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From grandmother to first-time mother: A qualitative study of prenatal and postnatal maternal socialization in Lusaka, Zambia

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ABSTRACT

Little is known about how grandparents influence childcare and mothering practices in developing countries. This is against the backdrop of literature that has documented that when young women become mothers, they receive extensive support and guidance on how to parent their babies from grandparents. This study explored how grandmothers in Lusaka, Zambia, shaped the mothering practices of first-time mothers.The study used an exploratory qualitative descriptive research design. Thirty grandmothers were interviewed independently using a semi-structured interview guide. Results highlighted a wide variation of teachings in the pre-and post-natal phase. At prenatal, *Teachings before childbirth* was the main theme, with the sub-themes preparing for labor and preserving pregnancy. While at postnatal, *teachings after child's birth* emerged as the primary theme with sub-themes, caring for the newborn and keeping the baby safe. Grandmother teachings were essential for keeping mother and baby healthy during prenatal and postnatal. Grandmother teachings in both prenatal and postnatal phases were found significant in ensuring the mother and the baby are healthy. These findings underscore the need to involve grandmothers in health programming and interventions to improve maternal and infant health in Zambia.

Abbreviations: HIV: Human Immunodeficiency Virus; WHO: World Health Organization.

KEYWORDS

First-time; mother; grandmother; childcare; prenatal; postnatal

Introduction

Becoming a mother is one of the most critical milestones in women's lives in almost all societies. According to the literature, transitioning into motherhood necessitates several behavioral, cognitive, and emotional resources (Araújo Martins et al., 2014; Martins, 2019; Mrayan & Cornish, 2015). Grandmothers are essential in ensuring mothers acquire motherhood ethnotheories (Maimbolwa et al., 2003; Zhu, 2010). Although the socialization of new mothers by the older generation, particularly grandmothers, is widespread, the phenomenon has remained relatively unstudied. Despite an increase in grandparenting research over the last few decades, there is a lack of studies focusing on the role of grandmothers in the transition to motherhood (Aubel et al., 2004; Aubel, 2012). By focusing on the role of grandmothers in socializing new mothers (first-time mothers), we hope to fill a gap in this paper.

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Though it is assumed that women adapt to motherhood naturally and easily, research has shown that social support is critical in assisting first-time mothers in developing mothering skills (Araújo Martins et al., 2014; Chavis, 2016; Cohen & Syme, 1985; De Sousa Machado et al., 2020; Leahy-Warren, 2007; Sellers et al., 2011). In most traditional societies, grandmothers guide new mothers on how to best meet the needs of a child (Aubel et al., 2004; Aubel, 2012; Sichimba & Musonda, 2017). In addition, grandmothers act as a conduit for new mothers to receive mothering ethno-theories (Maimbolwa et al., 2003; Zhu, 2010). Despite the abundance of research on grandparenting, most studies have focused on grandmothers' involvement in skipped generations (Hung et al., 2021; Mills et al., 2005; Nilsson, 2019; Reijer, 2013). For example, Mills et al. (2005) focused on the psychological distress experienced in skipped-generation homes. Another study in rural Zambia looked at households with skipped generations dealing with poverty and HIV (Reijer, 2013). Previous research on grandparent involvement in childcare has concentrated on factors that negatively impact mental health outcomes (Arpino & Gómez-León, 2020; Kim et al., 2017; Tang et al., 2016). Few studies, however, have looked at grandmothers' role in the socialization of first-time mothers, despite literature showing that mothers are socialized to become mothers (Apfel & Seitz, 1991; Mokomane, 2013; Sichimba & Musonda, 2017).

Grandmothers play a vital role in transmitting mothering values and characteristics across cultures (Aubel et al., 2004; Aubel, 2012; Serpell, 1992; Sichimba & Musonda, 2017; Zhu, 2010). It is widely accepted that when women become mothers, they receive extensive guidance on caring for their babies from older generations, particularly grandmothers. Grandmothers' contributions to motherhood socialization are undeniably valuable after having successfully raised their offspring (Apfel & Seitz, 1991; Mokomane, 2013; Sichimba & Musonda, 2017). However, because few studies on the topic have been conducted generally on the global front, including Zambia, our understanding of grandmother's role in motherhood socialization remains limited.

