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## Sensitive infant caregiving among the rural Gusii in Kenya

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### ABSTRACT

The Gusii in rural Kenya represent a particularly interesting community for the study of sensitivity, as they have previously been described as not showing sensitive care. This study focuses on the observation of sensitivity in seven families with a 7-to 23-month-old infant, with extensive naturalistic video observations (ca. 2–4 hours per infant) described qualitatively and quantitatively. Sensitivity ratings showed substantial individual variation, ranging from low (2) to high (8). Sensitivity was mostly expressed non-verbally in the form of (subtle) physical responsiveness by a variety of caregivers, and seen to a high extent during infant feeding. Insensitivity was seen when caregivers were occupied with chores, and during infant bathing. Both warmth and harshness were observed, but infrequently. Results are discussed in terms of the nature of sensitive caregiving among the Gusii, and factors that might explain within-group differences.

### KEYWORDS

maternal sensitivity; Kenya; Gusii; video observation; culture

## Introduction

The Gusii represent a particularly interesting cultural community for the study of sensitive caregiving, as they have previously been described as not showing sensitive care that might contribute to secure mother-infant attachment. David Lancy described the observations of Robert LeVine among the Gusii as follows: “Bob LeVine has taken on one of psychology’s most sacred cows – mother infant attachment (...). LeVine’s observations of agrarian, East African Gusii parents suggest the possibility of weak attachment and consequent blighted development. (...) He finds that, while mothers respond promptly to their infant’s distress signals, they ignore other vocalizations such as babbling. They rarely look at their infants or speak to them – even while breastfeeding (...). (Lancy, 2015, p. 1). These observations have been taken as a sign that sensitivity is a Western construct that is not applicable to rural non-Western communities. Recent observational studies in rural non-Western communities have challenged this view, highlighting that sensitive caregiving does not inherently require verbal or face-to-face interaction (Mesman et al., 2018). However, the observations described in that publication did not include the Gusii, who appear to be seen as a particularly striking example of caregiving that does not meet the core definition of sensitivity. The aim of the current study is to explore whether the

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apparent lack of sensitive caregiving as described by other scholars is consistent with new insights about more subtle (i.e., less verbal, more physical) forms of sensitivity that appear to be more common among rural non-Western communities.

According to the universality hypothesis in attachment theory, secure attachment and associated patterns of sensitive caregiving would be expected across cultures (Mesman et al., 2016). The basic tenet of attachment theory as formulated by John Bowlby is its evolutionary function in promoting infant survival (Bowlby, 1982), which is facilitated by a proximal and responsive caregiver who meets the infant's needs (Ainsworth et al., 1978). Although there is certainly room in the theoretical framework for subgroups of families in which sensitivity is low (and attachment generally insecure) due to highly adverse circumstances, finding one or more cultural groups in which sensitivity appears to be pretty much absent would lead to the rejection of the universality hypothesis. The assertions made about the insensitive caregiving patterns in Gusii are therefore particularly important to our understanding of the universality hypothesis, and require more detailed study.

Kenya is situated in the Eastern region of the African continent. According to the projected estimates of the 2009 Population Census, Kenya's population stands at 44 Million (Kenya National Bureau of Statistics, 2017), with 68% living in rural areas. Kenya is currently ranked 146<sup>th</sup> on the Human Development Index, reflecting medium socio-economic development. Kenya includes an estimated 44 different ethnic communities, with Bantus (67%) constituting the majority. One of the Bantu sub – groups, the Abagusii (or Gusii) that inhabit a rural region in Kisii County in the South Western part of Kenya, are the focus of the present study. The Gusii are considered agro pastoralists, as they practice both agriculture and animal husbandry (LeVine & Lloyd, 1966; Ogembo, 2001). They engage in subsistence farming with small scale livestock farming of cattle, goats, sheep and poultry. Every household has its own farm where they grow their own food and at times cash crops. The family income consists of proceeds from the sale of the some of the food and cash crops and the salaries of fathers who are the heads of the families. The County Integrated Development Plan 2013–2017 (Kisii County Government, 2013) has placed the poverty index in Kisii County at 51% as compared to the 43% national poverty level. On the other hand, the plan places the life expectancy estimate at 56 years which is slightly higher than the 53 years national estimate. Literacy levels in Kisii County are estimated at 87%. The dominant religion is Catholic as a result of 20<sup>th</sup> century mission work (Were & Nyamwaya, 1986).

