… Date ……..…..…… Name (block capitals) ……	

THE UNIVERSITY of York

Appendix 6

Date

Dear

I am writing you this letter to invite you to consider agreeing to be in a study I am conducting as part of my doctoral degree in the Department of ***Social Policy and Social Work*** at the University of York under the supervision of Professor ***Kathleen Kiernan.*** I have included more information about this research that looks at how children grow up and the things that influence their development.

First, I would like to thank-you for your interest and the time you will take to consider whether or not, to join in this study. This study involves speaking with women between 20-45 years of age, of Pakistani origin (including British Pakistanis), who have a preschool child. I am inviting you to participate because you are within this age range, have a preschool child and are part of the Born in Bradford study.

I will follow-up this letter with a telephone call to you to arrange an interview of up to one hour, at a time and place convenient to you. Thanking you again, for your anticipated co-operation in this matter.

Yours Sincerely,

Mrs I .Kate Nnadede
(PhD Student)

Field copy #2

SUBID: ---------- TIME STARTED: ---------- DATE: ----------

INT1D: ---------- dd mm yy

HOME INVENTORY

OBS	SCALE VIII. PHYSICAL ENVIRONMENT (INTERIOR OF HOME)	IN THE HOME? (circle one)
1	House or apartment is free of potentially dangerous structural or health hazards. (*exposed outlets, broken windows, windows without screens or guards, leaking radiator, pots handing over edge of stove*)	**a. Yes** **b. No**
2	House or apartment has at least 100 sq. feet of living space per person	**a. Yes** **b. No**
3	House or apartment is clean; all visible rooms of the home are reasonably clean and minimally cluttered	**a. Yes** **b. No**
4	In terms of available floor space, the rooms are not overcrowded with furniture.	**a. Yes** **b. No**
5	The interior or the house or apartment is not dark or perceptually monotonous.	**a. Yes** **b. No**
6	House or apartment has at least two pictures or other types of art work on the walls.	**a. Yes** **b. No**
7	House or apartment is not overly noisy – from noise in the house. (*television, shouts of children, radio*)	**a. Yes** **b. No**
8	House or apartment is not overly noisy – from noise outside the house. (*train, cars, people, music*)	**a. Yes** **b. No**
9	Household members do not use tobacco	**a. Yes** **b. No**
10	There are no obvious signs of recent alcohol or non-prescription drug consumption in the home. (*drug paraphernalia, beer cans, liquor bottles*)	**a. Yes** **b. No**

TIME ENDED: ----------

SCALE IX. PHYSICAL ENVIRONMENT
(Exterior of Home)

Date: --------/-------/--------- Day of week…….

Time of day: Entered home ----------:---------- am pm

Left home ----------:---------- am pm

1. Street Layout
    a. Through – straight
    b. Through – curved
    c. H-layout
    d. T-layout
    e. L-layout
    f. Cul-de-sac
    g. Boulevard
    h. Divided Highway
    i. Other ----------

2. How would you characterise the land use on this face-block, based on street-level frontage?
    a. Primarily residential
    b. Primarily commercial
    c. Mixed residential and commercial
    d. Primarily industrial
    e. Primarily vacant houses
    f. Primarily vacant lots and open space
    g. Primarily services or institutions
    h. Primarily park, playground
    i. Other ----------

3. How would you rate the general condition of most of the housing units or other buildings in the face-block?
    a. Well kept, good repair
    b. Fair condition
    c. Poor condition (peeling paint, broken windows)
    d. Badly deteriorated

4. Do any of the fronts of residential or commercial units have metal security blinds, gates, or iron bars or grills?
    a. None
    b. Some
    c. At least half
    d. Most

5. How would you rate the volume of traffic on the face-block?
    a. No traffic permitted
    b. Very light
    c. Light
    d. Moderate
    e. Heavy
    f. Very heavy

6. How would you rate the condition of the street in the face-block?
    a. Very good – recent resurfacing, smooth
    b. Moderate – evidence kept in good repair
    c. Fair –minor repairs needed, but not rough surface
    d. Poor – potholes and other evidence of neglect

7. Is there garbage, litter, or broken glass (except beer/ liquor bottles) in the street or on the sidewalk?
    a. None, or almost none
    b. Yes, but not a lot
    c. Yes, quite a bit
    d. Yes, just about everywhere