Previous motherhood socialization research has revealed that most cultures have culturally defined strategies to promote the well-being of women and their children, particularly during the critical periods of pregnancy, childbirth, and the few months following childbirth (Akujobi, 2011; Gonçalves, 2008; Martins, 2019; Mrayan & Cornish, 2015; M'soka et al., 2015). Grandmothers act as advisors and caregivers for mothers and their children during this process (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Serpell, 1992; Sichimba & Musonda, 2017; Zhu, 2010). Given the importance of grandmothers in the socialization chain to motherhood, understanding grandmothers' views on the meaning they attach to motherhood and lessons taught to new mothers are critical. Elders in most traditional societies in Zambia treasure the task of passing down unique cultural teachings to first-time parents raising children (Grove, 2023; Maimbolwa et al., 2003; Sichimba & Musonda, 2017).

Literature has shown that grandmothers influence not only maternal and child nutrition but also health issues on the African continent (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Kerr et al., 2008; Sichimba & Musonda, 2017). For example, in Malawi, women who have given birth receive postpartum care during the "chilowero period" (Kerr et al., 2008), while in Nigeria's Igbo community, young mothers learn indigenous postpartum care from senior women during omugwo' (Aubel, 2012; Busari & Adebayo, 2022; Obasi, 2018). However, existing studies across Africa, on grandmother involvement in childcare, have neglected the support and teachings provided to first-time mothers before the baby is born.

Even the few studies that have looked at postnatal teachings have not revealed exactly what is taught. As a result, there needs to be more literature on grandmothers' roles in the prenatal and postnatal periods. This is despite evidence that grandmothers are experts in childcare and nurturing in most African societies (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Busari & Adebayo, 2022; Kerr et al., 2008; Obasi, 2018; Serpell, 1992; Sichimba & Musonda, 2017). Many women have testified that motherhood is difficult (Aubel et al., 2004; Aubel, 2012). In Zambia, it is a common tradition for pregnant women to nominate a female family member – typically a grandmother – to care for them during their pregnancy and until the baby is born (Sichimba & Musonda, 2017). Thus, this study aimed to explore motherhood socialization of first-time mothers in Lusaka, Zambia. We wanted to know grandmothers' understanding of the term "mother" and what new mothers are taught before and after the baby is born.

Methodology

Study context

The research was carried out in Lusaka, Zambia. Zambia is one of the most urbanized countries in Sub-Saharan Africa, with Lusaka housing one-fifth of the population (Zambia Statistics Agency, 2019). Most families in Lusaka live in high-density areas with strong intergenerational family units (Sichimba et al., 2020). The involvement of kin relations, particularly grandparents, in child rearing is common. During both the prenatal and postnatal periods, many mothers seek advice, wisdom, and knowledge from the elderly.

Study design

An exploratory qualitative descriptive research design was used in this study. The design was exploratory due to the paucity of research in this area (Creswell, 2018; Grusec & Davidov, 2010). The study was also descriptive in that it sought to describe the shared mothering values passed down from generation to generation (Creswell & Poth, 2016; Grusec & Davidov, 2010).

Participants

A purposive, non-probability sampling procedure was used to recruit thirty grandmothers in Lusaka, Zambia. Participants were drawn from high density areas in Lusaka namely Kalingalinga, Mutendere, Chainda, and Ngombe endowed with strong intergenerational families. The inclusion criterion of this study was that the grandmother either has a daughter with a child or has prior teaching experience with new mothers. The respondents were aged from 39–69 years old, and the average age was 55. Regarding education level, 26.7% of respondents said they had no formal education, 43.3% said they had primary education, and 30% said they had secondary education.

Data collection

Interviews

The method of data collection chosen was semi-structured interviews. This method allowed participants to describe what they taught would-be mothers in great detail, which helped the researcher understand the topic under study (Creswell & Poth, 2016; Creswell, 2018; Leary, 2014; Leedy & Ormrod, 2019). Examples of questions that were included in the interview guide were, "*In your opinion, who is a mother*?" and "*Please would you share with me what you teach women when they announce that they are pregnant for the first time*?" and "*Please would you share with me what first-time mothers are taught after delivery*?" These questions were designed to elicit rich responses that would aid in answering the objectives and, ultimately, achieving the goal. In addition, probes and clarifications were used to allow for a thorough description and exploration of the topic. The interviews were conducted at the participants' residences and lasted for approximately 30–45 minutes.