Mothers are the main caregivers of children, but also leave the care of young children to other (mostly female) family members, usually an elder sibling, when working on a nearby farm (LeVine & Lloyd, 1966). Traditionally, children formed a family labor force for the household economy among the Gusii (Monyenye, 1977), but in contemporary Gusii society, the social and economic organization of the household and institutional forms have been transformed profoundly, changing the traditional division of labor, and challenging existing norms and values (Misati, 2015; Silberschmidt, 1999). The children spend a large portion of the day in school and upon completing their education aspire to obtain individual jobs away from their parents' custody (Misati, 2016).

Particularly relevant to the characterization of family interaction quality among the Gusii are the ethnographic descriptions by early anthropologists portraying the community as being aggressive and harsh (Mayer & Mayer, 1965). According to LeVine and Lloyd

(1966), the aggression stems from the traditional practice among the Gusii, in which individuals were expected to marry wives from far away clans, which were in antagonistic relations with their own. Although this was intended as a strategy to craft friendly relations among the clans, it appears to have led to high-conflict relationships between men and women (Silberschmidt, 1999). A recent analysis showed that this takes the form of high alcohol consumption among men and women, high levels of intimate gender violence in the households, incessant disagreements and suspicion among married couples, and women reportedly secretly administering the local concoction *kababa*, which can supposedly tame and subdue their harsh and wayward husbands (Misati, 2015). This general pattern of family interaction between the adults may very well generalize to harshness to and among children. This would be consistent with reports of high levels of aggression shown by children, and harsh punitive reactions by adults to such child behaviors, apparently exacerbating rather than minimizing child aggression (Munroe & Nerlove, 2003).

On the other hand, Gusii infant care has also been described as physically close and very responsive when it comes to infant crying. As LeVine et al. (1994, p. 201) wrote about Gusii mothers in comparison to American mothers: "They hold and lull their babies more, respond rapidly to cries and frets with physical care or breast-feeding, rarely engage them in long bouts of play or vocal excitement – all consistent with the goal of maintaining the baby in a quiet state free of distress or unmanageable activity (.). Sensitive responsiveness to infant distress can actually be described as the hallmark of attachment-related infant care (Goldberg et al., 1999; McElwain & Booth-LaForce, 2006). Indeed, using an adapted version of the Strange Situation Procedure, Kermoian and Leiderman (1986) showed a pattern of mostly secure attachment patterns in Gusii infants. This high responsiveness and secure attachment appears to co-exist with more obedience oriented parenting strategies, with mothers' verbal engagement mostly consisting of commands and warnings (LeVine et al., 1994). The co-existence of seemingly opposing parenting strategies from a Western perspective, has been noted by other scholars studying non-Western samples as well (e.g., Deater-Deckard et al., 2011). Such findings point to the importance of considering cultural differences in the meaning and expression of certain parenting patterns.

In the current study, we describe seven Gusii families with infants qualitatively and quantitatively, regarding caregiver sensitivity, warmth, physical contact, verbal expression, and camera awareness. The main aim is to answer the question whether sensitivity towards infants can be observed among the Gusii, and if so, what it looks like in terms of concrete behavioral manifestations, and whether it might co-exist with other – potentially more harsh – parenting practices.

## Method

### Sample

The sample consisted of seven Gusii families, recruited in both rural and peri-urban (closer to local trading centers) areas within Kisii county to ensure representativeness of the population. Families were eligible if they had an infant child between the ages of 6 and 24 months. Recruitment and data collection was done by the second and third authors of

this chapter who are originally from Kisii county themselves and could therefore easily maneuver in the area and communicate with families. In addition, they had conducted extensive field work in the same area eight months prior to the current study. With the help of the local administrators (assistant chiefs), local women assisted in pointing out eligible families. Upon being introduced to the sampled households by the assistant chief, the researchers explained the purpose and procedures of the study. Eligible families were informed that the study was purely voluntary and that they were free to decline participation. The process of obtaining consent was undertaken bearing in mind the cultural customs of the study area. All households sampled for the study were male-headed and therefore while seeking consent in these families, the fathers were central in the consent process. This meant that the consent process was through consensus that once the father agrees then the other caregivers (mother, grandmother, great grandmother, siblings) also agreed to participate in the study. Thus, although starting with fathers, the entire household was present in the consent seeking process. All the eligible households targeted for inclusion consented to the participation in the study and provided written or recorded informed consent. Notably, none of these families participated in the previous field work by the two local researchers.

