The Consultative Group on Early Childhood Care and Development

CHILDREARING PRACTICES: CREATING PROGRAMS WHERE TRADITIONS AND MODERN PRACTICES MEET

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> *Children are more than the object of their parents' attention and love; they are also a biological and social necessity. The human species perpetuates itself through children; cultural, religious and national groups transmit their values and traditions through children; families maintain their lineage through children; and individuals pass on their genetic and social heritage through children. The ultimate value of children is the continuity of humanity.* *Arnold et al. 1975, 1.*

For years anthropologists, sociologists and psychologists have been providing descriptions of how children are raised within cultures around the world, including the beliefs and practices surrounding pregnancy, childbirth and treatment of young children. We have information on what children are being fed and how often. We know how children are socialized to pass on the culture. We know where parents turn when a child is sick and what they do to restore their

children's health. Yet we don't use that information when creating programs for young children and their families.

Despite the extremely rich data that exist on traditional childrearing practices, patterns and beliefs, it is only relatively recently that those involved in creating interventions have thought to use these data as the basis for program development. Early Childhood programs have been based primarily or exclusively on what is thought to be *scientifically* appropriate for young children, without taking into account the traditional childrearing contexts within which the programs are being developed. This often creates a gap between what the program providers think should happen for young children and what parents are used to doing. One of the challenges faced by those developing policies and programs to support young children and their families is how to maximize what can be provided for the child by interweaving practices that "scientific" evidence would suggest a child needs with effective traditional childrearing practices and beliefs.

During the past three years the Consultative Group on Early Childhood Care and Development, with support from UNICEF, has organized a series of workshops on childrearing practices and beliefs. The first set occurred during 1991 and 1992 and was focussed on Latin America. More recently, in 1993, the Consultative Group conducted a comparable workshop in Sub-Saharan Africa. Within the workshops there was an expressed need to have a better understanding of how to assess childrearing. There was also a desire to share information and develop strategies on how to use this information to develop appropriate programs for young children and families. In this article we will discuss what was learned about ways in which scientific information can be brought together with an understanding of traditional and evolving practices to develop programs that serve young children and families. In the two articles that follow there is a presentation of the specific childrearing practices and beliefs uncovered in the Sub-Saharan African and Latin America Workshops, drawn from the reports on the workshops. (Myers 1992; Evans 1994)

Why is Knowledge of Childrearing Practices, Patterns and Beliefs Important?

Today we have considerable knowledge about what makes programs for young children and their families successful. We have understood the importance of community involvement in all steps of the process, building on what already exists within a community, and creating partnerships to help sustain efforts. However, even with this knowledge we sometimes miss the mark when creating programs. We develop program activities that never seem to catch on, our messages are misinterpreted, we find that people have no way of connecting what we are offering to their daily lives, we find 'technologies' misapplied. Why is this so? One of the most basic reasons is that frequently programs are designed without a clear understanding of the culture within which they are being offered. Even programs based on a community-defined need may not be designed in response to the community context. Unfortunately, ideas about practices to be promoted in a program frequently come from individuals who are not part of the culture or group that the program is intended to serve. A clearer understanding of childrearing practices, patterns and beliefs would help us do our job better. More specifically, knowledge of childrearing practices patterns and beliefs is important:

- to understand, support and improve the childrearing process

The fields of health and developmental psychology suggest that there are actions taken by caregivers that are supportive of children's growth and development. There are also some actions that are detrimental. By detecting and understanding the effects of childrearing practices on children's development it is possible to identify those practices which should be supported and those which ought to be discouraged.

- to respond to diversity

Children grow up in a wide variety of different physical, social and cultural circumstances. Even within cultures there is diversity. There is no "right way" to bring up children. Nonetheless many programs intended to help young children are conceived of as if all children and circumstances are the same. Too often there is a search for the one model that will serve everyone. Understanding practices and patterns and incorporating that knowledge into programs is crucial if programs of early childhood development are to serve the variety of children and families and circumstances that any program is bound to encompass.

- to respect cultural values

Practices, patterns and beliefs define the ways in which children are socialized. The rhetoric of most programs includes a plea to respect cultural differences. Indeed, the Convention of the Rights on the Child indicates that children have a right to their cultural identity. If this is to occur, a much greater effort must be made to define, describe and understand the reasons for cultural differences in the up-bringing of children.

- to provide continuity during times of rapid change

Environments and practices are changing as a result of economic, social and political changes. Sometimes these changes are very rapid and they can have a significant impact on children's development. In the process, some practices are being lost that continue to have both cultural and scientific value. Other practices, which appear to be "deviant", represent novel adaptations to particular settings, and may be followed for good reasons and with good results. An attempt should be made to understand rather than suppress them. Conversely, old practices are being applied in new settings or new practices are being adopted that may not be appropriate to the changing settings in which a child is growing up. Unless these changes in circumstances and in forms of childrearing are identified and understood, policy and programs may take a misguided view.

Traditional practices and beliefs have a particularly important role to play when children's lives have been radically changed as a result of war, migration and other difficult circumstances, as described in the article by Claudia Black.

Childrearing practices, patterns and beliefs are based on a culturally-bound understanding of what children need and what they are expected to become.

What is Meant by Childrearing Practices, Patterns and Beliefs?

Childrearing practices are embedded in the culture and determine, to a large extent, the behaviors and expectations surrounding a child's birth and infancy. They also influence childhood, adolescence and the way these children parent as adults. Childrearing consists of practices which are grounded in cultural patterns and beliefs. Put in the simplest terms, caregivers have a set of practices/activities available to them. These have been derived from cultural patterns, ideas of what *should* be done, and constitute the accepted practices or norms. These, in turn, are based on beliefs about *why o*ne or another practice is better than another. The practices, patterns and beliefs affect the style and quality of caregiving. For instance, the practice of constantly carrying a child has a different effect on the development of that child than the practice of placing the child in a cradle or playpen. Further, a social and parental belief that children are given by God, and therefore should be treated in a particular way, has effects that are different from the belief that children are human creations.

Practices: What and How

Practices include activities which:

- guarantee the child's physical well-being—keeping the child safe and free from harm, providing shelter and clothing, preventing and attending to illness.
- promote the child's psycho-social well-being—providing emotional security, socialization, nurturing and giving affection.
- support the child's physical development—feeding, bathing, providing safe places to play and explore.
- promote the child's mental development—interaction, stimulation and play.
- facilitate the child's interaction with others outside the home—within the community, at health clinics, at school, etc.

At a very general level all of these behaviors can be found in most societies.

At a more specific level, *what* is done to help a child survive, grow and develop merges with *how* it is done to define and distinguish practices that vary widely from place to place. For instance, in responding to the need for food, the practice of breastfeeding contrasts with the practice of bottle-feeding. Feeding on demand contrasts with scheduled feeding. The practice of constant carrying differs dramatically from the practice of placing a child in a crib, cradle, hammock or playpen for prolonged periods. The practice of talking to a child about appropriate behavior contrasts with an emphasis on non-verbal forms of communication in the socialization process.

Patterns: What should be done?

The childrearing patterns of a culture are the childrearing norms. They include the generally accepted styles and types of care expected of caregivers in responding to the needs of children in their early months and years. The patterns define childrearing in a way that assures the survival, maintenance and development of the group or culture as well as of the child. There are patterns of behavior surrounding specific times in a child's life. For example, there are expectations in terms of parental and community behavior in relation to a child's birth. There are norms in relation to how a child is named. There are expectations in terms of how an infant's death is handled. There are expectations in terms of how the child will learn to become a responsible member of the society.

While the patterns govern the culture as a whole, these patterns may or may not be followed by individuals; there are variations in the particular circumstances in which a child is raised and individual caregivers differ in their beliefs and knowledge. Sometimes within a culture there is considerable latitude in terms of adherence to cultural patterns. In other instances, deviation leads to ostracism.