Ethical consideration

Ethical approval was obtained from the research ethics committee of the affiliated university. The ethical approval number IBR 00006464, and IORG: 000376. Written informed consent was collected from participants once they had been told about the study. They were also advised of their right to discontinue participation in the study at any time. This made sure that none of the participants' rights were infringed upon. Furthermore, the methods that would be taken to protect the respondents' anonymity were explained to the participants, and they received assurances that there would be no risks in taking part. The participants then signed consent forms and gave their written consent. Additionally, consent was obtained to record the interviews before commencement.

Data analysis

All the recorded interviews were transcribed and analyzed thematically. Thematic analysis involves going through the interviews repeatedly in a series of steps to arrive at the meaning (Creswell & Poth, 2016; Creswell, 2018). The procedure outlined below was followed: First, the researchers read through the transcribed data to familiarize themselves with the narratives, paying particular attention to the patterns. Second, codes were generated, and categories were created independently by the three researchers. Third, themes were created by combining codes into overlapping themes to create the main themes. The researchers then discussed the themes and reached an agreement. See Table A1 in the Appendix for the analysis process.

Findings

Several themes emerged from the thematic analysis conducted in this study. The analysis was completed in accordance with the study's objectives.

The meaning of motherhood

One theme, *Ideal mother characteristics*, was identified under the meaning of motherhood.

Mother's ideal characteristics

Mother's ideal characteristics were brought out by two sub-themes: Nurturance and Unconditional-love. Nurturance revealed attributes related to the mother's duty to the baby, such as care, cleanliness, baby hygiene, and protection. For these grandmothers, an ideal mother should be able to take care of a baby, breastfeed, provide for it frequently, create time for the baby, bathe, massage, and soothe the baby when in discomfort. According to one grandmother, "*a mother puts her child's needs first, is dependable, understanding, makes time for her child, feeds her child frequently, and takes precautions to keep her child safe from illness*" (R1). Another grandmother stated, "*a mother takes care of her baby, bathes and dresses him/her, and demonstrates kindness and patience*" (R24). Under the sub-theme of Unconditional-love, grandmothers believed that a woman should treat her child tenderly and lovingly. According to one grandmother, "*a mother must have a compassionate heart and provide excellent care for her child*" (R6). "*A mother is one who provides for her children and instills strong ideals in them*," another grandmother remarked (R23).

Teachings before child's birth

The theme *Teachings before child's birth* yielded two sub-themes, preparing a new mother for the birth of a child and preserving pregnancy.

Preparing a new mother for the birth of the child

Grandmothers reported teaching mothers how to prepare for the arrival of the baby. Preparing a new mother for the birth yielded two categories, looking out for labor signs and preparing a layette. Regarding labor signs, one grandmother said, *"I orient her to be on the lookout for labor symptoms so that she can distinguish between true and false labor symptoms"* (R22). Lessons under this category also focused on providing knowledge of the labor process and how to manage it. One grandmother shared that "*the process is not the same for every mother, for some, labor might start with pains while for others it might start with the water breaking, the key is not to panic but rather pick up the bag and rush to the nearest hospital, and listen to whatever the midwife tells you*" (R30).

Teachings also revolved around getting pregnant women ready, notably getting a layette ready. Pregnant mothers are instructed to ensure the baby has all it needs before arrival. One grandmother, for example, stated, "*We teach them that this period is sensitive, and they must be ready at all times. We teach them to make certain that all necessary items are bought, such as the clothes, utensils and items the mother will be required to use during labor*" (R26). Another grandmother stated, *"She should purchase all necessary items by the sixth month to fully prepare for the baby's arrival. We encourage them to carry particular items everywhere they go in case of labor"* (R3).

Preserving pregnancy

This sub-theme revealed three categories: marital faithfulness, nutrition, and hygiene. Regarding marital faithfulness, grandmothers emphasized the significance of marital loyalty in preserving pregnancy. Under this category, expecting women were taught to be faithful, emphasizing that they should only have sexual intercourse with the man responsible for the pregnancy or the baby's father. It was shared that having sex with a man who is not the father could lead to a miscarriage, complications during delivery, and maternal or newborn death. For example, one grandmother narrated "*A would-be-mother is not permitted to sleep with any man other than the baby's father during and after the pregnancy. We take precautionary measures to protect both the mother and the child by teaching faithfulness. If the spouse is unfaithful at any point during the pregnancy, it may cause complications at birth such that the mother can die or the child*" (R17). Another grandmother stated that *"promiscuity by either couple can affect the birth of the baby negatively by prolonging labor – inchila (breech position) which might lead to maternal death"* (R14).

