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7. **Can Grandparenting Be a Resource for The Developing Child In Nigeria?**

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Abstract

Normally, a child is better raised by informed and responsive natural parents. However, due to circumstances such as insecurity, communal strife, premature death, violence, displacement and even distance between home and workplace; the proportion of children being raised solely by grandparents in West African countries is increasing, with Nigeria in the lead. The objective of this research was to assess the quality of care received by such children. The research question was, do grandparents provide adequate and effective care within the five prescribed WHO/UNICEF Early Childhood Care and Developing (ECD) Nurturing Care Framework of Good Health; Adequate Nutrition; Responsive Caregiving; Safety and Security; and Early Learning Opportunities? To answer this, 100 grandparents, with live-in grandchildren, in Lagos and Ogun States were interviewed using two standardized instruments. One gauged the knowledge, attitudes, and practices (KAP) of the participants on the five nurturing pillars while the other elicited qualitative responses about them. Results showed that grandparents had good understanding and practices of what constitutes 'Good Health' in nurturing children. However, there were wide gaps in 5 out of each of the 7 items that constituted "Adequate Nutrition" and "Opportunities for Early Learning". For the pillars of "Responsive Care-giving" and "Safety and Security," 4 of each of the 7 items had gaping holes. The study pointed out the domains wherein training and other intervention programs should be focused if grandparents are to become an effective force for achieving SDG goals 3 and 4 concerning child development.

Keywords: Grandparenting, Early childhood development, ECD nurturing care framework, SDG

Introduction

The type and quality of care received by young children is critical to their survival, growth, and development. This explains why there is so much interest in the role a caregiver plays in the life of a child. Caregiving starts from birth and typically precedes the period of non-formal or formal schooling for any child. In a typical African context, the parent is the primary caregiver entrusted with the responsibility to provide physical, nutritional, health care and nurturance to facilitate the development and induction of the child into a social and cultural life. (Akinware and Oguntuashe,2023) However, a variety of situations can lead grandparents into providing care and nurturance for the child. These include absence of biological parents due to such reasons as going abroad to study teenage pregnancy and after delivery, young mother going back to school; parental divorce where neither parent is able or willing to shoulder responsibility or when children are orphaned. Another situation occurs when grandparents provide care on a temporary basis like both parents having to go to work at the same time or when the baby has just arrived, and the mother needs support. Yet another context is when multiple generations (great-grandparents, grandparents, parents, and children) occupy different "quarters" in a household as often happens in traditional African villages. Each arrangement has its own characteristics, strengths and weaknesses and impacts development in the child differently. However, regardless of the type of living arrangement, Gottlieb (2018) provides an excellent and detailed panoramic perspective of the role of grandmothers in providing care of infants among the Beng people of Cote d'Ivoire. The panorama captures advice and counsel stretching from pre-natal care, birth, ante-

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natal, naming ceremonies, dealing with illnesses and diseases and so on. This characterization seems typically African and therefore worthy of being quoted in some detail at least with respect to one aspect of infant care that is universal, that is, breastfeeding;

"Soon after birth, if the breast water that will sustain your baby over the next year hasn't yet poured out, ask female elders of your village for leaves to lay on your breasts to make the water come in.
If your breasts are also swollen, witchcraft is the cause. Some healers know other leaves you can heat and apply to your breasts, to reduce the swelling Meanwhile, start doing Kami right away. When the baby cries, before offering your breast, get a cupful of cool water from your large ceramic water jar. Cradle the baby in your arms, tilt the head back a little, and give a small palmful of the water. If your little one refuses the water, go ahead and force it down the throat.
You must teach your baby to like the taste of water. That way, when you can't be together- say, you're chopping trees for firewood or collecting water from the well- someone else can satisfy your hungry child with plain water until you retur breastwater. You know how much work we women have to do, and we can' always take our babies along. If you don't train your baby to do kami, your life will be difficult!" (p.168)

From medical, nutritional, and psychological points of view, there is a lot that needs to be distilled in the quote above. First, there is the recognition by Beng people that breastmilk is sufficient to sustain life and provide the nutrients needed for the first year of infancy. This is in accord with the modern notion and recommended practice of exclusive breast feeding for the first year of life. However, Beng, and for that matter, African societies will introduce water to the infant. The reasons vary. Among Beng, it is to enable the child to survive and thrive in the hands of surrogate mothers while real mother is at work and so breast milk is unavailable. So, in a sense, Beng society appears to be doing the wrong things for the right reasons. In some other societies, water is a supplement as breast milk alone is not adequate. The point, in any case, is this, do grandparents possess the required level of knowledge, capacity and attitude to provide adequate care for the child?