Beliefs: Why should things be done that way?

The explanation for why particular childrearing practices are used comes from the traditions, myths and the religious systems that underlie the culture. The beliefs are a response to the demands of the culture as well as the needs of individuals. The family and community implement specific childrearing practices which they believe will:

- Ensure the survival and health of the child, including the development of the child's reproductive capacity to continue the lineage and society.
- Develop the child's capacity for economic self-maintenance at maturity, to provide security for the elders and younger members of the society.
- Ensure the survival of the social group by assuring that children assimilate, embody and transmit appropriate social and cultural values to their children.

In some instances beliefs evolve as the needs of the people change. In other instances beliefs restrict people's ability to respond to changing conditions.

In most societies, the family, however defined, is the primary unit given responsibility for raising children. There is considerable individual variation in practice from family to family, depending on the psychological make-up of the parents, including their own personality, the experiences they had as children, and the conditions under which they are living. The role other members of the society play in the raising of children differs depending on the specific cultural group. In some settings community members play a significant role and in others they take on a more distant role.

When societies are more or less isolated from one another and there are few outside influences, what one generation passes on is similar to the way the next generation raises its children and there is a relative stability of values, practices and beliefs.

While some cultures have remained relatively isolated and intact, there are other cultures which have been more vulnerable to change. This vulnerability is the result of increased exposure to other ideas, sometimes through formal education, and increasingly through mass media. For some societies the introduction of different ideas has resulted in a relatively easy incorporation of the new, with maintenance of the traditional. For others, the juxtaposition of the traditional and the new, along with economic changes which have threatened people's survival, have left cultures disorganized and groups of people at a loss in terms of their values and beliefs. In the jargon of present-day psychology, these cultures could be classified as 'dysfunctional'. They no longer provide children with the grounding, stability, and vision that were found within traditional belief systems.

In the struggle for identity and in the desire to be "modern", some have completely cast off their traditions, or think they have. Yet the modern does not always work for them. As a result, people are seeking to identify and recapture traditional values. There is an increasing awareness that much of what existed within traditional cultures was positive and supportive of growth and development, for the individual and for the society. Likewise there were practices that today we recognize as harmful to a person's health and well being. It is this search to define and understand the traditional in relation to what is known today that is the basis of current research and programs in many parts of the world.

The Interface between Childrearing Practices and Scientific Knowledge

While childrearing practices may be different across cultures, scientific knowledge would suggest that there are basic needs that all children have and a predictable pattern of development during the early years that is universal. Studies from different parts of the world reveal that all young children need adequate nutrition, health and care from birth onwards. The lack of these supports during the early years has permanent negative effects on later development. Not only are there consequences for the child's physical well-being; in addition, these variables interact with and have an impact on the child's social and cognitive development. While these factors are influenced by the economic and political context within which the child lives, they are mediated through the family's childrearing practices, patterns and beliefs.

The type of childrearing practices required at a given point in time depends to a large degree on the child's developmental age and the health and nutritional risks the child is facing. For example, influences on the child during the *prenatal period* and into the first few months of life include the mother's pre-pregnancy health and how much weight she gains during pregnancy, her dietary intake, how much energy she expends, and her emotional state. (Engle 1992) There are traditional beliefs and practices that impact on the mother's health and preparedness to give birth to a healthy infant. For example, in many cultures in Sub-Saharan Africa the practice is for

pregnant women to observe food taboos that restrict their consumption of foods that are in fact important to their nutrition and the growth of the foetus. In some instances these taboos compound women's undernourishment and lead to high maternal and infant mortality rates.

At *birth and during the first year of life* the child is at the greatest risk of mortality. That may be why there are so many beliefs and practices within traditional cultures that surround the birth of a child. It is recognized as a critical time for both the child and the mother. Where a period of confinement is a part of the tradition it allows the mother time to recover physically and to bond with the child before she is required to assume her tasks. The negative side of this practice is that it may keep the mother from getting medical care that she requires.

During the *post-partum and early infancy stages* the child is completely dependent on others for care. Generally the mother is the primary caregiver, sometimes with considerable support from others and sometime alone. She is responsible for providing all the things an infant needs: protection from physical danger; adequate nutrition and health care; an adult who can understand and respond to signals; things to look at, touch, hear, smell, and taste; opportunities to explore the world; appropriate language stimulation; and an adult with whom to form an attachment. (Donohue-Colletta 1992, 65) The level of support the mother receives from others in the family and from society plays an important role in the kind of care she is able to provide during this time. Thus the cultural patterns surrounding the role of the father, other family members and the community during this period is important for the child's survival and development.

During *late infancy* (or when complementary foods are introduced), the child is at greatest risk of growth faltering. While growth faltering may be the result of inadequate nutrition, there is clear evidence to suggest that the feeding process itself is important in determining a child's later development. (Evans 1994) Thus, not only is it important to know what kinds of foods are available to children, it is also important to understand the context within which food is provided.

Once again, there are traditional practices (positive and negative) that provide insight into the factors affecting a child's nutritional status. These involve the kinds of foods that are recommended for children, food taboos, and what kind of food is introduced and when. Also of importance are feeding patterns within the family. In some cultures children are fed only what remains after all other members of the family have eaten. Children may also eat only when adults eat, which may be two times a day. Also of importance is who is doing the feeding? Is it only the mother? Is her attention given to the task or is she involved in other activities at the same time? Are older siblings the ones responsible for feeding the younger child? Are they paying attention to how much the child is eating? Are they paying attention to the child during the process? Answers to all these questions would provide important information related to the child's nutritional status.

As children become *toddlers* and begin to move around on their own, environmental cleanliness and vigilance in terms of the child's safety are of utmost importance. In addition to the kinds of supports the children required as infants, when they become toddlers (1-3 years of age) they

need: support in acquiring new motor, language and thinking skills; a chance to develop some independence; help in learning how to control their own behavior; opportunities to begin to learn to care for themselves; daily opportunities to play with a variety of objects. (Donohue-Colletta 1992, 65) There is wide variation across cultures in terms of the extent to which parents understand children's need for stimulation and their beliefs about what children are and are not able to do. For example, in Thailand parents believed that infants could not see and therefore could not respond to adults. Placing children in closed cradles seemed a reasonable thing to do. Through videos and home visits parents saw infants responding to things in the environment. They then began to see the importance of opening the cradles and interacting more with the infant. (Kotchabhakdi 1987) In this instance, introducing the practice of playing games with your infant without changing the belief system would have been futile.

While the mother remains the primary person responsible for the safety, care and feeding of the child, it is during the toddler period that the child moves out from the mother. Over time others in the family and community play an increasingly important role in the care of the child, particularly in terms of socializing and teaching the child through direct instruction and modelling. In some cultures "over time" means a few weeks after the child is born. In other cultures this can mean several months or years later. The most common time for *moving out* is when the child is weaned completely from the breast.

The *preschool child (3-6 years of age)* is more self-reliant. During this age children are socialized into the culture. In some cultures they become quite independent and are required to take on considerable responsibility, even to the extent of being responsible for the care of younger siblings. In other cultures children are not encouraged to develop independence until much later. They remain totally dependant on adults for their care and feeding. Again, the culture the child is raised in determines the timing and the kinds of skills acquired in relation to self-care, independence and the development of responsibility.