Teaching "*Nutrition*" also emerged as pivotal to pregnancy preservation. Grandmothers believed that a pregnant woman's nutrition was vital, especially for would-be first-time mothers. Grandmothers were of the view that pregnant women should eat healthy foods in order to have healthy babies. As illustrated by one grandmother, *"We teach pregnant women to consume a lot of meat, chicken, nshima, fish, fruits, and vegetables since they need to eat healthily during their pregnancy. We also advise against consuming the following foods: Boiled eggs – which cause bald head; okra cooked with soda – which causes skin wounds; sugarcane – which leads to dry, scaly skin on the baby. Additionally, they should not consume alcohol or smoke cigarettes because these cause slowed baby's growth"* (R4). As a precaution, would-be mothers were also advised not to reveal the due date as this was believed to attract bad omen or bewitchment, complicating the birth process.

The importance of hygiene during pregnancy cannot be overemphasized. Grandmothers noted the importance of hygiene as essential in ensuring a child's and mother's health. The results pertaining to hygiene revealed that a mother must ensure to bathe, groom, maintain a clean environment, prepare food, and adhere to proper hygiene practices. Adherence to these guidelines helps protect and uphold the health of the mother and, ultimately, her baby. One grandmother stated, "*I teach her to groom well,- take proper baths and ensure she properly shaves all her intimate areas to ensure more comfortable check-ins at the doctors and to prevent bad odor. Moreover, she can never know the exact moment she goes into labor, so it's important that she is always prepared*" (R19).

Teachings after child's birth

Within this theme, two sub-themes were identified: caring for the newborn and keeping the baby safe.

Caring for the newborn

Caring for the newborn included teaching infant massage and nutrition. Baby massage focused on teaching new mothers how to massage newborns to ensure proper motor development. For example, one grandmother pointed out, "*I teach her how to keep the*

child, how to massage a baby so that the legs are straight. When you see a child with legs that are bent, it means that the baby was not massaged" (R10). Nutrition was also recurrent in all the interviews. Grandmothers reported that new mothers do not know when and how to feed the baby; thus, they are taught best feeding practices. The feeding practices taught included breastfeeding and how to introduce babies to solid foods such as porridge. One grandmother said, "*It is also critical to understand when you introduce foods other than breast milk to your child, such as water and porridge. We teach them to introduce solid foods slowly three months after birth"* (R27). Some grandmothers reported devoting time to teaching a variety of nutritious, locally available foods that are beneficial to the baby. Teaching nutrition did not end with the baby; mothers were also taught how to eat healthy and taught types of foods that help them to express more milk for the benefit of their baby. When it comes to breastfeeding, grandmothers reported teaching and demonstrating how to hold the breast during the breastfeeding exercise. They also reported devoting time to orienting mothers on the frequency of breastfeeding and teaching them how to wean the baby, should they decide to. For example, one grandmother said, "*I also do not advise women to give baby formula. I teach them that breast milk is the best, because breast milk is both hygienic and nutritious, children grow up healthy"* (R13).

Keeping the baby safe

This sub-theme yielded grandmother teachings concerned with protection and infant wellbeing. To protect the baby, grandmothers reported teaching hygiene, navel disposal, using the baby's utensils, breastfeeding, and sleeping habits. Baby and mother hygiene was said to be important in keeping the baby safe. One grandmother narrated *teaching* new mothers "*how to wash baby clothes, and how to bathe the baby so that the baby is clean and looks good all the time"* (R9). Another grandmother said, "*...We also teach personal hygiene, the mother needs to be clean at all times. They must take thorough baths to ensure good grooming so that they do not transmit disease to the baby"* (R16). Navel care and disposal was also taught as an important part of keeping the baby safe. Mothers were instructed on how to care for the naval to safeguard the infant from illness. Improper disposal of the naval was said to attract bad omens or witchcraft, so as a safeguard, mothers were taught how to dispose of it in a way that protected the newborn. For instance, one grandmother said, "*We also teach them how to handle the infant umbilical cord that is still attached. We emphasize that the navel should not be made wet as it delays the drying-up process, which unintentionally delays the falling off. We also stress the need to prevent the umbilical cord from falling on the baby's private part as this can lead to adult infertility"* (R25). Another grandmother said, *"The umbilical cord should be properly disposed of, either by being flushed or buried with the part that attaches to the baby facing downward. Proper disposal helps prevent evil people from getting it and using it for rituals"* (R8).