Hence, our interest in this research centers not on grandmothers' advice but more on grandparents providing primary care for their grandchildren. This is called grand families in the literature. Aransiola *et al* (2017) sampled 20, 841 grand families in four West African countries using the National Demographic and Statistical Surveys (NDHS,2013). Nigeria had the highest number standing at 7,317 (35.1%). Another interesting finding is that across the four countries the number of pre-school children living in grand familiy situations was highest compared with primary and secondary school pupils amounting to 51.3, 75.8, 51.5, and 56.6 for Ghana, Liberia, Nigeria, and Sierra-Leone respectively. They characterized the families in terms of health and hygiene status, explored and found a high correlation between grandparenting and prevalence of preventable diseases like malaria, diarrhoea, and cholera. Now, the WHO/UNICEF, Early Child Care (ECD) Nurturing Care Framework (2018) is conceived as the sine qua non that caregivers must have to be able to respond adequately to the needs of the developing child so they can survive, thrive and transform in all circumstances. It has five, inter-related and indivisible components or pillars including Good Health. It was thought that this offered a sufficient justification to evaluate the extent to which grandfamilies promoted or hindered the other four pillars namely, Adequate Nutrition, Responsive Caregiving, Safety and Security, and Opportunities for Early Learning. The other justification for this study was that given the impact of Covid-19 pandemic, unimaginable increase in the

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frequency and intensity of violence, insurgency, kidnapping, banditry, crime and terrorism, the proportion and quality of grandparenting in Nigeria would be negatively impacted.

The objectives of the study were to:

1. Characterize the demographic features of grandparents in some parts of Lagos and Ogun States of Nigeria.
2. Evaluate grandparents' knowledge, attitudes, and practices (KAP) about the UNICEF Nurturing Framework.
3. Establish gaps in the knowledge, attitudes, and practices of grandparents about the nurturing framework.
4. Make recommendations on Policy shifts, intervention strategies, training and training-materials that are capable of closing observed gaps.
5. Enable the attainment of Sustainable Development Goals (SDG) 3 and 4 which are to; *"Ensure healthy lives and promote well-being for all at all ages" and "ensure inclusive and quality education for all and promote lifelong learning"*

Methods

Participants

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

Materials

The trained research assistants administered two instruments. One was entitled "Nurturing Care and Early Childhood Development" (NCECD) and the other was labelled "Interview Schedule on Nurturing Child Care, Survival and Development." NCECD: This had two sections A and B. Section A elicited demographic information such as gender, age, educational attainment, occupation, ethnicity, state of origin, community, and nature of family (two-grandparent or lone). Section B comprised 35 statements designed to elicit information about participants' knowledge, feelings and practices about the five pillars of the Nurturing Care Framework, that is, Good Health, Adequate Nutrition, Responsive Caregiving, Safety and Security, and Opportunities for Early Learning. Each pillar had seven statements carefully designed to reflect dimensions of its core meaning. Four University educated professionals in Education and Social Sciences were used as judges to validate each one of a set of large statements. Eight out of the 35 statements had an inter-rater validity of 100% while 27 had an inter-rater agreement of 75%. Each statement had a 5-point rating scale ranging from Strongly Agree (SA); Agree (A);

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Don't Know (DK); Disagree (D) to Strongly Disagree (SD). Strongly agree carried a numerical value of 5 while strongly disagree was assigned a value of 1 except in the case of 9 statements which were scored in reverse order. The 35 statements were randomized to prevent place-response. An example of a statement on Nutrition is "Inadequate feeding in early childhood negatively affects child's performance in schoolwork" Strongly agree response on this carried a score of 5. On the contrary, "Endeavoring to answer children's questions even when it is not convenient teaches them to be forward" was scored in reverse such that strongly agree response was scored 1. "To be forward" is an expression in Nigerian English indicating assertiveness.

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

Results: A

Demographic profile of participants.

The largest number of participants (42) were aged between 50 and 59 years, followed by those aged 60 years and above (27) then 40-49 years, numbering 16, and the last age bracket of 30-39 years stood at 15. This means that before the age of 49 years, 31% of our participants had become grandparents. 82% of our sample was female while the males were 18%. Not surprisingly, the Yoruba ethnic group numbered 44%, Igbo 22%, and Hausa 6% while other
ethnic groups were represented by 28%. In terms of educational attainment, 60% did not have College education. That is had a Senior Secondary School Certificate as their highest educational achievement. Only 40% had OND/NCE and above qualifications. The living arrangements is quite revealing in that 50% lived in Flats while another 50% lived in one or two-room structures, suggesting that 50% of our participants are lower middle class. This is supported by the nature of their occupation/employment whereby 74% were traders, 9% were civil servants, 8% were teachers and unemployed/retirees were 9%. Interestingly, the gender of the grandchildren in grand-family situations is almost equal
with Males standing at 49% and females, at 51%. 37% of the parents of the children visit regularly, 36 sometimes but 27% never visit. For the duration of time spent with grandparents, 40% were over 6 years, 18% had grandchildren between 3 and 5 years, 31% between 1 and 3 years while only 10 had been living with their grandparents for less than a year.