While in many cultures in the Majority World (the developing countries) children may be given the role of caretaker for younger siblings, children ages 3-6 also have needs of their own. They need: opportunities to develop fine motor skills; encouragement of language through talking, reading, singing; activities that will develop a positive sense of mastery; opportunities to learn cooperation, helping, sharing; and experimentation with pre-writing and pre-reading skills. (Donohue-Colletta 1992, 65)

While there is continuity in children's development, both traditional belief systems and scientific knowledge recognize that there are transition points that represent a real shift in children's experience. For example, when the child is weaned from the breast, when new foods are introduced, when the primary caregiver role expands to include others besides the mother, and when the child takes on adult responsibilities, are but a few of the significant transitions. These developmental shifts require adjustments by the child. Within traditional cultures there are frequently practices and/or rituals which help mark these times, acknowledging the transition.

In sum, traditional societies have evolved ways to support the growth and development of children in response to contextual needs. Many of these childrearing practices, patterns and

beliefs are consistent with current scientific understanding of children's growth and development. But, as the cultures are undergoing change, some of the childrearing practices and beliefs are falling by the wayside. Parents are unclear about their goals and expectations for their children and they are questioning the appropriateness of traditional practices. New demands and the absence of traditional supports are forcing families to do things differently. Some parents are aware that they are raising their children differently from the way they were raised. Other parents are implementing alternative childrearing strategies in response to changing conditions without being particularly conscious of what is being lost or retained from traditional practice. In both instances, what the parents do impacts on how the child grows and develops. But families do not live in isolation. They are part of a community and a larger socio-political system that defines the context that shapes childrearing practices and beliefs. Thus any attempt to work with families to support their childrearing practices needs to be done within the wider socio-political context.

The Context

Just as programs cannot be developed by looking at the child in isolation, neither is it possible to define the impact of childrearing practices only in relation to the ways in which the family and community function. The broader context which surrounds the family and community must also be taken into account.

Understanding the context helps provide an understanding both of the ways in which childrearing practices have developed and the ways in which they are evolving. The context is composed of many things. It includes:

- the physical environment-the climate/geography of the area that determines the need for shelter from the heat or cold, and the relative ease of raising food crops to sustain the family;
- the socio-political climate that determines whether families have security or a life dominated by fear;
- the economic climate that determines a family's ability to survive and thrive;
- the philosophical and religious systems that provide a base for the values and beliefs of the society and a cultural identity for the family;
- the past, which is presented to the child through legends, myths, proverbs, riddles and songs that justify the existing social order and reinforce customs;
- the family and community who act as models of expected behavior;
- the village, which presents a variety of situations calling for prescribed behavior.

The configuration of these dimensions determines the kinds of supports (or detractors) present as families and communities raise children. One way to analyze possible configurations is along a continuum. In 1990, Negussie completed an analysis of childrearing practices in Sub-Saharan Africa (1990). She chose to represent these childrearing practices along a continuum related to degree of modernization. At one end of the continuum are ***traditional*** cultures. These are defined as cultures within which childrearing practices and beliefs are based on inherited and orally

transmitted knowledge. The context is more or less stable and there are adequate resources to support the traditional way of life. Negussie notes that, in general, traditional cultures are more characteristic of rural than urban areas.

Societies that would be placed along the continuum between the two ends are characterized as ***transitional.*** For these societies there is a shift away from traditional practices as they are exposed to new ideas and/or there are changes in the environment which threaten their survival, forcing them to make changes. Negussie suggests that those migrating from rural to urban areas and/or living in marginal communities can be characterized as in transition. Within societies that are in transition, childrearing practices and beliefs include a mix of the traditional and modern, and the mix is different depending on what is required of families.

The other end of the continuum can be defined as ***modern***. Cultures located at this point on the continuum have access to and are using non-traditional (Western) health care and education in place of traditional systems. Negussie found that those living in peri-urban and urban areas are most likely to be placed at this point on the continuum.

This way of defining contexts is elaborated on below.

■ TRADITIONAL: RELIANCE ON INHERITED AND ORALLY TRANSMITTED KNOWLEDGE

Many of the studies of childrearing beliefs and practices in Sub-Saharan Africa conducted earlier in this century captured the childrearing practices found within traditional societies.[1] In some sub-Saharan African countries there are pockets where these cultures continue to exist, but these are few and far between. In most countries, traditional childrearing practices, both positive and negative, are changing as families are exposed to other beliefs and practices. Where traditional practices have been interrupted the society may be classified as in *transition.*

■ TRANSITIONAL: AS A SOCIETY THAT RELIED PRIMARILY ON TRADITIONAL WISDOM BEGINS TO ADOPT ALTERNATIVE BELIEFS AND PRACTICES

If the goals set by the 'modern society' [are] different from those earlier set by the indigenous society, the individual follows the former. The result is the disintegration of the earlier set of goals and values. Nigerian society and culture is one undergoing such disintegration. The generally set goals seem to be western, materialistic and individualistic. In the rural area though, there still seems to exist traditional values, but these too are rocked by the waves of principles of democratization and modernization, the vehicle of which is education-western education. (Akinware and Ojomo 1993, 40)

Many African and Latin American cultures can be characterized as in a time of *transition* as a result of changes which impact family life. These changes indirectly affect childrearing beliefs and practices and the growth and development of children. Families and communities are in transition as a result of:

Changes in the traditional functions of the family. One particularly important support to parents has been the community and the extended family system. In the past, close family ties provided a built-in measure of economic, emotional and social security to children and families,

but this traditional support for families has been disrupted as families are moving from the rural to urban areas, as families are migrating in search of work, and as individual family members leave the village in search of educational and economic opportunities. Many of the previous roles of the community are being taken on by society or falling by the wayside.

Changes in the structure of the family. The size of families is declining. This is due partly to the fact that people are having fewer children, but more significantly the decline in family size is due to a move from multi-generational family groupings to the nuclear family, which, by virtue of its limited number of adults, often fails to provide the care and support required by children. It is also important to note that these smaller families are frequently not very stable units. There is fluctuation in the numbers and members in a household as a result of seasonal and work-related in-and out-migration.

Changes for the girl child. Women and girls have become the focus of international attention. Childrearing practices which relied on the older girl child to care for younger children in the family are being challenged. Girls who have traditionally been responsible for the care of younger siblings are attending school at an increased rate and being encouraged to complete their education. This has an impact on arrangements for child care within the family.

Changes in the nature of women's work. Women have always played multiple roles that compete for their time and physical and emotional energy. Regardless of the context within which children are raised, care of children, particularly young children, is still the woman's responsibility. In addition, the woman is responsible for household management and operations, and economic/productive activity. New economic pressures on and possibilities presented to women mean that increasingly they work outside the home, often for long hours and following schedules that limit their availability and thus the time they can devote to child care.

In rural areas women often work in the fields. While in many cultures women have historically constituted a majority of the agricultural work force, in other settings the out-migration of men who are seeking employment has increased women's agricultural role. In addition, in some agricultural settings plantation economies and cash crop production have meant that women are increasingly being exposed to the demands of rigid time and work schedules similar to those common in urban environments.

In both urban and rural environments there is an increase in the number of women-headed households. This necessarily impacts the woman's work load.

Changes in men's roles. Traditionally in many cultures men have been given a limited, but usually clear, role in the upbringing of children during their early years. They are disciplinarians. They are models for the young boys. But they are usually little involved in day to day upbringing. In some cultures (the sierra of Peru and Bolivia, for instances) men are directly involved in rituals related to the birth of the child. But, as societies change, men's role has been changing. In many societies it is no longer defined by tradition. More and more it is being defined by changes in the economic situation and configuration of the family.

Within the cultures reported on at the workshop on childrearing beliefs and practices in Sub-Saharan Africa, the movement of families from rural to urban areas has impacted both positively and negatively on the role of the father. For example, in Nigeria it was found that as families move to urban areas they lose the support of the extended family. Because the majority of the families cannot afford to hire caregivers, the men became more involved in providing care for the children. Quite the opposite was found in Malawi. There when families move to urban areas, even the little interaction men have with their children is generally decreased.

