Child abuse & neglect in Suriname

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Perceptions of corporal punishment among Creole and Maroon professionals and community members in Suriname

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ABSTRACT

Child discipline is a vital part of child rearing in all cultures. The need for child discipline is generally recognised, but considerable debate exists regarding the best methods. Corporal punishment (CP) is a dominant practice in Caribbean cultures. This qualitative study investigated community perceptions of the function, legality and boundaries of CP in child-rearing practices in Suriname, in which CP is defined as hitting a child on their buttocks or extremities using an open hand. Twelve focus group discussions were conducted with adolescent and adult community members from Creole and Maroon backgrounds, as well as with professionals working with children. ATLAS.ti version 7, a qualitative data package, was used to conduct the analyses. This study showed how violent forms of disciplining children are widely accepted and practiced in Suriname. CP is considered a necessary and respected form of disciplining children, particularly by parents. Participants know about the existence of the Convention on the Rights of the Child that has been ratified in Suriname, but there is a lack of knowledge about its content. Developing appropriate policy responses to violence towards children requires understanding of the perception and use of CP. Such knowledge is needed to tackle the invisibility and social acceptance of violence in child discipline.
INTRODUCTION

The United Nations Convention on the Rights of the Child requires nations to protect children against all forms of physical or mental violence while they are in the care of parents and others (Article 19). The United Nations Committee on the Rights of the Child (CRC) has underlined that corporal punishment (CP) as a form of violence is incompatible with this Convention (General Comment No. 13, CRC). Unfortunately, in various countries violence towards children – physical and mental – is socially and legally accepted in a variety of contexts (Stoltenborgh et al., 2015; UNICEF, 2016).

Child discipline is an integral and vital part of child rearing in all cultures. It can be thought of as the group of deliberate actions designed to teach children self-restraint and self-control resulting in acceptable behaviour for the specific sociocultural context in which a child is raised (Papalia et al., 2006). Perceptions of CP differ within and between countries and cultures (Lynch & Onyango, 2013; Nadan et al., 2015; Raman & Hodes, 2012). Whether CP is helpful or harmful to children continues to be the source of considerable debate among both researchers and the public. The terms CP, ‘physical punishment’, and ‘spanking’ are largely synonymous. The majority of the studies use the term physical punishment, which is defined by Gershoff and Grogan-Kaylor (2016, p. 1) as ‘noninjurious, open-handed hitting with the intention of modifying child behavior’. In their recent meta-analysis, however, they focused on the most common form of physical punishment which is known as spanking, and which they defined as ‘hitting a child on their buttocks or extremities using an open hand’ (Gershoff & Grogan-Kaylor, 2016, p. 1). Harsher methods of physical punishment have been shown to be more strongly associated with negative child outcomes than ordinary spanking (Ferguson, 2013; Larzelere & Kuhn, 2005). Overall, in the same recent meta-analysis no evidence was found that spanking is associated with improved child behaviour but rather that spanking is associated with an increased risk of several detrimental outcomes (Ferguson, 2013; Gershoff & Grogan-Kaylor, 2016; Larzelere & Kuhn, 2005). There is increasing recognition of the importance of eliciting children’s and adolescents’ views about their own experiences (Breen et al., 2015). This is particularly important in the case of CP, as discrepancies have been found in how children and parents define CP (Dobbs & Duncan, 2004; Dobbs, 2007).

In the Caribbean, CP is a dominant practice (Smith, 2016). Suriname is one of two Caribbean countries geographically located in South America. Currently, three large ethnic groups are represented in Suriname, all of which have their own cultural characteristics (World Factbook, 2016). The largest of those is the Afro Surinamese
group, the inhabitants of Suriname of Sub-Saharan African ancestry. This group can be divided into two subgroups – the Creoles and the Maroons – of which the Creoles are the mixed-race descendants of African slaves and Europeans, and the Maroons the runaway slaves who formed independent settlements together in the interior of the country (Eersel, 1984). Since its commitment to the implementation of the CRC in 1993, the Government of the Republic of Suriname has planned, executed, and evaluated programmes to set and improve the basic conditions for its implementation (United Nations Convention on the Rights of the Child. Committee on the Rights of the Child. Consideration of reports submitted by States parties under article 44 of the Convention. Third and fourth periodic report of States parties due in 2010: Suriname (CRC/C/SUR/3-4), 4 May 2015). CP, however, is still legal within the households and in schools. While the Surinamese Government recently stated that it accepts recommendations to prohibit CP in schools, there is as yet no formal prohibition to this end in legislation (UNICEF, 2016). Only in some 50 countries around the world (situation November 2016) CP is prohibited by law in all settings, including at home – no Caribbean country is among them yet.