Good Health:

Analysis of data on grandparents' perceptions of good health indicates that only two out of the seven items on Go revealed gaps, albeit insignificant, standing at 10 and 14 for statements on the spread of diseases and allowing health workers into homes on immunization days. The spate of insecurity in the country may explain the reluctance to allow health workers into people's homes. The grandparents' comparatively good performance on

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Good Health is perhaps due to the heavy dose of health information promoted by COVID-19 pandemic campaigns globally. This contrasts sharply with the findings of Aransiola *et al* (2017) on grandparents' knowledge of preventive childhood illnesses (Table 1).

Table 1: ***Grandparents' Perceptions on Good Health***

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

Adequate Nutrition:

The gaps in grandparents' perceptions of adequate nutrition are worrisome, both in terms of number and size. Only two out of the seven statements under "adequate nutrition" have insignificant gaps: these two deal with the importance of protein, vegetables, and food supplements. The other five, ranging from exclusive breast-feeding through iodised salt to the effect of inadequate feeding on school performance have huge gaps (Table 2).

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Table 2: ***Grandparents' Perceptions of Adequate Nutrition***

S/N	Adequate Nutrition	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Salt containing iodine should be Used to prepare children's Foods.	27	46	12	8	7	100	73	27
2	Children should be fed more Meat, fish, and eggs than adults.	61	31	1	6	1	100	92	8
3	Inadequate feeding in early Childhood negatively affects Performance in schoolwork.	33	43	9	11	4	100	76	24
4	Inadequate feeding affects Health later in life.	31	43	6	10	10	100	74	26
5	Between birth and six months, Children do not need additional Food or fluid because Breastmilk contains food and water.	46	33	1	16	4	100	79	21
6	Culturally accepted food taboos Should be adopted in the Community for all children.	23	22	19	21	15	100	45	55
7	Children need to eat vegetables, Beans, crayfish, cod liver, and Take other food supplements.	66	29	3	2	0	100	95	5
	Total	287	247	51	74	41	700	534	166

Responsive caregiving:

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

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Table 3: Grandparents' Perceptions of Responsive Caregiving

S/N	Responsive Caregiving	SA %	A%	DK%	D%	SD%	% Ideal Score	% Actual Score	% Gap
1	Allowing a child to feed self, dress self, and use simple household utensils spoils the child	15	14	2	36	33	100	69	31
2	Speaking English and indigenous languages like Yoruba, Igbo, Hausa to children enables them to see that one object can have two names.	55	44	1	0	0	100	99	1
3	Encouraging children to share what they have or what they have done promotes friendship.	53	39	3	3	2	100	92	8
4	Telling the child that playing in the rain or sun is not safe will make them timid.	12	36	9	19	24	100	43	57
5	Discussing how a child can refuse baits such as food, money, snacks from strangers can only be done when child is about 8 years old.	8	11	5	20	56	100	76	24
6	A child should be allowed to play alone when other children are around.	4	31	1	32	32	100	35	65
7	Allowing an older child to take care of younger ones is to be encouraged.	39	44	5	10	2	100	83	17
	Total	186	219	26	120	149	700	497	203

Safety and Security:

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

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Table 4: Grandparents' Perceptions of Safety and Security

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

Opportunities for early learning:

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

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Table 5: Grandparents' Perceptions of Opportunities for Early Learning

S/N	Opportunities For Early Learning	SA %	A %	DK %	D %	SD %	% Ideal Score	% Actual Score	% Gap
1	Allowing child play with crayons, paints, and clay makes the house dirty and has no bearing with school work later.	13	31	4	32	20	100	52	48
2	Letting child help with house chores like putting water in kettle teaches math.	30	34	9	15	12	100	64	36
3	Teaching children , songs that involve numbers helps them with counting.	65	32	0	1	2	100	97	3
4	Always trying to answer Children's questions, even when it is not convenient teaches them to be too 'forward'.	7	34	6	29	24	100	53	47
5	Telling or reading stories that promote cooperation to children will discourage competition in school.	19	28	6	31	16	100	47	53
6	Letting the child tell you what they have done in the day, step by step, is good for orderliness.	46	42	6	2	4	100	88	12
7	Adults should use adult words and sentences when talking with children.	27	25	7	24	17	100	52	48
	Total	207	226	38	134	95	700	453	247