Changes in migration patterns. Until recently men were the most likely to migrate in search of paid employment. In recent years, however, with the creation of free market zones, more and more women are migrating to these zones to obtain work. The potentially negative impact of this migration on families and young children is of concern to many.

Within traditional societies the norms, beliefs and practices were relatively stable. Expectations in terms of parental behavior were clear. For families in transition childrearing practices are not clear. These families may lack the skills to live in the state of flux represented by transitional cultures. In this situation parents may have a sense of powerlessness and be less self-confident in terms of their parenting skills. This can lead to childrearing practices that are inconsistent and/or overly restrictive (Werner 1979). For those families who have been living in urban areas for a generation or two, they may well have incorporated more "modern" childrearing beliefs and practices.

■ MODERNITY: WHEN NON-TRADITIONAL HEALTH, EDUCATION, AND SOCIAL SUPPORTS ARE AVAILABLE AND RELIED UPON MORE THAN THE TRADITIONAL

Technology has made a wide variety of supports available to families that are not available within traditional cultures. While there are pros and cons on just about every technology that has been introduced, the availability of these technologies has radically changed people's lives. For example, bottle feeding has made it easier for women to enter the labor market. But the introduction of bottle feeding and the decrease in breastfeeding has resulted in high infant mortality and morbidity rates due to improper use of bottles and infant formula. Another example is the introduction of a local primary school, facilitating the attendance of girls in school. This may mean that infants are cared for by siblings older than the infant but too young to go to school, putting both at risk.

In sum, in societies with limited exposure to outside influences, the context is relatively constant and as a result childrearing practices remain more or less the same across generations. In societies in rapid flux, there are dramatic changes from one generation to the next in the context within which children are raised. These lead to differences in the type of care that is provided to children. Families living under traditional beliefs will raise children in one way; families in transition, or who consider themselves modern, will have quite a different set of beliefs and patterns that determine their practice. Knowing this about families assists in the process of creating appropriate programs.

Strategies for Developing Appropriate Programming

> *The challenge lies in changing the negative things without changing the positive ones. Unfortunately experience has shown that new changes bring new problems...It is therefore important to fully understand the implications of any action before embarking on it.* *Kalemba 1993, 17.*

The primary reason for looking at the ways in which traditional beliefs and practices coincide with more recent thinking is for the purpose of creating programs which support the positive and provide alternatives for the negative practices and beliefs. The following principles of programming generated as a result of the workshops coincide with what is known as a result of considerable programming experience and an accumulated knowledge about the kinds of approaches that are most effective.

■ GATHER INFORMATION TO GAIN AN OVERALL VIEW OF THE PRACTICES AND BELIEFS WITHIN A GIVEN CULTURE

In order to build a program based on an understanding of childrearing practices, patterns and beliefs, it is important to have a good understanding of what is already known. The question then becomes: Where is knowledge on childrearing practices and beliefs located and how can it be tapped? There are two main sources of data: the scientific literature and experience.

Science. The accumulated "scientific"[2] literature available today includes basic research on child development. These studies are often directed toward identifying universal principles of development. However, that literature also includes psychological, medical, anthropological, and sociological studies of how people in particular cultural and geographic settings care for their young children.

Unfortunately, the literature dealing with traditional childrearing practices and patterns has many limitations. First, access is a problem since the information cuts across many disciplines and thus one must seek data from a variety of sources. Second, the information is often presented in academic language and requires 'translation' into a form that is useful to program and policy people. Third, for the most part, the existing literature is derived from a Western or Northern conceptual base that can distort some of the findings. Fourth, some of the literature is outdated. Nevertheless, this literature, placed in perspective, provides an important starting point.

It should be noted that literature searches should be extended to include information found outside the scientific literature—in such sources as novels, biographies, traditional stories and myths.

Experience. Another source of knowledge about childrearing is experience. This experience is of two types. One is based on immediate, personal experience, reflecting the circumstances of individuals in particular families and communities. A second type is accumulated experience, which adds up to a "traditional wisdom." Usually, experience is not brought together in a systematic way or written up. A major challenge is to capture current experience and to describe "traditional wisdom" without making a prior judgement about its values.

■ IDENTIFY WHERE THERE ARE SIGNIFICANT GAPS IN KNOWLEDGE ABOUT CHILDREARING PRACTICES, PATTERNS AND BELIEFS

In developing programs for young children and their families it is important to have an understanding of the ways in which current practices and beliefs affect the child's overall development. Many of the studies which have been conducted on childrearing practices and beliefs have focussed primarily on health and nutrition issues. There is generally less information available on practices that are related to psycho-social and/or cognitive development. For policy-makers and planners interested in supporting children's overall development, this may well represent a significant gap in information available. If so, then a specific focussed study should be designed to gather the relevant information.

From the workshops there were several examples of focussed studies. In-depth studies were conducted in Mexico, Mali and Namibia. In Mexico the focus was on the role of change agents. In Mali, the focus was on understanding how traditional child care systems work. In Namibia the researchers were asked to look specifically at childrearing practices that supported children's cognitive and socio-emotional development. While these studies were focussed on providing an in-depth look at a particular aspect of a culture, additional data were gathered that provided a picture of the overall context within which children are being raised.

■ SELECT A METHODOLOGY THAT WILL YIELD THE KIND OF DATA REQUIRED

One of the tasks of current researchers is to explore questions such as: What practices have fallen by the wayside over time? Why? (Because they were practices that no longer served the culture? Because they could not be maintained due to changes in caregivers? Because of the introduction of "scientific" knowledge? As a result of changes in childrearing practices have some good practices been lost? What practices have been maintained? How do they serve the culture of today? Why are some practices that we know to be harmful still being maintained, such as the circumcision of girls?)

To get answers to these questions requires a flexible methodology. Those who attended the workshops agreed that questionnaires and interview schedules should not be used rigidly because this inhibits responses and limits conversation. Rigid adherence to a format with a particular order and categories does not allow important issues and practices to emerge that might not have been included in the original instrument. It also increases the chances that respondents will say what they think the interviewer wants to hear.

One strategy is to work with community "agents" (including, for example, community educators and health workers, *animators* (discussion facilitators) of grassroots organizations, religious leaders, educators) who have long experience in communities and who have presumably acquired a deep knowledge of practices and patterns in the specific communities in which they have worked. (It should not be assumed, however, that because agents are part of or work closely with a community, they are necessarily knowledgeable about childrearing practices.)

Another suggestion is to turn more directly to parents and other community members in a process of discovering and describing local practices. More specifically, in the Latin American

context, it was suggested that attention be given to the utility of a participatory method used by the Roman Catholic Church in its planning, termed "The Study of Reality." This method, which is similar to popular education approaches, involves community members in a process of 1) seeing (collecting information), 2) judging (analyzing), and 3) acting (using the information to play and carry out activities). It was felt that the method, with which the Church has had wide experience, could be focussed on examining the condition of children, ages 0 to 6, and the childrearing practices in a particular community. Doing so would not only provide knowledge about childrearing but would also, presumably, provide a basis for action by the practitioners and caregivers participating in the process.

In Ecuador, local health people were incorporated into the process of collecting childrearing information. Along the way, they not only acted as collectors, but also as observers and as processors of the information, internalizing it and discussing it in an inter-disciplinary team. This led to some immediate changes in the form in which local health centers operated. In this case, the information-gathering process had a direct effect because the researchers were also the potential users. (Roloff et al. 1992)

■ CHECK ON THE VALIDITY OF THE DATA

The suggested interview and questionnaires techniques rely on a verbal response. The validity of such responses is sometimes questionable. What people say they do or believe is not necessarily what they actually do or believe. While none of the studies in Latin America relied on systematic observation, observations were used in the majority of studies conducted in Africa and were used both to validate the verbal information as well as to complete the picture.