Additionally, mothers were advised not to give or borrow baby's items to keep the baby safe and that baby utensils are strictly for the baby. It was reported that using borrowed or lending baby utensils attracted unknown illnesses to the baby. Also, women were taught to refrain from infidelity or sexual activity in the first three months of delivery because it was thought this would bring a terrible omen that would cause the baby to become ill or die.

According to one grandmother, "*we teach mothers to wait until the infant is three months old before engaging in sexual activity*" (R29).

Knowing when and where to breastfeed was also emphasized as an integral part of keeping the baby safe. On infant well-being, hygiene, sleeping habits, and breastfeeding were taught. Grandmothers reported imparting knowledge on hygiene that focused on both mother and newborn. Mothers were instructed on how to care for the infant properly and when to breastfeed. As an illustration, one grandmother said, "*. . .We also teach personal hygiene, the mother needs to be clean at all times. They must take thorough baths to ensure good grooming so that they do not transmit disease to the baby*" (R7). Mothers were also taught about the risks of breastfeeding the baby in public. One grandmother, for example, stated, "*We also teach them not to breastfeed in public or in front of strangers because some of them carry charms tied around them that can harm or even kill the baby*" (R2). Also, to protect the baby from damage, mothers were taught how to position the baby when putting them to sleep and how to implement appropriate sleeping patterns for the newborn. The mother was instructed on safe baby sleeping positions to prevent harm and the baby choking.

Discussion

This research aimed to look into grandmothers' role in socializing first-time mothers into motherhood pre and postpartum phases. The study revealed various ideas about the meaning of motherhood. Because they provide first-time mothers with vital prenatal and postpartum instruction, grandmothers are crucial in motherhood socialization. Aspiring first-time mothers were taught maternal self-care, recognizing labor symptoms, and managing the birth process during the prenatal stage as they have experienced motherhood. Postnatal education focused on infant massaging, newborn nutrition, breastfeeding, and health issues centered on keeping the newborn safe. The results align with earlier studies that have demonstrated the importance of social support for new mothers and the role grandmothers play in shaping mothering practices (Busari & Adebayo, 2022; Sichimba et al., 2017).

The study revealed varied grandmothers' perspectives on the concept of motherhood. Grandmothers' accounts revealed qualities such as showing concern for the baby; loving and protecting her child; being a good example; being alive to the infant's needs; spending time with the baby; and being mature as descriptors of motherhood. According to these descriptions, a mother is someone who can care for, guide, protect, is responsible and responsive when attending to their child's needs. As evident from the qualities, the definition of a mother is embedded in the behavior a mother exhibits toward her baby, which is essential in promoting a child's well-being. The understanding of the term "mother" is socially positioned in the parental practices of a "good" mother. Thus these findings resonate with other studies that have found the definition of motherhood as being socially situated (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Busari & Adebayo, 2022; Kerr et al., 2008; M'soka et al., 2015; Obasi, 2018; Serpell, 1992; Sichimba & Musonda, 2017).

The most crucial prenatal lessons passed down by grandmothers centered on preparing aspiring mothers for birth and teaching them how to preserve the pregnancy. Pregnant women received information on labor symptoms and how to distinguish between genuine and false symptoms as well as instructions on how to manage the labor process and make it less uncomfortable. It may be argued that, as a result of the teachings, the expectant moms were better able to discriminate between genuine and false labor symptoms, which suggests

that the teachings may be useful in averting panic every time they felt a tiny twitch or baby movement. Furthermore, because they are fully informed about labor and how to handle the process, aspiring mothers would also experience less stress. Our findings underscore the crucial role that grandmothers play in teaching mothers how to prepare for childbirth and deal with the particular difficulties that come with the delivery process. Thus, the grandmother's teachings are fundamental in ensuring a smooth labor process because of the knowledge and skills instilled.