8. Are there drug-related paraphernalia, condoms, beer or liquor containers or packaging, cigarette butts or discarded cigarette packages in the street or on the sidewalk?
    a. None, or almost none
    b. Yes, but not a lot
    c. Yes, quite a bit
    d. Yes, just about everywhere

9. Are there children playing on the sidewalks or in the street of the face-block?
    a. No children visible, or all in yards
    b. Yes, one or two children
    c. Yes, three or more children

10. Are there any adults or teenagers in the street or on the sidewalk arguing, fighting, drinking, or behaving in any kind of hostile or threatening way?
    a. No persons observed in the street or sidewalk
    b. None observed behaving in hostile way
    c. Yes, one or two behaving in a hostile manner
    d. Yes, three or more behaving in a hostile manner

11. How did you feel parking, walking, or waiting at the door in the face-block?
    a. Very comfortable: can image living/working/shopping here
    b. Comfortable: it seems to be a safe and friendly place
    c. Fairly safe and comfortable
    d. I would be uncomfortable living/working/shopping here
    e. I felt afraid for my personal safety.

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DEPARTMENT OF SOCIAL POLICY & SOCIAL WORK

Participants Information Sheet

Title of the study: *Parenting in Pakistani families*

You are being invited to take part in a research study looking at how children grow up in families of Pakistani origin living in Bradford. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study? Parents raise their children differently for many reasons and under different conditions. The study wants to look at how children grow up and the things that influence their development. Some of these things may be due to the place children grow up. The sort of house and neighbourhood they live in for example. Other things are shaped by what parents think is important for their children.

Why have I been chosen? We want to talk to 30 Pakistani women between 20-45 years of age, who have a child of around 2-3 years, about their views of child rearing in Bradford. We are inviting you to participate because you are within this age range, and live in Bradford and have joined the Born in Bradford study.

Do I have to take part? It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. You can decide not to be in the study but still stay in Born in Bradford.

What will happen to me if I take part? We will contact you and arrange an interview of up to one hour with the study researcher. The interview can be at your own home or if you prefer at the Bradford Royal Infirmary. A translator will be available if you want to be interviewed in Urdu or Murpuri. With your permission, the interview will be digitally recorded. The interview will involve a number of questions, and it may be that one hour is not enough. If this is the case, the researcher will ask if she can see you again at a convenient time for you. You are free to ask the researcher to move on to the next question, if there is any question you do not wish to answer during the interview.

The researcher will also like to watch, 5 families in their homes to see how their children speak, the language they use and the way they play and talk with their parents and others This may take up to five hours.

The information you provide will be confidential, and no one else except the researcher and the interpreter, will hear the recordings. The tapes will be destroyed one year after the study ends.

What are the potential benefits of the study? Participating in the study will take some of your time, but the information we get from you may help us to understand how children are growing up in Pakistani families. This could enable future planning and service delivery in the area to be better targeted to improve the well-being of children from the Pakistani community.

How confidential is the information I contribute? All the information we would collect from you during the research will be confidential. At the end of the study, a report will be written but your name and address will not be in it. If you would like to hear the result of the study, we would be happy to send a summary to you.

What will happen to the data collected? We would record the interviews, write them out and store them on the computer, which will be protected by password, so that no one else can access it. All information on paper will be locked up in the cabinet by the researcher to make sure they are safe.

Who has reviewed this project? The research has been submitted to University of York's Research Ethics Committee, Leeds East Research Ethics Committee, and NHS (Bradford) Research & Development Approval Panel for ethical reviews.

Contact for further information: Mrs Kate Nnadede (PhD. Student of the University of York) is conducting the study under the supervision of Prof Kathleen Kiernan (University of York). If you would like to know more you can contact Kate Nnadede on 01904 321261. University of York, Heslington York YO10 5DD or her mobile: 07900 060262 or email ikin500@york.ac.uk or honour7@yahoo.co.uk In the unlikely event of complaint, you should contact the researcher on the above number, or her supervisor, Professor Kiernan on 01904 321279.

Thank you for reading this information.

GLOSSARY OF WORDS

Allah-ham-dudu-lai	God be praised
Asala Malekum	Muslim greetings
Barideri	Kinship loyalty, brotherhood
Insha'Allah	God willing
Izzat	Honour, pride, self-respect
Namaz	name for the five times (see below) daily prayer observable in Muslim religion – sunrise (Fajr), midday (Zuhr), late afternoon (Asr), sunset (Maghrib) and night (Isha).

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