CP is widely practised in Suriname. In our previous work (Van der Kooij et al., 2015), we reported that around 35 per cent of all adolescents and young adults in Suriname were subjected to CP, a rate comparable to that in other countries in the Caribbean (UNICEF, 2006, 2010; Global Movement for Children (GMfC), Latin America & Caribbean Division, Workgroup on Violence (2009). According to UNICEF (2014), this rate is considerably higher among younger ages. More than 80 per cent of the Surinamese children between the ages of 2 and 14 years were reported to have experienced violent physical discipline in the month prior to the interview. Suriname is no exception in the region: Barrow and Ince (2008) concluded that CP of children, including those below age five, is the norm in homes and communities across the entire Caribbean. So we may well assume that about four out of five children are subjected to some form of violent discipline at home. Interestingly, although CP is widely practised across the country, only 17 per cent of the Surinamese caregivers acknowledged that CP is a necessary child-rearing tool (UNICEF, 2010). This raises the question of whether these caregivers are aware that CP violates children’s rights.

This qualitative study aimed to explore community perceptions of CP as a method of disciplining children and personal experiences with CP in Suriname in further detail by conducting focus group discussions (FGDs) with adult caretakers, adolescents and professionals from Creole and Maroon backgrounds who resided in the studied community in Suriname. More specifically, the study aimed to address several issues: Is CP inherently thought of as a form of abuse in Suriname? If not, where does maltreatment
start? Why and when do adults use CP? The data presented in this report are among the few resources available to help develop a more complete understanding of the nature of violent disciplinary practices in Suriname and their boundaries with maltreatment.

**METHOD**

**Studied area**

The study was conducted in three of 10 districts in Suriname with most inhabitants of Maroon and/or Creole ancestry: Paramaribo, the capital, in which almost half of the population of the country lives; and two rural districts, Brokopondo and Marowijne.

**Participants**

The study sample, divided in twelve focus groups, included 16 Maroon and/or Creole Surinamese mothers (mean age = 41.2 years, SD = 9.2, age range: 29–55 years), 13 fathers (mean age = 36.7 years, SD = 10.0, age range: 23–55 years), 20 adolescents (mean age = 14.9 years, SD = 1.3, age range: 12–18 years) and 18 professionals (male: 20%, mean age = 42.7 years, SD = 9.4, age range between: 27–57 years, most of whom were schoolteachers and social workers). Each focus group contained three to eight participants (mean = 6). The focus group discussions all took place in March 2013.

**Focus Group Guide**

A Focus Group Guide was developed (by TLGG, IWvdK, JN and GM) to ensure that each group included the same topics and similar questions. This guide included a series of questions about the prevalence of CP in Suriname (“Do you think that hitting is common in your district/country?” “If so, why do you think it is common in Suriname?” “What are mediating factors for CP?”), differences between CP and maltreatment (“What is the border between acceptable and not-acceptable treatment of children on a physical level?”), perceptions of CP (“Are parents allowed to hit their children?” “If yes, in what kind of situations?” “What is acceptable? When are you going too far?” “What is a lot? Once, once a week, a month?” “What if a child does not listen?”), own personal experiences (“Have you been hit (as a child)?”), and help available in Suriname (“What kind of help for children of parents is available in the country?”). In our study, CP was defined as hitting a child on their buttocks or extremities using an open hand.
PROCEDURE

Sampling of the participants

One of the researchers (JN) organised a meeting with the district commissioners (rural areas) and school teachers (Paramaribo) to discuss the study objectives, the type of informants needed and ethical matters. Sampling of participants (caregivers, adolescents and professionals; largely equally distributed across groups in terms of socio-demographic characteristics) was performed by the tribal leaders (village heads) of the districts. Professionals were selected from the public sectors (e.g., teachers, government officials). Participant inclusion/exclusion criteria were established upfront.