Of the seven participating families, six mothers had completed no more than primary school education, and education information for the other three mothers was missing. Fathers were all self-subsistence peasants and some supplemented this with selling produce, casual labor, or illicit brew selling. Mothers' ages ranged from 21 to 39 years, and the ages of the focus infants ranged from 7 to 23 months, and four out of seven infants were female. The number of children per family ranged from 1 to 8.

### *Measures*

Families were told that the researchers would like to videotape the infant's daily routines during different parts of the day, while they just went about their usual business. This means that the infant was the focus of the observations, regardless of who was taking care of it so that the infant's caregiving experience was the center of attention. The researchers thus followed the infant around with the camera, whether it was being carried by others, was independently mobile, or located inside or outside the house, whenever possible during the visits to the families. Mothers and grandmothers were the most commonly seen in the videos, but fathers – who were often not formally employed and ran businesses from home – were also present at times in the videos. The target observation duration was two hours per household. The number of observation episodes and the duration of each of the episodes varied widely because of practical issues, such as families being away, the weather, the child sleeping, or sensitive family business (i.e., illegal brewing activities) that prohibited filming. For most of the families, the video observations were completed within the span of three days, with separate video sessions ranging from 5 to 47 minutes ( $M = 20.92$ ;  $SD = 12.96$ ), and total observation duration per family ranging from 116 to 255 minutes ( $M = 163$ ;  $SD = 55$ ).

Sensitivity was coded using the Ainsworth sensitivity scale (1–9), and scores were given for warmth (0–4), physical contact (0–2), verbal expression (0–2), and camera awareness (looking at camera, talking about being filmed, expressing insecurity about being filmed, each 0–2). See the Introduction to this special issue for details on these scales. Although multiple

caregiving patterns are common among the Gusii, the observations showed that these patterns were mostly sequential rather than simultaneous. In one case there was clear simultaneous multiple caregiving, and for those videos received sensitivity was scored rather than the sensitivity of the individual caregivers. Received sensitivity refers to the sensitive responsiveness that a child experiences regardless of who is doing the responding, and is particularly suitable for assessing sensitivity in communities that practice simultaneous multiple caregiving (Mesman et al., 2016). In addition, harsh caregiver behavior was noted when it occurred. Harshness was defined as acts of physical interference with the child that significantly impact the child's body with an amount of force that is not necessary given the objective of the behavior (e.g., dragging versus carrying the child from one place to another, pulling the child's arm roughly away from an object instead of moving it gently), but also includes slapping, hitting, kicking, and pinching (cf. Joosen et al., 2012).

Because training local coders was not possible due to logistic constraints, coding was done by a Western expert coder (the first author), who has extensive experience in coding sensitivity and other caregiving behaviors from video footage of families from many different cultures, including several rural and sub-Saharan African ones. Intercoder reliabilities (intraclass correlations) in multicultural teams obtained in similar samples were all  $>.70$ . Because this sample was so small (but the footage very long), the current set was not used for reliability calculations. However, after coding the interactions, each of the cases were discussed in detail with the second and third authors (who are from the Gusii region and speak the local Ekegusii language) to check for any oversights or misunderstandings in the coding. This did not lead to adjustments in scores. Because of the largely nonverbal nature of the interactions in the videos, not knowing the local language was rarely an impediment. When in rare cases there were doubts about the meaning of some verbal exchange, the second and third authors were consulted during the coding process.