Baby layette preparation and readiness was also emphasized as part of preparing the new mother for birth. Grandmothers placed a high premium on early planning to ensure that the expectant woman was always prepared, including in emergency labor. The grandparents were worried that first-time mothers would forget to arrange the baby's necessities because they lack experience and are easily overwhelmed. New mothers were advised to always be prepared by having the layette. In some cases, expectant mothers were counseled to always travel with the baby's layette, particularly if their due date was approaching. This was done to ensure they would be prepared in an emergency. These findings are in line with other studies that have shown the importance of social support, particularly the role that grandmothers render in the preparation process (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Busari & Adebayo, 2022; Kerr et al., 2008; M'soka et al., 2015; Obasi, 2018; Serpell, 1992; Sichimba & Musonda, 2017).

Additionally, prenatal teachings centered on preventing pregnancy loss and ensuring the mother's health. In terms of pregnancy loss, most of the teachings had cultural underpinnings rooted in beliefs around infidelity. Teachings focused on marital faithfulness, emphasizing fidelity as an integral part of preserving and keeping the pregnancy healthy. Expecting mothers were advised to avoid adultery and also ensure that their husbands remained faithful because it is believed that if either spouse is unfaithful, it can cause miscarriage or the mother's death or obstructed labor locally known as "*inchila*." The finding that infidelity is detrimental to survival of the pregnancy is consistent with studies that have found widespread beliefs in Zambia that a spouse's sexual infidelity could cause the mother or the unborn child to die after childbirth or cause obstructed labor, which can ultimately result in the mother's death (El Hajj et al., 2020; M'soka et al., 2015).

Nutrition was viewed as being important in safeguarding pregnancy and ensuring the mother's and unborn child's health. Mothers were instructed to eat a well-balanced diet and refrain from using alcoholic beverages and drugs that are detrimental to the mother and unborn child. Would-be mothers were also oriented on foods to avoid, such as boiled eggs, okra, and sugarcane, as these were believed to have a negative impact on the unborn child's growth. These findings are in agreement with studies conducted in other African countries that have found that certain foods, including cassava, mango, spicy dishes, and animal lungs, are off-limits to expectant mothers (Amare et al., 2022; Chakona & Shackleton, 2019; Otoo et al., 2015). Sociocultural perceptions of potential negative effects, such as challenging birth processes and adverse effects on baby outcomes, including mental impairment, slower growth, and ideas that babies would be born without hair, heavily influenced views on specific foods.

Several studies have shown that the first year after a child is born is particularly important for the mother to acclimatize to her new role and the tasks involved in caring for the infant (De Sousa Machado et al., 2020; Javadifar et al., 2016). As noted in our findings, breastfeeding, weaning, bathing, and umbilical cord care were deemed essential

postnatal teachings. Teachings on breastfeeding included showing mothers how to hold and position the baby during breastfeeding to ensure that the baby does not choke, latches on to the breast properly, and is comfortable throughout the process. In addition, grandmothers advised mothers on foodstuffs that aided in breast milk production. This finding attests to the importance of the grandmother's role in aiding mothers to adapt optimal feeding behaviors for their babies. The findings of the study support the notion that grandmothers are not only managers of indigenous knowledge but also transmitters of mothering practices (Akujobi, 2011; Aubel et al., 2004; Aubel, 2012; Busari & Adebayo, 2022; Kerr et al., 2008; M'soka et al., 2015; Obasi, 2018; Serpell, 1992; Sichimba & Musonda, 2017). Given these findings, it seems reasonable to suggest that health promotion activities aimed at improving infant and mother's health through nutrition should also involve grandmothers. The findings attest that new mothers drew mothering wisdom and infant care practices from grandmothers. These findings were consistent with Mead's (1970) cultural theories that grandparents pass on their knowledge of how to raise children to the next generation. Our study shows that grandmothers are especially beneficial to first-time mothers during pregnancy, childbirth, and the immediate aftermath. Thus, given the context of poor nutrition and stunted growth of infants reported in Zambia (Andrew et al., 2022; Marinda et al., 2023), child-feeding initiatives should consider incorporating grandmothers in programmes that aim to arrest stunted growth and malnutrition. Hence, health promoters and public health workers should engage and involve grandmothers and the elderly in society as a valuable resource to lower infant and maternal mortality.