Importantly, in establishing discussion groups, we tried to make sure that participants would feel comfortable sharing ideas with each other, by (1) establishing groups within a small age range (to avoid younger people feeling intimidated by older participants; (2) creating discussion groups of participants without large ‘power’ discrepancies (to avoid participants not being willing to make candid remarks with superiors present) and (3) avoiding cliques (influential school peers). The tribal leaders and schoolteachers used these criteria as a basis to screen potential applicants. All participants were contacted by the tribal leaders or schoolteachers and briefed about the study aims before being asked to participate in a group discussion. All potential participants who were approached and could make the time for the focus group discussions agreed to participate. To avoid any potential inhibition of expressing certain views in the company of the opposite gender, for the parents/caregivers homogeneous discussion groups were created. Since professionals were mainly asked about their (general) perceptions of CP in their institution in Suriname, and the adolescents were already familiar with each other, they were both placed in mixed-gender groups.

Data collection

All focus group discussions took place in schools, except for one, which was conducted at the home of one of the participants. Each focus group began with several standardised questions meant to help bring up the different forms of CP. The two moderators (IWvdK, a female child psychologist from the Netherlands, and JN, a female social anthropologist from Suriname) followed a standard focus group procedure (consent process, introduction, explanation of the process, logistics, ground rules, ask for questions, turn on the tape recorder, start focus group discussion). After this procedure, both moderators loosely followed an interview guide (Focus Group Guide), which they
modified and interspersed with probes according to the flow of conversation. In a typical group, the participants sat together in a horseshoe position and responded to questions posed by the group moderator. All focus groups were audiotaped. Participants were divided into four different groups, i.e. adolescents (12–18 years, mixed), males (fathers), females (mothers) and professionals (mixed). The discussions lasted between 45 minutes to one hour and 15 minutes. For the discussions with adolescents, an example vignette of an abused child – which was deliberately chosen for a description of an extreme form of CP – was used to serve as discussion starter and encouragement for participants to share their ideas about their own memories and/or experiences.

**Analysis**

The discussions were transcribed verbatim. Original statements were sometimes given in Sranan Tongo, as this is the everyday language in the country. The research team (JN) translated these discussion quotes into Dutch, the country’s official language. The twelve focus group transcripts were coded and analyzed using ATLAS.ti (version 7.5.4). At the end of the group sessions, IWvdK wrote memos regarding initial thoughts on the interpretation of content and process. These memos served as the basis for a preliminary list of qualitative codes. To develop this list IWvdK used initial coding, as suggested by Charmaz (2014), but with a more exploratory and descriptive objective. The initial coding phase was followed by focused coding in order to reduce the complexity and bring more focus to the analysis. The focused coding was especially aimed at highlighting recurring statements, themes and ideas shared within the groups. IWvdK and GM used a constant comparison strategy (Charmaz, 2014) to refine these focused codes into categories that were applicable to all data. Both researchers have put a strong emphasis on looking for deviant cases and nuances in the data, in order to allow for qualitative complexity, rather than simplicity. In order to achieve saturation of the categories (Strauss & Corbin, 1998), IWvdK used these final categories to link the most salient themes and shared perceptions to their necessary conditions, consequences, contexts and contradictory uses. The result of these different iterative coding procedures and the collaborative interpretation of the categories led to the various conceptualizations of CP, as discussed below.

**Ethical issues**

The study received ethical approval from the Ministry of Education and the Ministry of Regional Development. In addition, permission was obtained from different community authority levels in the rural districts in Suriname. Participants were informed about the study aims and procedures by letter and in person. Consent forms for the focus group
participants were completed in advance by all those willing to participate. Before each focus group, the purpose of the study and issues of confidentiality were discussed with the participants.

RESULTS

No gender differences were observed between parents, and parents and professionals (mixed-gender) did not differ in their perceptions regarding the use of CP towards their children. For this reason, results were combined into one ‘adult’ group.