## Results

In two videos two caregivers were scored separately (including a group of juvenile caregivers scored as one caregiver), yielding scores for nine caregivers for the seven cases. Table 1 shows the summary of the scores for the seven cases and nine caregivers. Overall, caregivers' camera-related behavior revealed that they were mostly comfortable with being filmed. None of the caregivers talked about being filmed or expressed

**Table 1.** Case summary of observation scores.

Case #	Caregiver	Sensitivity (1–9)	Warmth (0–4)	Physical (0–2)	Verbal (0–2)	Harshness (yes/no)	Camera awareness
1	Mother	3	1	2	1	No	Low
	Sibling	3	1	2	0	Yes	High
2	Mother	2	2	1	1	No	Low
3	Father	8	4	1	1	No	Low
4	Mother	5	1	2	0	No	Low
	Juveniles*	7	4	2	0	No	High
6	Mother	7	2	2	1	No	Low
	Juveniles*	7	2	2	1	No	Low
7	Mother	6	2	1	0	No	Low

\* this was a group of juvenile caregivers, and received sensitivity was rated as reflecting the child's experience of sensitive responsiveness by the group

insecurities about being filmed (all scored 0 on those subscales). Looking at the camera was rare, especially by adult caregivers (all scored 0). The juvenile caregivers did look at the camera more than adults did and sometimes at some length (all scoring 2).

The distribution of the Ainsworth sensitivity scores showed significant variation between families, almost using the entire score range (2–8 of the 1–9), with three caregivers scoring low (scores 2 and 4), two scoring medium (score 6), and two scoring high (7–8). Warmth was rare in four caregivers (score 1), medium in three caregivers (score 2), and high in two caregivers (score 4). Physical interaction was medium (score 1) in four cases and high (score 2) in the other five cases). Verbal interaction was only seen at low levels (four scores of 0) or medium levels (five scores of 1). Harshness only occurred in two cases, one of which was between other children and not directed at the target child. The cases with the higher sensitivity scores also had higher warmth scores.

Sensitivity was mostly non-verbal (with some exceptions) and expressed in the form of often subtle behaviors, including physical facilitation (e.g., repositioning the infant to allow it access to a stimulus that interests the infant), assistance with activities and exploration (e.g., holding an object and repeatedly picking it up when it falls so that the infant can explore it), child-centered feeding practices (e.g., breastfeeding on demand), but also playful interactions (e.g., rattling a set of keys to amuse the infant and repeating when the infant expresses delight). In all cases multiple caregivers were observed interacting with the infants, although in two cases the infant was mostly observed with only one caregiver (in case the mother and in one case the father). The father who was the primary caregiver in one of those cases was particularly sensitive (score 8), and also had several sensitive verbal exchanges with his daughter. Non-parental caregivers included siblings and grandmothers, each of whom showed a clear capacity for sensitive responsiveness, although of course individual differences were observed.

Interestingly, feeding was almost without exception a particularly sensitive affair. Breastfeeding was done on demand, responding to even the most subtle infant signals such as a quick glance at the mother's chest, or a slight tug at her t-shirt. Similarly, when the infant disengaged and stopped showing an interest in feeding, the mother would promptly reposition the infant away from the breast. In the case of solid foods, caregivers would adapt their pace to the infant's signals, waiting to offer the next bite when the infant appeared ready, retrieving another piece of food when the infant gestured towards the plate, or offering a drink when the infant showed an interest in the cup. It was never observed that caregivers were too fast or too slow or intrusive in their feeding practices.

In one interesting case (case # 5, see [Table 1](#)), received sensitivity was scored because a large portion of the videos showed a group of three to four juvenile caregivers engaged with the child simultaneously. Received sensitivity refers to sensitivity received by the child regardless of the identity of the caregiver, to reflect simultaneous multiple caregiving situations (Mesman et al., 2016). The various juvenile caregivers showed frequent sensitive responsiveness. They were very attentive to the child fussing and engaged in effective soothing. They always responded to bids for attention and proximity, taking the child on their laps, but were also quick to notice when the child got restless again and then allowed the child to move independently and explore. Received sensitivity was scored at a 7.