If observation is not possible, another way to validate the results is to compare what is obtained with what is found in the literature, with opinions of local informants, and with opinions of specialists in the field. Another good strategy is to discuss the results directly with the people from whom the information was originally obtained.

In addition to helping identify incorrect interpretations and to look for explanations, this process is intended to promote reflection and change. For example, results of a Jamaican study of the role of fathers in childrearing were fed back to the same fathers from whom information was gathered. The process of discussion of these results led to the formation of men's parenting groups. Moreover, the research information has been converted into a discussion guide for use by groups in church, school, community and other settings. The guide is titled "Men and their Families" and is currently being used to train facilitators who will each use the information to work with groups of Caribbean men. (Brown et al. 1993)

In addition to discussing the results with those who helped generate the data, a number of useful techniques that can be drawn upon include:

- Asking adults to reflect on their own childhood. Remembering childhood helps to establish key themes, can identify continuity and change in practices, contributes to the empathy of the parents with the child, and can provide an easy way of including men in the conversation. This exercise seems particularly important because of the marked tendency for parents to repeat practices applied to them when they were children, even if they do not think those practices were appropriate or just.

- Comparing practices and beliefs across generations by seeking out older and younger parents. This technique also helps to identify continuities or discontinuities in practices across generations—the "generational matrix".

- Engaging in group dynamic exercises. Such exercises help to get members of a group involved and serve also as a form of expression with respect to particular topics. An example would be a role playing activity where participants act out giving positive and negative feedback to children about their behavior.

- Constructing a "day in the life of a child." This technique helps to make observations more systematic.

- Using data generated for other purposes (e.g., evaluations of current programs). This makes maximum use of existing data.

An example of the latter comes from Mexico where information about childrearing practices was included in an action research project intended to identify ways in which a parental education program might be improved. As part of the project, the interview schedule about practices was administered to a group of mothers who participated in the project and a group of mothers who did not. There was an unexpected outcome of this process for the group of mothers who had not participated in the project. These mothers, simply by having to reflect on their practices in answering the questionnaire were obliged to reflect on their own practices. In the process they began to wonder what they were doing well and might do better, and were motivated to seek participation in the next round of parental education sessions. In fact, the attendance and motivation of this group in the next course turned out to be higher than that of the "experimental" group from the previous session. Given the success of this technique as a motivating device, the program decided to print a series of very brief fliers, each one asking a question about a set of practices. For instance, one flier asked, "what do you do to help your child become more intelligent?" Another asked, "What do you do when your child does something bad?" gets into trouble? This generated more interest in the course. (Duran et al. 1993)

ASSESS THOSE BELIEFS AND PRACTICES IN RELATION TO 'SCIENTIFIC' KNOWLEDGE

In a project titled, "New Educational Spaces" in Mexico, the analysis of childrearing practices is now built into a process of parenting education whereby community mothers who have been trained as pre-school teachers in community-based programs are reaching out to parents. The project, titled "New Educational Spaces", includes reviews of childrearing practices as part of the information that each community pre-school teacher gathers from parents. A central purpose of gathering the information in this case is to identify areas of congruence or divergence between practices that are carried out in the home and those favored in the pre-schools. The method is first applied with the pre-school teachers, asking them to look at their own practices in the pre-

school in relation to what they identify as the most important values and skills they would like to impart in the school. Then, the pre-school teachers ask parents to reflect on what kind of child they would like their child to become. Pre-school practices are then viewed in relation to the particular values and skills that parents say they would like their children to have.

The example from Mexico is a useful technique for assessing agreement between the traditional and the more modern. In that instance, the pre-school teachers were being asked to assess their practice based on parental goals and perceptions.

While some of the traditional practices and beliefs identified will be in accord with current thinking, there will be others that are not. When the traditional and more modern practices are at odds with one another (e.g. negative feedback to children that decreases their feelings of self-worth), then the following strategy can be undertaken.

■ IDENTIFY THE FUNCTION THE BELIEF/PRACTICE SERVES IN THE SOCIETY

It is important to ask, why is the practice what it is? How has it evolved? Most traditions have evolved in response to changing needs within the environment and culture. It can be hypothesized that some practices are held onto although they are no longer really functional for the culture. But more needs to be known about whether or not this is true. The more that is understood about a practice and/or belief, the more likely it is that a way can be found to introduce changes.

■ IDENTIFY HOW VULNERABLE THE PRACTICE/BELIEF IS TO CHANGE

Once a practice is understood more completely, then it is possible to determine whether or not it is amenable to change. The best strategy is to begin with a practice that appears to be vulnerable to change. If people are beginning to question the practice, then it may be open to change. Questioning can lead to discussion. This provides an opportunity for people to receive new information. Alternatives can be discussed and perhaps tried. Once one behavior or practice has been changed, people may be more willing to look at some of the practices that at the outset of a project appeared to be intractable.

If the practice appears to be malleable, then it is possible to move to the next step.

■ IDENTIFY WHAT WOULD MOTIVATE SOMEONE TO CHANGE THE CURRENT PRACTICE

What is reinforcing the current practice? Given the reinforcers in the current situation, what might be used to motivate someone to change? An example comes from the Malawi study where traditionally children were not bathed very often. Rather than telling people they had to bathe their children to make them healthier, the strategy was to find a way to motivate the women to bathe their children frequently. The answer came when a childcare program was created. A rule was made that in order for children to participate in the program they had to arrive bathed and in clean clothes. As a result mothers began to keep their children cleaner because they wanted their children in the child care. Child care was something the mothers valued. There was no need to 'preach' to the mothers about the value of keeping children clean. The desire to have the child in

the program was what changed the mother's behavior, not the abstract concept that this would help keep the child healthy. (Kalemba 1993, 16)

If the process does not stimulate change, then a more direct approach can be taken.

■ DEVELOP THE INTERVENTION IN LINE WITH THE BEHAVIORS YOU WANT TO CHANGE

The strategy so far has provided data on the problem, as defined by the community. It has also allowed those involved in planning the program to understand the childrearing practices and beliefs associated with the problem. This groundwork will provide a basis for determining project goals and actually putting a project in place. In actually designing an intervention there are several principles that it is useful to remember.

First and foremost it is important to remember that **there are no formulas.** No one program model will be satisfactory in all settings. While the program being introduced can draw heavily from programs that have worked in other settings, it should be recognized that adaptations will have to be made.

Second, the presentation of practices derived from scientific and/or ecumenical ideas ought to be seen as the source of themes for discussion and dialogue rather than messages that have to be delivered. Too often "dialogues" are used as a way to convince people to accept certain practices or patterns or beliefs originating in science or church doctrine. They do not allow for the identification, valuing and appropriation of current practices to meet the same goals.

Third, there may well be a tension between a "global vision" in which everything seems inter-related and important and necessary, and the necessity of developing goals that are specific and achievable within a realistic time frame. One way to overcome this tension is to distinguish short term and long term actions, focussing on areas of priority in the short run and working with the integrated vision for long term plans.

Fourth, a "constructive" vision is needed. It is important to maintain a positive and constructive vision of the community and families. Accordingly, emphasis should be placed on recognizing good practice rather than on focussing on and punishing bad practice.