Is CP inherently a form of abuse?

Adults

Most adults, parents and professionals, agreed that CP was not inherently a form of child abuse. To most adults, parents have the right to discipline a child using CP. However, CP was considered abusive in two circumstances. First, CP was thought of as a form of maltreatment in case of physical injuries and psychological harm visible to observers:

“About physical abuse I would say: if bruises appear. Giving the child a little slap is not abuse. Wantonly flogging is not allowed. There should be no scars. You can tell it is abuse if someone has bruises and scars.”

“You can punish a child with a stick or with your hands. Punishment without visible injury is not abuse.”

One parent remarked that injuries are not always visible to outsiders:

“Sometimes you give a slap without injuries on the outside, but then on the inside... A little slap is allowed, but if it is causing internal injuries, it is called abuse.”

Second, in all of the focus groups, adults qualified their statements in support of CP by adding that when such punishment is carried out in a fit of irritation and anger instead of a conscious disciplinary practice it becomes maltreatment:

“If I take my anger out at him, what do I do? A parent needs a house full of patience, because if you punish when you are angry, it becomes abuse.”
Adolescents
Adolescents generally agreed with adults in that caretakers have the right to use CP. However, just like adults, adolescents felt that CP could become abuse in several circumstances, i.e. (1) when blood flows, (2) when it hurts, or (3) when it causes sadness. They hinted at impulsive CP when stating that CP (4) carried out “for no acceptable reason” is a form of maltreatment. “Physical child maltreatment means that someone hurts you, without a reason”. Adolescents agreed that parents are allowed to give the child a slap or a punch without becoming abusive when children are not behaving well. In other words, there has to be an understandable ‘educational’ goal. According to the adolescents questioned, beating a child with a stick is allowed, “but not too often”. Similar to statements of the adults, adolescents agreed that beating with a stick turns into abuse when blood flows. However, while almost every adolescent reported that they had been beaten by their parents with bruises or scars as a result, they stated this did not feel like abuse if they thought they deserved it. “It can happen accidentally”, one child said, “When parents beat too hard”. But if a parent caused bruises on purpose, or had beaten the child “black and blue”, the punishment was thought of as maltreatment.

Adults and adolescents showed similar responses to whether CP is abuse or not. They both see CP as abuse when physical injuries emerge (‘when blood flows’). Furthermore, by saying ‘without a reason’, adolescents seem to allude to a similar perspective among adults: CP is abuse when it is carried out in a fit of anger and frustration.

**CP: why should it or should it not be used?**

**Adults**
Most adults, parents and professionals, stated that CP should not be allowed in schools and other institutions. They perceived the use of CP at home to be an ‘inalienable right’ of parents – but of parents only.

> “Corporal punishment… A teacher should not use it. That does not say it does not happen. A toddler hit me and I hit back in a reflex. I physically punish my own children if the situation gets out of hand. A little slap, I do that occasionally, but I stop before blood flows.”

In all focus groups, CP was said to be a common phenomenon that, for most, was a relatively normal and necessary tool in the correction and education of children. Adults hoped that CP would help to teach their children right from wrong, keeping them on the right path. A major justification was the conviction of parents that CP is an effective means to that end, in particular when nothing else seems to work. In their justification,
some adults referred to their own personal history. One adult mentioned he deserved it and it did him good. “If they would not have hit me at school, I would still be a toddler”. However, opinions about the acceptability and usefulness of CP varied. Some adults believed that CP should be followed by an explanation of the motive. “When you punish the child or give the child a little slap, the child should always know exactly why that happened.” … “Hey, that I slapped you means that I am angry with you, not that I do not love you!” Overall, it seems that CP was thought of as acceptable if the motives are clearly explained to the child.

Some adults reported that their mind-sets about the acceptability and usefulness of CP changed over time:

“I am a mother of eight children. I have given them any type of punishment. I was still immature. Now I am not anymore. Now I will never do that again.”