Methodological consideration

However, these findings must be evaluated critically in light of the study's limitations. To ensure the credibility, dependability, and transferability of the research findings, steps were taken throughout the research process to ensure their trustworthiness. Deliberate strides were made to improve credibility by ensuring that only grandmothers with experience in teaching mothers participated in the study. To improve dependability, a description of the analysis process was created to make it easier for researchers to track the development of the themes. Citations from the interviews were also presented to demonstrate that the themes accurately represented the informants' perspectives. All three authors participated in all stages of the analysis process, independently reviewed the texts, and discussed all codes back and forth until they reached a consensus on the themes and, ultimately, a comprehensive understanding. To improve the overall credibility of the study, descriptions of the research process were documented. Thus, readers should be able to judge the transferability of the findings using the procedure provided.

Conclusion

Contextualized in Lusaka, Zambia, this study sought to understand the meaning of the term mother from the perspective of grandmothers. In addition, the study sought to explore grandmothers' role in the socialization of new mothers in the pre and post-natal phases. The study findings underscored the various teachings provided to new mothers during pregnancy and after delivery, including safe care, nutrition, and baby care. Given the crucial role that grandmothers play in the prenatal and postnatal periods, it was recommended that

grandmothers should be incorporated in initiatives that aim to promote child growth and health if interventions are to be effective in lowering child mortality in Zambia. The results also show that the teachings were in line with promoting both mothers' and infants' well-being. Although mothering socialization is universal, some teachings – like restricting the number of people the child interacts with and forbidding sex with no other man except the father might be contextually specific to Zambia. As a result, grandmothers should be considered while developing health promotion initiatives to support infants' and mothers' health interventions. Future studies should examine grandparents' impact on baby health habits.

Authors' contributions

CK is the Principal Investigator and responsible for data collection, analysis, and drafting the manuscript. **KCN** contributed to discussion and critically reviewing of the manuscript. **FS** contributed to tool development, critically reviewed and revised the manuscript, and is the corresponding author. All authors approved the final version of the manuscript.

Data availability statement

The datasets generated and/or analyzed during the current study are not publicly available due [restrictions by the Research and Ethics Committee at University of Zambia to protect the participants' privacy] but are available from the Principal Investigator (Chishimba Kaluba) on reasonable request.

Ethics approval and consent to participate

Ethical approval was obtained from the research ethics committee of the affiliated university of the principal investigator. In addition, all methods were performed in accordance with the ethical guidelines and regulations for research among human subjects following the Helsinki Declaration (53). The interviewees were anonymous and no personal identification data were collected. The participants actively gave informed consent once they chose to proceed with the interview.

Disclosure statement

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

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Appendix

Table A1. An overview of the sub-themes and themes regarding prenatal teachings.

Meaning Unit	Code	Category	Sub-theme	Theme
I orient her to be on the lookout for labor symptoms so that she can distinguish between true and false labor symptoms'	Labor symptoms	Labor signs	Preparing for labor	
I teach mothers how to adequately prepare for the arrival of the baby in terms of the must-have items or necessities they buy	Necessities to have	Prepare layette		
				Teachings before childbirth
Taking care of herself is critical. . ..eating well is critical because it ensures the child's health. I emphasized the importance of good eating habits	Eating well	Nutrition		
I teach her that when the pregnancy in an advanced stage, she should avoid movement or unnecessary visits in order to avoid giving birth in inappropriate places such as public buses.	Avoid movement when pregnancy is advanced	Self- care	Preserving pregnancy	
I teach her to groom well, take proper baths and ensure she properly shaves all her intimate areas to ensure more comfortable check-ins at the doctors and to prevent bad odor. Moreover, she can never know the exact moment she goes into labor, so it's important that she is always prepared	Personal hygiene			
Expecting mothers should not eat everything. Some would-be mothers get strange cravings, sometimes craving foods that harm the baby," I teach mothers about health foods. We teach them about herbs to avoid because they could kill the baby.	Avoid certain foods and Prohibit use of certain herbs	Teaching on dangers of some foods and herbs		
We teach them not to announce their pregnancy or the baby's due date. People do not always have good intentions, and they may do things to prevent a successful birth.	Refrain from telling people due date	Keeping due date as a secret		