Fifth, demystify the services. Professionals frequently feel that extensive training and an in-depth understanding is required to perform a function well. Yet, many of the tasks that lead to a better quality of life can be simplified and made accessible to people with little formal education. Again the example comes from Malawi where, as a result of simple technologies, people have developed safer birth practices, provided the community with water, created pre-school centres, and undertaken growth monitoring and the treatment of common ailments. (Kalemba 1993, 16)

■ PROGRAMS FOR CHILDREN SHOULD BE FOCUSSED ON THE FAMILY AND COMMUNITY

Programs seeking to have a positive impact on children's growth and development should not be directed only at children. Attention should be given to the role of mothers, fathers, grandparents, extended family members and siblings. Parental education programs are one vehicle for focussing on the family. An understanding of childrearing practices and beliefs can provide the content for

such programs. For example, in Chile, a study of childrearing practices was integrated into a program designed to educate and empower parents. (UNICEF 1994) Data from the study was used to identify specific areas that should be stressed in the program, and to develop "positive parenting" modules dealing with:

– The family unit
– Attachment and love for children during pregnancy and the first year of life
– Self-esteem and self-reliance in development of children
– How to enrich home interactions with children and home learning environments
– The father as a participant in childrearing practices
– Discipline strategies based on respect and love
– Support systems for parents.

Programs that have a positive impact on children do not necessarily need to have a child development or parent education focus. By uplifting the lives of family members, particularly mothers, and the community there are indirect benefits for children. Programs which give women additional income that is at their disposal have indirectly affected children in that women tend to use these new resources to benefit children's health and education. (Engle 1994)

■ PROVIDE INTEGRATED SERVICES

People's lives are not as fragmented as government social services. We know that multi-sectoral supports are more effective than mono-focal efforts. In the early years development is closely tied to health and nutrition. Supports for children in the first three years must take a holistic approach, including attention to mental, social, as well as physical development. Alliances should be sought among institutions seeking to better the welfare of young children. Neither the government nor non-governmental institutions, nor the church can expect the desired results working alone.

■ BUILD ON EXISTING PROGRAMS

An effective way to keep costs manageable is to build child care and development components into existing programs. Options that have been tried include incorporating early childhood development actions into on-going adult education, community development, child care, health and/or nutrition programs. This strategy avoids the need for the development of an expensive new infrastructure. Although not without cost, experience shows that such integration can be efficient and produce a synergism that benefits the original program.

The rich diversity of the studies presented at the various workshops is difficult to capture in a summary. The breadth of conditions and contexts, and the variation encountered in practices, patterns and beliefs confirms the general conclusion that programs of early childhood care and development need to be adjusted to local variations and realities. If not, it will be impossible to respect cultural differences and to "begin with the knowledge of the people."

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Related Research

Outside of the countries covered by the Latin American and Sub-Saharan African workshops organized by the Secretariat of the Consultative Group, UNICEF country offices in other parts of the world are also undertaking research on childrearing practices, patterns and beliefs and using the information gathered as the basis for programme development. What follows is a description of the experiences in two countries: Egypt and Lao PDR.

A Rapid Appraisal of Early Childrearing Practices in Egypt, UNICEF, 1992

The main objective of the research on early childrearing practices in Egypt was to identify and comprehend existing practices, beliefs and perceptions concerning childrearing and child development in selected communities. The focus was on communication with the most disadvantaged groups, particularly women and the poor.

The research process was meant to be practical and to build on local strengths and knowledge while at the same time developing the capacity of local NGOs to collect research data. Consequently UNICEF decided to rely on the experience and efforts of actual community developers from the very inception of the project. Accordingly, Egyptian NGOs were invited to participate in the project. There were 6 NGOs ultimately involved.

The individuals involved in collecting data were trained in Participatory Rapid Appraisal (PRA) techniques. The training was both theoretical and practical. By the end of the training process

the group had selected a number of basic PRA research tools which they thought most appropriate for their task. In the gathering of data they were encouraged to employ a mix of research techniques (semi-structured interviews, observation, secondary sources and key informants), to work in multi-disciplinary teams, and to use more than one source of information. A process of data-collection by triangulation was employed. This involved using different techniques and sources to gather data on the same issue. This allowed for the cross-checking of information and getting a more in-depth understanding.

Rather than trying to cover a large sample, it was decided that researchers would compile case studies of family practices on a limited number of families. Households to be included had to have at least one infant, a child under three years of age and a child between the ages of 3 and 6. Selection of families was determined by the degree to which researchers felt they could establish a relationship with family members and make them feel enough at ease to willingly participate in the project. Five to nine families were chosen in each of seven sites.

The results yielded information on: the physical conditions/environment, feeding/eating practices, daily routine for the child, playing, children's interaction with the mother, parental perception in terms of expectations for the child, children's behavior, etc., how children learn, children's interaction with others (peers and adults), and the use of TV and other media.

The data generated were then used as the basis for the development of a curriculum on Early Childhood Development. The curriculum was designed to "provide caretakers with the confidence to sustain constructive/positive practices and the knowledge to correct other practices which are detrimental to the physical, intellectual, and/or emotional growth of children."

For more information on the programmes actually developed, contact: UNICEF - Egypt 8, Adnan Omar Sidki St., off Mussadak St., Dokki - Cairo, EGYPT.

Traditional Childrearing Practices Among Different Ethnic Groups in Houphan Province, Lao People's Democratic Republic, UNICEF, Somporn Phanjaruniti, 1994

Taken from the Executive Summary of the UNICEF Report

The Lao Women's Union, with support from UNICEF, has since 1992 been implementing the Women's Development Programme - a village based community development initiative working in five provinces of the Lao PDR to improve the well-being of women and their families. A particular concern in initiating this programme was the status of Lao children -- their very high rates of infant mortality and overall health education, and developmental situation. WDP staff have recognized that their work related closely to child survival and development issues but have lacked both specific information on traditional Lao attitudes and practices towards child-raising and a strategy to incorporate these issues directly into the programme.

Thus a study was conducted to gain better knowledge of these traditional practices and attitudes toward child-raising and the overall developmental situation for children growing up in rural areas of the country. The focus was on analyzing some of the strengths and weaknesses of

traditional practices and the factors that lead to child development problems such as high infant mortality rates, low levels of girls' education, and delayed development.

The study was conducted in six villages representing the three main ethnic groups in northern Lao PDR (Lao Loum/Tai Daeng, Khmu and Hmong). It was carried out by a 7-person team who stayed in each village for 5-6 days and used techniques of Participatory Rural Appraisal to learn from and with villagers about issues and practices that impact on the lives of young children.

Many different aspects of childcare and childrearing practices were covered -- including traditional maternal and child care practices, attitudes and behavior of parents towards raising children, traditional play and toys for children, and other issues impacting on child development and survival.

Many positive factors were present, such as the presence of voluntary childcare providers (grandparents and other relatives), positive attitudes and spiritual beliefs towards children, availability of good traditional toys and play, strong self-help skills among children, a reliance on breastfeeding and a good availability on traditional medicines and knowledge, and strong traditions of mutual support and cooperation within the villages.

There are also areas for concern. These include inappropriate traditional knowledge and practices and a lack of knowledge about essential child care and development concepts. There are low overall levels of knowledge of child development, especially in terms of cognition and physical growth, a lack of knowledge about proper nutrition and supplementary feeding, and traditional attitudes of preference for male children that result in girls losing the opportunity to attend school beyond very low levels.

The very difficult economic situation in some villages and families also severely impacts on child welfare by limiting the parent's available time (due to labor requirements), inadequate food in some cases, and a lack of access to outside health care and education services. The situation for children varies widely among the three ethnic groups included in the study. Khmu children are in an especially precarious situation which deserves special attention.

Based on the findings of the study, the team recommends that UNICEF and the Lao Women's Union make Early Child and Family Development (ECFD) an integral component of the Women's Development programme and that other agencies implementing village development projects in Lao PDR also consider similar initiatives. It is argued that ECFD is a strategy for working with children, their caregivers and the whole family and that it should be implemented as part of wider rural development activities that address root issues of child development problems. Further, it should be implemented using a participatory approach, building on the traditional strengths and knowledge of villagers.