Another adult mentioned:

“In my work I am really not allowed to hit children. I was taught not to hit children. I had to be taught not to hit my children, because I was used to doing that…”

Furthermore, some adults mentioned the emotional and physical consequences of CP for the child. “The child gets traumatized. Sometimes children talk about headaches, pressure on their nose, suddenly nose bleedings or pain in the ear”. “To slap a child’s ears… It is bad for the eardrums”. Consequences of CP for the parents themselves were also mentioned: “A slap to the ears happens easily but is dangerous. Then you have to go to the doctor on-and-off”. One mother mentioned the fear of being seen as an abusive mother:

“My daughter literally has a thin skin. When I give her one slap when she is doing something wrong, you can immediately see it. Others will think: this mother has maltreated her child.”

One father said: “Pupils know the teacher is not allowed to use violence. The child knows that and can call the children helpline”. For some, their own experiences in the past seemed reason to avoid repetition: “My father maltreated me too. I always said I would never hit my own children. And I never did”.

There were adults who felt that children should never be hit. They considered CP a form of aggression that did not teach anything good. On the contrary, they believed it scares children and harms a child’s personality:
“You have to remember: the sadness you feel when you hit the child, the child feels this as well. That is why you do not hit your children. You talk with children.”

Some of the adults, when probing for detrimental consequences, said they experienced regret after using CP. They voiced concern that CP could cause harm to children when they reached adolescence. “It can cause injuries and psychological trauma. Children will sometimes hide from others, in which case it shows that they are maltreated”. Some adults emphasized that they preferred using positive interactions, explanations and non-physical forms of discipline rather than CP. As one parent said: “You have to talk in a friendly way. You should ask him what he wants and make sure he is calm and quiet”.

Adults mentioned that the decision to use CP is influenced by various socio-cultural contexts. In certain social circumstances (single parent families, large families, poverty) adults perceived CP to be normative and almost inescapable:

“If you have one child or you have two children. But I have 10 children. I am 34 years old. My eldest son is 15 years old. If I do not stand up, he is going to walk all over me, you know?”

One adult mentioned the link between the lack of social services and educational support and CP:

“For example, that girl gets pregnant. Then you have to go to the Ministry of Social Affairs, the requirements which a girl has to fulfil… They don’t help you. You have to raise your children using force.”

Adults were aware of the changing views in favour of approaching and communicating with children:

“Little boys and girls nowadays are really rude. Because of the European law children feel powerful. They tell their parents that they are not allowed to beat them.”

In particular, in the rural areas (Brokopondo and Marowijne), adults spoke about rights of children as something that they were not accustomed to:

“So, people have written down the rights of the child, isn’t it? But there is never a day set aside to discuss the duties of the child. People talk about the rights of the child all the time, but you never hear anything about their duties.”
Adults expressed the fear that when they do not apply CP their children might end up on the street. They worry that children’s rights have a harmful influence on their behaviour:

“Picture that at a certain point in time, you are not even allowed to speak to your children. You cannot even shout to them … And at a certain moment, these children will end up on the street.”

Adults agreed that CP is more or less accepted. The introduction of the CRC however brings new perceptions of CP and the dignity of the child. In fact, respect now has to come from two sites (both adult and child), which is in contrast to the common perceptions that children have to respect adults. ‘In the best interest of the child’ and the ratification of the CRC is something that causes fear and conflict in parents. For example, they fear that children may take over power or no longer accept the authority of parents. Most parents do not know the CRC, and those who do are more or less ambivalent and perceive the convention as something ‘Western’.

Adolescents
For some adolescents it was difficult to talk in a group about their perceptions of CP. To lower the threshold to speak about CP, in two out of the three adolescent focus group discussions first an example vignette of an abused boy was read out loud (See Supplement 4.1). One adolescent mentioned that this case was abuse, not in the first place because of CP, but because of the fact that this boy had to work as a child. Other adolescents mentioned that this was abuse because the father hit the child and because fathers cannot force children to work for them. One adolescent said: ‘I think that children should not be beaten’. When the moderator mentioned that children sometimes make a parent very angry, this same adolescent opted for a non-violent punishment, such as chores that the child could carry out.