Summary of results on nurturing care pillars:

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

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

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

Results: B

Qualitative Data Analysis:

Content analysis of the responses given to the five questions in the interview schedule was carried out. This decision followed a brain-storming session by the four principal investigators which resolved that it was the most appropriate analysis given the thematic nature of the data. At the session, the semantic field of each utterance/statement of the participants was explored with each researcher stating the meaning of a statement independently of others. Where consensus was not reached on any statement, it was discarded.

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

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

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

To the second question on the causes of weight loss and what to do if their 3-year-old grandchild refuses to eat, their responses indicated that they had insight and knowledge into:

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1. The causes of weight loss such as pre-existing medical issues, childhood trauma, worms infestation, malaria, playing with sand, dehydration, environmental conditions, constipation etc.

2. What to do if their 3-year-old did not eat. Their responses varied from making food attractive, deworming the child, giving multivitamins, force-feeding the child to seeing a pediatrician and praying to God.

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

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

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

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

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

The fifth question asks, “would you agree that some of the existing child nurturing practices you were used to can be improved with a better understanding of ECD?”. Some said yes because: (i) technology brings new things, (ii) Children are hyper psychologically active so standard measures should be taken to care for them, and (iii) children are able to converse with adults more, unlike the olden times. Some said no because: (i) social media is evil for these children, (ii) children cannot be controlled, (iii) they lack manners and morals, and (iv) they talk back at adults; hence they can be rude.

Discussion

Our discussion starts with the observation that motivated the research in the first place which was that grandparents were becoming more and more primary caregivers to their grandchildren. This trend is likely to

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increase for a variety of reasons alluded to in the introduction. Hence, an evaluation of the skills possessed by grandparents in rearing children in the 21st century was done against the benchmark established by WHO/UNICEF. The results presented above show that the grandchildren in the care of grandparents, who were largely grandmothers, were not likely to receive the quality care they needed. An interesting finding concerning the age at which women became grandmothers may shed light on the handicap to provided quality care. Becoming grandmothers in their 30s means that they did not staying in school for too long and neither did the children they had when they were teenagers. This is important in view of the established correlations suggesting that the higher the educational attainments of parents, the higher the expectations they have about their children's scholastic performance. (Carnegie Corporation,1994; Ige, 2013) This provokes a pattern of behaviours such as seeking information about appropriate helping and supportive behaviors that parents can deploy to enable their children develop and achieve in school. This attitude appears lacking in some of our participants judging by their reluctance to improve their child-rearing knowledge and skills, claiming that social media is evil, and children of today are rude because they talk back. The relatively small gaps observed in the responses given to statements about health indicate that the grandparents were knowledgeable about children health issues, that they knew what to do to prevent and manage some childhood diseases. Health is wealth for most Nigerians and given the prevalence of illnesses and diseases which terminate life prematurely in tropical Africa, many people have become sensitized to health matters. This mental state got a boost from the global campaign to stem the tide of the Covid-19 pandemic. Nutrition matters, although highly related to health, suffered ignorance. Grandparents knew that proteinaceous foods and vitamins were necessary for the child but failed to link it to the health and school performance of the child later in life. This has implications for the implementation of the Integrated Early Childhood Development Policy (Federal Government of Nigeria, 2007). The pillar on responsive caregiving has the second largest gap. It is interesting to note that many of the statements that posed difficulties for the grandparents had to do with granting the child autonomy for self-expression through his/her actions like eating, dressing up and so on. Holding discussions with the child on what they can or cannot do appears to be a challenge for the grandmothers not only in this pillar but also in the security and safety pillar. They know what to do and what to avoid in keeping children safe and secure but do not seem to approve of holding discussion on them for fear perhaps that the children would thus be encouraged to talk back and become rude, challenging and uncontrollable. Given this, it then becomes imperative not only to include ECD matters into ante-natal programs but also to mount ECD sensitization programs for grandparents at marketplaces, worship centers and other community spaces. The pillar on opportunities for early learning has the biggest gaps which were because of failure to link play with the performance of the child in school later. Similarly, grandparents failed to link home activities with the child's schoolwork. Neither did they associate reading to the child with the child's school performance. Lastly, the importance of answering the questions raised by the child was lost on them. This is perhaps the most worrying as it has to do with the relationship between stimulation and optimal development in childhood. As worrying as it is, it is perhaps not surprising as Nigerian parents typically do not readily accept the linkage between play in infancy/early childhood and scholastic performance in school. Thus, their readiness to provide play opportunities, props, toys and other playthings or be involved in play activities with their children is reduced. Furthermore, the detachment of play and school performance makes them perceive play in preschool settings as a waste of time and resources. This in turn, forces them to pressure pre-school teachers and administrators into "formal teaching" of pre-school children (UNICEF, 2013).