Insensitivity was mostly observed at times when the caregivers were busy with domestic chores. During such episodes, infants would often be ignored, and sometimes even

clear signals of distress did not elicit caregiver responsiveness. In one particular case, the mother was busy almost throughout the entire observation period, and her interactions with the infant were mostly aimed at keeping the infant occupied away from mother, although the infant clearly sought proximity and attention. Mother wanting to keep her infant away from her as she worked was due to the nature of her tasks, as she was building a fire and cooking, which could of course be hazardous to the infant. Interestingly, when this mother did abandon her chores and took time to interact with the infant, her interactions were sensitive, mimicking the infant's vocalizations, showing contingent positive affect, and pacing activities to match the infant's signals. What was most striking about this case is that there were no other caregivers around to take care of the infant while the mother worked. This was an exception to the general rule seen in the videos. When a primary caregiver was busy, there was almost always another caregiver who would show some sensitive responsiveness to the infant.

Another situation that was almost always characterized by insensitivity was bathing. This caregiving routine was clearly viewed as a task to be completed without regard for the infant's needs or signals. Often, infants would protest and cry without the caregivers responding to those signals of distress, instead just continuing the task methodically (and sometimes rather roughly) as if washing an object rather than a child. It did appear that the caregivers just wanted to get the task over with as soon as possible, which may have been motivated by the infants generally not liking the activity. Indeed, once the task was done, infants would often be breastfed which had an immediate calming effect on their moods.

One of the issues described in the literature of Gusii parenting reflects the absence/presence of harshness versus warmth. Instances of caregiver warmth (smiling, kissing, hugging, stroking) towards the focus infants was observed in all seven cases, albeit much less frequently than would be expected in Western samples (scores most often at 1 or 2). Harshness was observed in the video materials of two cases, one in the form of slapping or dragging the infant when a caregiver was annoyed with its behavior, and several bouts of physically aggressive play between older siblings while the infant watched (but not directed at the infant). However, the harsh sibling would also show sensitivity towards the infant. For example, in one episode, an older sister would physically assist her infant brother to climb onto and get off a bench following his signals, playfully and contingently imitate his sounds and gestures, and half a minute later slap him when he tried to take something that he should not be taking, and another 3 minutes later harshly drag him away from an area behind the dwelling.

## Discussion

Filming among the Gusii was surprisingly easy. Caregivers generally showed very few signs of camera awareness, and just went about their business without minding the camera. Sensitivity was certainly observed, although with large individual differences and including low, medium, and high scores. From the scores and descriptions it can be inferred that sensitivity was mostly non-verbal and expressed in the form of often subtle and/or physical behaviors. It appears that such expressions of sensitivity might have been missed in previous observations of the Gusii. This is consistent with the descriptions that mostly note the absence of verbal interaction, warmth, and eye contact (Lancy, 2015;



LeVine, 2004), whereas these are not the defining features of sensitive caregiving (Mesman et al., 2018). Interestingly, feeding was almost without exception done very sensitively, whereas bathing was not. In light of children's nutritional needs, especially in regions characterized by poverty, responsive feeding is actually very important (Bentley et al., 2011) and appears to be the norm among the Gusii. Bathing was clearly seen as a chore, and done fast and methodically without much regard for the child's signals. For child survival this at least seems like a less crucial situation for sensitivity.

Insensitivity was mostly observed at times when the caregivers were busy with domestic chores. During such episodes, infants would often be ignored, and sometimes even clear signals of distress did not elicit caregiver responsiveness. Such episodes would also often be alternated with more focused interaction episodes that could be looked upon as "quality time" during which the caregivers were far more sensitive. Maternal multitasking – combining chores with sensitive infant care – as observed in rural Peru (see Fourment et al., this special issue) was not observed so often among this Gusii sample. There appeared to be a reluctance to abandon the task intermittently to attend to the infant that was not observed in rural Peru. It could be that the lack of alternative caregivers in those situations was atypical in light of traditional Gusii caregiving routines, possibly caused by increased school attendance of siblings, and rural-to-urban migration. If mothers were traditionally reliant on other caregivers to tend to the infant when they themselves are busy, they may not have developed alternative strategies to deal with their children's needs in the absence of such support.