The report recommends specifically that ECFD activities focus on training and include: caregiver education, strengthening the system of traditional home-based childcare, child-to-child activities, integration with wider development initiatives, and advocacy aimed at policy makers.

Since the report was just issued, these recommendations are under consideration.

For more information contact: Ms. Somporn Phanjaruniti, c/o Bruce Shoemaker, B.P. 820, Vientiane, Lao PDR.

Endnotes

[1] However, it must be recognized that many of these 'studies' may well be telling us more about the biases of the observer than they do about the etiology and value of the practices being observed. (Evans 1970)

[2] "Scientific" is in quotes because it is recognized that today's scientific knowledge may well be tomorrow's quaint beliefs of yesterday.

Early Childhood Counts: Programming Resources for Early Childhood Care and Development.
CD-ROM. The Consultative Group on ECCD. Washington, D.C.: World Bank, 1999.

The Consultative Group on Early Childhood Care and Development

CHILDREARING PRACTICES IN SUB-SAHARAN AFRICA: AN INTRODUCTION TO THE STUDIES

Coordinators' Notebook No. 15, 1994

Judith L. Evans

One of the goals for the Namibia Workshop[1] was to bring together information from existing studies of childrearing practices and to draw implications for policy and programming. Thus in preparation for the Workshop several studies of childrearing practices and beliefs in sub-Saharan Africa were selected for review. The researchers were asked to make a presentation at the meeting on their findings.

Before looking at the specific information generated in the five research projects reported on at the Workshop, it is important to provide an overview of the methodologies employed in each study. None of the studies was conducted specifically for the purposes of the Workshop. Each study had been conducted earlier, one as early as 1984, with the most recent being completed in 1991. Because these studies were mostly unpublished, the Workshop was seen as an opportunity to share the results with a wider audience and to further the discussion of ways in which an understanding of childrearing practices could facilitate programme development.

The studies in Namibia, Zambia, Malawi and Nigeria were all undertaken with the support of UNICEF and were conducted by national research and/or academic institutions. The study in

[1] For background on this workshop, see "Childrearing Practices: Creating Programs Where Traditions and Modern Practices Meet," Coordinators' Notebook No. 15.

Mali was supported by Save the Children USA and was conducted in collaboration with a national research institute. Since the studies were done in isolation of one another, they lack a common methodology. The methodologies employed in each study were based on the study purposes and reflected the expertise of the research group involved in the effort. What follows is a brief description of the methodologies developed by each research group.

Methodology

- NAMIBIA

Child Care and Development in Uukwaluudhi, Northern Namibia. R.F. Zimba, and B. Otaala. (1991) UNICEF, Namibia.

Purpose. This study was completed in 1991 and was undertaken for the express purpose of understanding traditional childrearing practices and beliefs among the Uukwaluudhi peoples in northern Namibia. This was the initial step in the implementation of a UNICEF child development project, the general objective of which was "to create optimal conditions for early childhood development and care at the household and community levels." (23) In order to do this, UNICEF staff felt it was important to undertake research that would "provide background data for establishing developmentally stimulating household-based child care." (25) More specifically, the purpose of the research was "to assess the extent to which qualities of a developmentally stimulating environment were provided by the Uukwaluudhi community." 27)

The study was undertaken by two members of the Faculty of Education at the University of Namibia. They were assisted by six field workers. Community workers also participated in the study, facilitating communication among the researchers and community members.

Sample. 136 Uukwaluudhi households were selected randomly and visited by the 2 researchers and 6 research assistants. An average of 13.6 households was visited in each of 10 districts.

Data Collection Tools. Four sets of open-ended and structured interview questions were used in the study. The first set focussed on background information on the family as a whole. The second set focussed on prenatal maternal and child care practices, beliefs and needs. The third and fourth sets included questions focussed on care during early and late childhood, respectively. They also included questions about community goals in relation to child care and development.

Procedure. Before the study began the Principal Investigator visited Uukwaluudhi and met with members of the education and health committees of the UNICEF programme already in place. At the meeting the purpose of the study was explained and community involvement in the effort was sought. There was enthusiastic support for it. The next step was to discuss the study with the area chief. The chief was impressed with the team and underscored the importance of creating activities that would be of benefit to women, men and children.

Data were gathered by teams of two making visits to homes. During the home visit, the questionnaire was administered and observations made of what children did, what was done to them, what was done with them, and how the caregivers interacted with the children.

Data Analysis. The quantitative data gathered through the questionnaires were scored, coded and entered. Data were analyzed using the SPSS-X statistical analysis programme. The qualitative data were transcribed, coded and interpreted. The quantitative and qualitative data, together with the investigators' and research assistants' field observations, were combined to provide a description of practices among the Uukwaluudhi peoples in relation to childrearing practices and beliefs during the prenatal, perinatal, 0-3 year, and 3-6 year periods in the life of a child.

■ ZAMBIA

CRZ/UNICEF Study on Childrearing Practices in Zambia. P.S. Chibuye, M. Mwenda and C. Osborne. (1986) Zambia Association for Research and Development. Lusaka, Zambia.

Purpose. This study was conducted in the mid 1980s, with support from UNICEF, the Zambia Association for Research and Development and the Ministry of Home Affairs. The study was aimed at documenting traditional childrearing practices (TCRPs) for the purposes of formulating appropriate national level policies. The study was designed to provide a country-wide picture of childrearing practices and beliefs. (Previous studies had focussed only on individual provinces.)

Specifically the researchers were attempting to identify: 1) good TCRPs which could be encouraged to help reduce infant and childhood mortality and morbidity rates; 2) harmful TCRPs which needed to be discouraged by intensifying health education efforts; and 3) harmless TCRPs which, like the good ones, should remain as part of the cultural heritage and be incorporated into health education programmes. (9) This micro-level study was meant to complement the macro-level statistics on children in Zambia, both of which were gathered as a part of UNICEF's situational analysis of women and children in Zambia.

Sample. Data were collected from 740 adults and 232 children (ages 1-7) in 8 of the 9 provinces in Zambia. Areas were selected to be representative of Zambia's population groups. These included rural, peri-urban and urban communities, those involved in agriculture, fishing, and mining, and families with matrilineal and patrilineal traditions. The areas selected represented diverse communities which differed by tribe, language, education and income. (10)

Data Collection Tools/Procedure. Data were collected through two structured interview schedules. One was used with adults, with the questions designed to elicit information on socio-demographic variables related to antenatal, perinatal, general care of the baby, feeding and weaning, social development and health care practices.

The second interview was administered to children "who could talk".[1] Questions were designed to obtain an understanding of children's general knowledge of current affairs and the mental and physical development activities they engage in. The responses of adults and children were then compared.

Data Analysis. From the responses, categories were devised and responses grouped accordingly. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data.

■ MALAWI

Childrearing Practices and Beliefs in Malawi and their Implications for Programming. E. Kalemba (1993) Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1993.

Purpose. A study to assess the childrearing practices in four different communities in Malawi was undertaken in 1984. The focus of the study was on the socio-cultural, nutritional, physical and health conditions prevalent in the culture. The study was envisaged to provide information on both positive areas and gaps in relation to child stimulation, and problems faced by parents in providing total care. (5)

Specifically the study focussed on information concerning practices and beliefs related to conception, birth, child nutrition, socialization, attitudes toward children, sex of the child, weaning and general care of children. It looked at what children do between the ages of 2 and 6, what they play with, and their interaction with older family members (parents and siblings).

Sample. The study was conducted in four areas of Malawi (one urban and three rural), selected on the basis of the dominant culture, the geographic and physical environment and the level of economic and social development. In the urban area sampling was based on existing residential areas, treated as clusters, from which households were randomly sampled.