Some other adolescents stated that hitting a child is sometimes justifiable: “They are allowed to hit you, when you deserved it”. One adolescent stated that his father hits him indiscriminately, e.g., in case of bad grades or when he does not want to rake the garden. He added that he hopes to avoid hitting his own children, when grown up. “Not like this, this is bad”, in which he referred to a lack of reason for the severe punishment.

Most adolescents remarked that hitting does not help the child to listen better and that talking to a child is the best option. “Spanking does not help, you’d better talk. You have to talk a lot with a child. Perhaps something is bothering the child”. Adolescents often mentioned reasons why parents disciplined children physically. “Sometimes when your parents don’t have enough money or when they have too much stress, they are going
to hit you”. They tended to understand and forgive the parent’s anger and frustration. However, all adolescents indicated a preference for a non-violent approach: they wanted to be heard, and to be talked to rather than being beaten:

“Well, you should talk to the child. Maybe something is bothering the parent and he or she does not know how to get out. And you do not know if there is anything wrong with the child. So you have to talk to him, because you do not know what is going on.”

The issue addressed here seems to involve the desire of adolescents for their caretakers to first listen to a child in order to examine what is going on. Adolescents acknowledged that both parents and children could have problems. They all emphasized that CP “without a reason” should not be allowed:

“Well, if your parents spoke too much to you and you did not listen. Then they are allowed to give you a strong beating. But they are not allowed to maltreat you.”

**DISCUSSION**

Through the use of focus group discussions with community representatives in three districts of Suriname, we explored perceptions around the use of CP. Most participants in this study, adults and adolescents, believed that using some form of CP at times is a necessary and respected form of disciplining children. Adults believed that CP was both useful and essential in certain situations, particularly when children were ‘bad mannered’ or would not respond to forms of discipline other than CP. They emphasized that they use CP in the best interests of the child, and thus, not with the intention to damage the child. Participants mentioned both internal and external factors supporting the use of CP. Internal factors included parents’ own experiences with CP as a child, perceived normativeness of CP within their communities, and their own ideas of CP as an effective way of discipline. External factors included poor and stressful circumstances, as for example single parent families. Participants did consider the lawfulness of the behaviour, but were primarily interested in the intentions of the caretakers when using physical discipline. If these were interpreted ‘in the best interest of the child’, and not just expressions of anger and frustration, CP was not considered maltreatment.

Most adults understood that CP has the potential of being psychologically and physically harmful. However, perceived benefits, such as compliance of children, seemed to take the upper hand. Parents did express the wish to be able to discipline their children in
non-violent ways, but lacked the skills to do so. The CRC and its ratification changes the relations between generations for many communities, as most people still believe in the usefulness of CP. In their perception, ‘in the best interest of the child’ would result in a society in which children have too much rights and will become too powerful. We found no urban/rural distinction in viewpoints regarding these matters.

Consistent across all focus groups was the idea that CP should be allowed as a ‘last resort’ in keeping children on a path toward responsible citizenship and behaviour, and preventing them from getting involved in dangerous activities and unhealthy lifestyles (see also Roopnarine et al., 2014). Unfortunately, these motives are in conflict with the growing body of evidence suggesting that CP is associated with risk for increased aggressive behaviour (see for example Mills, 2013; UNICEF, 2014) and that other, non-violent ‘positive parenting’ methods of disciplining children exist that assist caretakers to teach children self-control and acceptable behaviour (Pickering & Sanders, 2016). This study confirmed some findings from other Caribbean countries, such as research from Jamaica (CP as a result of a loss of parental control; Brown & Johnson, 2008) and Barbados (the endorsement of CP by parents and adolescents; Anderson & Payne, 1994). In addition, our findings are in line with research findings of 34 low- and middle-income countries, which showed that still large proportions of children are subjected to CP even if their mothers/primary caregivers did not consider this method necessary (Cappa & Kahn, 2011).