Caregiver warmth (smiling, kissing, hugging, stroking) towards the focus infants was observed in all seven cases, albeit much less frequently than would be expected in Western samples. Physical harshness was observed in the video materials of only two cases. The virtual absence of harshness towards the children may have to do with the children's age, who were all younger than 2 years. As in other cultural communities (such as in rural Peru, see Fourment et al., this special issue), there is a stark contrast between caregiving patterns towards infants and older children who are expected to behave and know the rules.

Direct comparisons of our observations to those made in previous studies of Gusii caregiving are not easily made, because of differences in the era in which the observations were conducted. The observations by LeVine and colleagues were made in the 1970s, whereas the videotaping for the current study took place in 2015. Increased contact with Western customs through urban socioeconomic activities and education may have influenced Gusii childrearing practices towards more child-centered caregiving. Further, the older observations were conducted in vivo without the benefit of video to review the observations multiple times focusing on specific types of behaviors during different viewings, allowing much more time and attention to uncover multiple dimensions of caregiving from the same material.

Unfortunately, we do not know of any studies that have examined patterns of infant attachment among the Gusii. The findings from the current study regarding mother-infant sensitivity (three low, four medium/high) would suggest a secure versus insecure distribution that might be rather similar to those found in many other countries as reported by Mesman et al. (2016), or only a little more skewed towards insecure. Insensitivity was mostly observed to consist of ignoring combined with sensitive spells at specific times, which could suggest a more resistant rather than avoidant attachment pattern in those infants. Of course the current sample size was very small and cannot be taken as representative for the larger Gusii population. Future studies with more families would

be needed to overcome this limitation, and those would ideally also assess infant attachment patterns to see what the specific sensitivity manifestations in this cultural context might mean for the development of attachment.

In conclusion, we agree with previous observers that smiling, talking, and face-to-face contact are relatively rare in Gusii caregiving, and more importantly agree with Richman et al. (1992) when in a report on Gusii and American mothers they noted that “We see no indication in this evidence that one group of mothers is more responsive than the other, only that they are responsive in different ways to their infants’ signals.” (p. 620). Thus, normativity nor universality regarding sensitive responsiveness should be defined in terms of specific behaviors that are subject to substantial cultural variations, but should be viewed in terms of their function of meeting the infant’s signaled needs. In this (small) sample of Gusii families, sensitive responsiveness was not limited to basic survival needs (although sensitivity during feeding was high in all cases), given that sensitive play interactions were also quite commonly observed. As in other cultural contexts, sensitivity ratings varied between families, with four out of seven mothers showing medium/high levels. This finding at least suggest that the universality hypothesis in attachment theory need not be rejected based on parenting patterns among the Gusii. What is needed now is to understand the sources and consequences of individual variations in caregiver sensitivity within communities such as the Gusii, where traditional and “modern” caregiving practices blend into each other, but where manifestations of sensitivity deviate from those found in Western samples.

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No potential conflict of interest was reported by the author(s).

## References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Erlbaum.
- Bentley, M. E., Wasser, H. M., & Creed-Kanashiro, H. M. (2011). Responsive feeding and child under-nutrition in low- and middle-income countries. *The Journal of Nutrition*, 141(3), 502–507. <http://doi.org/10.3945/jn.110.130005>
- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. Basic Books. (Original work published 1969).
- Deater-Deckard, K., Lansford, J. E., Malone, P. S., Pena Alampay, L., Sorbring, E., Bacchini, D., Bombi, A. S., Bornstein, M. H., Chang, L., Di Giunta, L., Dodge, K. A., Oburu, P., Pastorelli, C., Skinner, A. T., Tapanya, S., Tirado, L. M. U., Zelli, A., & Al-Hassan, S. M. (2011). The association between parental warmth and control in thirteen cultural groups. *Journal of Family Psychology*, 25(5), 790–794. <http://doi.org/10.1037/a0025120>
- Goldberg, S., Grusec, J. E., & Jenkins, J. M. (1999). Confidence in protection: Arguments for a narrow definition of attachment. *Journal of Family Psychology*, 13(4), 475–483. <http://doi.org/10.1037/0893-3200.13.4.475>