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Playing as a process which stimulates growth and development of domains such as physical, cognition, language, social, and emotional is lost on parents. That this is also true of grandparents is hardly surprising. Of concern also is the grandparents' detachment of the linkage between adequate nutrition and school performance. The relation between nutrition and bodily health was clear and understood but its link with perceptual, cognitive, and emotional performance later in school was lost on them.

The implications of these gaps for the effective implementation of the National Policy for Integrated Early Childhood Development in Nigeria (IECD) are indeed huge given the investments that parents, community, Governments and the Nation make on the child. The policy draws on empirical research evidence from health, nutrition, psycho-social care, and protection which are crucial to the development of intelligence, personality and social behavior. In doing this, it aims to integrate interventions from the afore-mentioned sectors, to develop programs which would be coordinated and effectively implemented to optimize the development of children aged 0-5years. The objectives of the IECD policy are many but were all derived from the National policies on Education, Health, Food and Nutrition and the Child Rights Act. They aim to provide are and support for the rights of the child to Good nutrition and health; Safe environment and protection from harm; Psycho-social stimulation and " *effect a smooth transition from the home to the school*" (Federal Government of Nigeria, 2007. p.3). As can be seen, these objectives are enshrined in the WHO/UNICEF Nurturing Care Framework. The concern here is that a child in the care of his/her grandparent is unlikely to make that crucial transition from home to school seamlessly if the primary caregiver does not link adequate nutrition with performance in school later in the life of the child.

Policy review: The discussion of the results of this research would be incomplete if attention is not drawn to the necessity to review the IECD policy urgently and effectively fund its implementation across the Nigerian society. This call is not new and has been made even by development partners like UNICEF (2013). To underscore the point, the policy was adopted in 2007 and it still has targets that are tied to MDGs 4 and 6! The review should accommodate research findings such as this by identifying grandparents as stakeholders in section 8.0 and spell out their roles and responsibilities as it did to individuals and institutions described as stakeholders. As a matter of fact, only in one place did the policy speak about grandmothers where it encouraged them to "*live in and share indigenous knowledge with child" (p.17).* Obviously, the policy did not consider nor envisage grandparents as primary providers of care to the child, but the reality as pointed out by this, and other research works is different (Oguntuashe*, et al*, 2023). After the review and update, it is recommended that the policy should be translated into indigenous languages, widely circulated and effectively implemented. The inclusion of a one-year pre-school

experience for the child under the Basic Education scheme is a laudable first step. Other relevant steps should include teacher/caregiver preparation, morale, prestige, facilities, and equipment. With this in place the risks of the child of being raised by well-meaning but ill-informed grandparents are likely to be attenuated at the pre-school.

Limitations

One of the major limitations of this research is that the statements adjudged by the participants were hypothetical although they were designed to be close enough to reality. It is one of the perennial challenges that survey methods have. This limitation could have been removed if an ethological approach involving home visits was paid for by trained research

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assistants armed with checklists containing behaviors patterns to be observed at regular intervals. The behaviour as they occur in-situ could also have been recorded and later transcribed and analyzed. The results of such an exercise would have helped to confirm or refute some of the results produced by the current survey.

Conclusion

The involvement of grandparents in the upbringing of their grandchildren is real and the frequency of its occurrence is most likely to increase given the prevailing socio-economic, security and other existential circumstances in Nigeria. From the results of the research, grandparents are not equipped to efficiently accomplish the task of responding effectively to the needs of the children in their care. Therefore, it is recommended that the Integrated Early Childhood and Development Policy (IECD) be reviewed to include grandparents as stakeholders. With this recognition, steps should then be taken to mount training programs for them at the market, community, and worship centers. Hence, to answer the overall research question, "can grandparents become a resource for the developing child in Nigeria?", the answer would be a qualified "yes". To enable this, teams comprising ECD experts, psychologists, and nutritionists would engage grandparents with a view to closing the gaps identified by this research. By so doing, a strong foundation would have been laid for the attainment of SDG 3 and 4 which ensure healthy lives, well-being, inclusive education and promote lifelong learning for all starting from the most vulnerable, infants and children.

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