Limitations

While we have made every attempt to provide an accurate and balanced report of this study, there are a number of potential limitations. First of all, the findings reported only represent the views of the Creole and Maroon participants in this study and should not be seen as representing all Creole and Maroon inhabitants of Suriname. At this moment, a qualitative study among Indo Caribbean inhabitants of Suriname is being conducted to examine the viewpoints within this population. Second, the data on children’s views were solely collected within schools, which may have excluded children most at risk for being exposed to violence (e.g., drop-outs and children not sent to school). Third, the focus group that was conducted at the home of a respondent seemed to result in more openness of the participants compared to the focus groups carried out at school. Schools as official educational institutions might lead to socially desirable responses that fit with perceived school policy on child rearing, as well as responses that fit with what the researchers might want to hear. Fourth, the researcher present at the focus groups was from Dutch descent (white) and unknown to the participants before the focus
groups started. It is possible that the participants would have responded differently if this researcher had been native or an acquaintance. While the Surinamese moderator and Dutch researcher both did not notice any restraint or discomfort, the historical background of Suriname as a colony of the Netherlands might have influenced people’s statements during the focus groups. In a study dealing with a sensitive topic like this, the moderators took efforts to establish relationships with their group participants in order to delve deeply into the subject matter. Furthermore, the moderators’ own perceptions of CP might have influenced their attitude, body language, tone, etc. This might have biased the results. Fifth, we should be aware of the possibility of underreporting of CP. Arguably, it is difficult for children to criticize their own parents and to put themselves in the victim role (by labelling what they have experienced as child abuse), which might have biased the findings.

Strengths

Focus group discussions provide certain advantages that other qualitative data-gathering techniques do not have. As a way of collecting qualitative data, focus group discussions are particularly well suited to explore cultural issues, because participants have the opportunity to elaborate on the norms and values underlying cultural practices, establish their own categories, and place emphases where they wish. Interactions between focus group members can lead to the introduction and discussion of different aspects of a topic. Focus group discussions are an efficient way to gather opinions from groups of people over a short period of time (Stewart & Shamdasani, 2014). Moreover, participants often find focus group discussions less threatening than individual interviews addressing sensitive topics (Farquhar & Das, 1999). Some specific strengths of this study should be mentioned as well. First, this is the first qualitative study to address the practice of CP in Suriname. Second, the research team was familiar with the environment as well as with the socio-political structures. The multi-professional and non-professional composition of the focus groups gave richness and wide perspective to the findings. Third, the focus groups were designed in such a way as to enhance participants’ comfort with the situation and openness in responding to the questions – e.g., initial questions in the interview were non-threatening in nature, gradually leading to more sensitive questions, including their own experiences of discipline in childhood and eventually the use of CP with their own children. In regard to future research, the focus group topics can be accommodated in a more quantitative set-up.
Conclusion

The study shows that, under certain circumstances, CP is accepted and applied in Suriname, despite growing knowledge of its harmful consequences. Both adults and adolescents consider CP a necessary and respected form of disciplining children at times. CP is not considered maltreatment as long it is interpreted as ‘in the best interest of the child’. In general, it is thought of as a form of child disciplining when nothing else works.

The data presented in this study are among the few resources available to develop a more complete understanding of the nature of child discipline in Suriname. Our findings can help to guide efforts to prevent violent discipline and encourage positive parenting. In general, child maltreatment prevention studies concluded that parent education programmes show promise in reducing the risk factors for child maltreatment and for actually preventing child maltreatment (Barlow, 2014; Chen & Chan, 2016). Unfortunately, there is a lack of available evidence-based parenting programmes in Suriname (Van der Kooij, Bipat, Boer, Lindauer, & Graafsma, 2017). Developing appropriate policy responses to the issue of violence towards children requires an understanding of what motivates caregivers to choose among different ways to discipline children. Such information may be helpful when developing and implementing laws, policies, regulations and services for prevention and response to violence towards children in general.
REFERENCES


SUPPLEMENT 4.1 VIGNETTE

The eight-year old Timbai lives with his father, mother, grandmother, sister, brother and newborn sister in the city (Paramaribo). Father is a woodworker (Tembe) and has his workshop at home. Mother works as a cleaner. Grandmother is old. She does not work anymore. Timbai and his sister are going to school. Timbai has to help his father when his father is busy. If he does not do so, he is being kicked and beaten by his father. Sometimes father throws him to the ground or hits him on his back with a piece of wood. Timbai does not participate in swimming, because he is ashamed of his bruises.