- Joosen, K., Mesman, J., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2012). Maternal sensitivity to infants in various settings predicts harsh discipline in toddlerhood. *Attachment and Human Development*, 14(2), 101–117. <http://doi.org/10.1080/14616734.2012.661217>
- Kenya National Bureau of Statistics. (2017). *Kisii county multiple indicator cluster survey 2015: Final report*.
- Kermoian, R., & Leiderman, P. H. (1986). Infant attachment to mother and child caretaker in an East African community. *International Journal of Behavioral Development*, 9(4), 455–469. <http://doi.org/10.1177/016502548600900404>
- Kisii County Government. (2013). *The first county integrated development plan 2013-2017*.
- Lancy, D. F. (2015). *The anthropology of childhood. Cherubs, chattel, changelings*. Cambridge University Press.
- LeVine, R. A. (2004). Challenging expert knowledge: Findings from an African study of infant care and development. In U. P. Gielen & J. L. Roopnarine (Eds.), *Childhood and adolescence: Cross-cultural perspectives and applications* (pp. 149–165). Praeger.
- LeVine, R. A., LeVine, S., Leiderman, P. H., Brazelton, T. B., Dixon, S., Richman, A., & Keefer, C. H. (1994). *Child care and culture: Lessons from Africa*. Cambridge University Press.
- LeVine, R. A., & Lloyd, B. B. (1966). *Nyansongo: A Gusii community*. John Willey.
- Mayer, I., & Mayer, P. (1965). From kinship to common descent: Four generation genealogies among the Gusii. *Africa*, 35(4), 366–384. <http://doi.org/10.2307/1157660>
- McElwain, N. L., & Booth-LaForce, C. (2006). Maternal sensitivity to infant distress and nondistress as predictors of infant-mother attachment security. *Journal of Family Psychology*, 20(2), 247–255. <http://doi.org/10.1037/0893-3200.20.2.247>
- Mesman, J., Minter, T., & Angged, A. (2016). Received sensitivity: Adapting Ainsworth's scale to capture sensitivity in a multiple-caregiver context. *Attachment and Human Development*, 18(2), 101–114. <http://doi.org/10.1080/14616734.2015.1133681>
- Mesman, J., Minter, T., Angged, A., Cissé, I. A. H., Salali, G. D., & Migliano, A. B. (2018). Universality without uniformity: A culturally inclusive approach to sensitive responsiveness in infant caregiving. *Child Development*, 89(3), 837–850. <http://doi.org/10.1111/cdev.12795>
- Mesman, J., Van IJzendoorn, M. H., Sagi-Schwartz, A. (2016). Cross-cultural patterns of attachment. Universal and contextual dimensions. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment theory, research, and clinical applications* (3rd ed, pp. 852–877). Guilford.
- Misati, A. J. (2016). *Socio economic and cultural determinants of adolescent socialization in rural Kenya: A case study of Masaba – South Sub – County, Kenya* [Unpublished PhD thesis]. Université de Pau et des pays de l'Adour.
- Misati, J. A. (2015). *Socio-cultural and family change in Africa: Implications for adolescent socialization in Kisii County, South Western Kenya*. Les cahiers d'Afrique de l'Est. IFRA.
- Monyenye, S. (1977) *The indigenous education of the Abagusii people* [Unpublished M.A thesis]. University of Nairobi.
- Munroe, R. L., & Nerlove, S. B. (2003). Homestead size, gender, and aggression among Gusii children. *Ethos*, 31(2), 232–247. [10.1525/eth.2003.31.2.232](https://doi.org/10.1525/eth.2003.31.2.232)
- Ogembo, J. M. (2001). Cultural narratives, violence, and mother-son loyalty: An exploration into Gusii personification of evil. *Ethos*, 29(1), 3–29. [10.1525/eth.2001.29.1.3](https://doi.org/10.1525/eth.2001.29.1.3)
- Richman, A. L., Miller, P. M., & LeVine, R. A. (1992). Cultural and educational variations in maternal responsiveness. *Developmental Psychology*, 28(4), 614–621. <http://doi.org/10.1037/0012-1649.28.4.614>
- Silberschmidt, M. (1999). *“Women forget that men are the masters”: Gender antagonism and socio-economic change in Kisii district Kenya*. Nordiska Afrikainstitutet.
- Were, G. S., & Nyamwaya, D. (1986). *Kisii district sociocultural profile*. Lengo Press.