In the three rural areas, which were more homogeneous, lists of villages were obtained from chiefs. From these an appropriate number of villages was randomly selected. A further random sample provided the actual households where interviews were conducted and observations made.

The total sample size was 382 households, composed of 2123 individuals, including 671 children under five.

Data Collection Tools/Procedure. A checklist of variables to be investigated was drawn up. This was used for the purposes of making observations. In addition a structured questionnaire was completed with each household. Individual investigators were assigned households to observe over a four-week period during which they made notes and completed the questionnaires. All the investigators lived among their subjects during this four-week period.

■ NIGERIA

Childrearing Practices and Their Associated Beliefs in Nigeria: A Paper Based on the Baseline Studies Conducted in Five Local Government Areas in Nigeria UNICEF (1987-1990). M.A. Akinware and A. A. Ojomo (1993) Paper presented at the Workshop on Childrearing Practices and Beliefs, Windhoek, Namibia, October 26-29, 1993.

Purpose. In 1987, baseline studies were conducted in five areas of Nigeria for the purposes of assessing the health and nutritional status of children, child care arrangements and stimulation,

and maternal attitudes toward achievement, formal education and organized day care. The information gathered was used as the basis for a programme being developed jointly by UNICEF and the Bernard van Leer Foundation.

Sample. A four-stage sampling procedure was used. First, a mapping of the geographical area was conducted in each of the five Local Government Areas (LGAs) to be surveyed. Second, stratification within the LGAs was made which led to the selection of representative geographic areas and/or communities. Third, households with children between the ages of 1.5 and 6 years, (generally between 2 and 4), were randomly selected within the stratified areas. Fourth, children were selected for testing within the households.

Overall a total of 1507 households were surveyed, averaging 300/LGA, split between urban and rural populations. Between 24 and 30 children were observed in each LGA.

Data Collection Tools/Procedure. An early Child Care Development and Education Questionnaire (ECCDEQ), consisting of 93 items was created. The questionnaire was divided into three sections. 1) A Household Questionnaire, completed with the Head of the Household, included questions which provided general information on the community. This questionnaire served as an entry point into the household. Once the male was interviewed he would permit the woman to respond to a questionnaire also. 2) A Mother Questionnaire, administered to the target child's biological mother, was used to obtain information on family composition and demographics, as well as specific information on child birth, childrearing patterns and family planning methods. 3) A Child Development Questionnaire, again administered to the target child's biological mother, provided specific information on the child's birth record, nutritional and health history, current health status, physical, emotional and social development patterns, task performance and intellectual development. It also elicited information on the mother's socialization practices, child care options and arrangements and her aspirations for the child. In addition, the Bayley Mental Development Test was administered to some children.

An Observational Assessment Checklist was also developed to facilitate observation of the activities and interactions of selected children within the sample. Through observations information was gathered on children's physical development, interaction with peers and adults, types of playmates, feeding habits, relationship to primary caregiver and siblings, degree of emotional support provided and language skills.

■ MALI

Research Work on Early Childhood Attitudes, Practices and Beliefs in Kolondeba, Southern Mali. U. Dembele and M. Poulton. (1993) Paper presented at the Workshop on Childrearing Practices and Beliefs in Sub-Saharan Africa. Windhoek, Namibia 26-29 October 1993.

Purpose. It was known that the Bambara people in Southern Mali have developed a 'genuine sustainable caregiving system'. The question was, how best can this native enterprise system be built upon to promote the child's development? The research undertaken in January 1993 was a joint effort between a national research institute (ISFRA) and Save The Children (USA) for the

specific purpose of developing a childcare program that was built on and reflected traditional childrearing practices and beliefs.

The objectives of the study were: 1) to identify the development of the Bamanan (Bambara) child and the specific educational activities taking place at each stage of the child's development; 2) to analyze practices associated with motor skills, socio-affective and cognitive development; 3) to define and illustrate the educational practice, attitudes, stimulation, personality and 'awakening' as experienced by the Bambara; and 4) to describe the traditional learning process and specify the roles and responsibilities of caregivers (e.g., mothers) in that process. (1)

Sample. The specific focus of the study was the Bambara peoples in Kolondeba, Southern Mali. Eight villages participated in the study. All traditional institutions concerned with education in those villages were included in the study, to find out about childrearing practices and beliefs that impacted on children from 1 to 4 years of age.

Procedure. The researchers employed an action research approach rather than a single survey in order to understand the practices more fully. The researchers worked with Bamanan organizations (women, youth, traditional healers, religious leaders and indigenous change agents) to explore the popular perception of child care. This involved gathering information about myths and the reality of practices, beliefs and attitudes.

In the second phase, the researchers sought the rationale behind the popular perceptions identified. They looked closely at the various components of caregiving and tried to find out some meaning and relationship between them. When, how, where and why different people act the way they do and what is expected, were issues taken into consideration. The process included the running of Focus groups, RAP and observations.

Data Analysis. As noted by the research team, "an eclectic data collection and analysis method was used." (2) The conclusions evolved. As data were gathered and summarized they were shared with the groups involved in data collection to ascertain the validity of the conclusions. If they were incorrect further discussions and observations took place until there was agreement on study results.

In sum, the methodologies employed differed across the countries studied; some were more formal, some less. All but the Mali study employed questionnaires that were completed through interviews of household members. The majority of the studies also included observations of adult and child behaviour to validate interview data and/or provide a more in-depth understanding of the dimensions being explored.

Practices, Patterns, and Beliefs: General Findings

It was expected that the reports would illustrate the diversity among the cultures within sub-Saharan Africa. And while the differences were apparent, what was striking to all at the Workshop was the similarity of beliefs and practices found within traditional societies studied in

Mali, Nigeria, Namibia, Zambia and Malawi. The positive and negative practices and beliefs which are similar across all the studies are noted in the synthesis which follows.

A. Positive beliefs/values:

- Children are highly valued. They are gifts from God and have a very special role to play in perpetuating the family and culture and in providing care for elders.

- Children are the responsibility of the community. When primary caregivers are not available, the community creates a system for caring for children. As a proverb from Malawi states: Nurture any child, even those who are not your own, for in the future they will look after you.

- Parental and community goals for children are centered around social and human values. These include: respect, self-reliance, being helpful, cooperative, and obedient. The more 'modern' the culture, the more likely there is to be a shift to more materialistic values.

- A woman's actions are believed to be important in terms of birth outcomes for the woman and for the baby. Each of the cultures has beliefs and practices related to pregnancy. These center around what women should and should not eat, and what they should and should not do.

- Each culture has a set of rituals related to the birth process itself. These are designed to provide a safe birth for the baby and to assure the mother's well-being.

- After birth there is a period of confinement that is designed to allow the mother to regain her energy and for the bonding and attachment to occur between the mother and child.

- The naming of the child is a significant event. Names have meaning and are chosen carefully.

- In support of good nutrition for the child, mothers breastfeed, generally for fairly extended periods of time. The benefits of this practice include: providing appropriate nutrition for the infant and assuring appropriate child spacing.

- Practices related to caring for one child and conceiving another has meant that traditionally there was adequate child spacing. There is an implicit understanding that there should be 2+ years between children and a more explicit belief that while women are breastfeeding they should not get pregnant.

- The childrearing practices related to the care of the infant (breastfeeding on demand, the carrying of the child on the mother's back, sleeping with the child) create a close and intimate relationship between the mother and child and security for the child.

- When the child is no longer breastfed there is a separation from the mother physically and emotionally. At this point others in the family and community play an increasingly important role in caring for the child.

- There is an expectation that a variety of community members will support the child's growth and development. This begins with traditional birth attendants and then includes

extended family members, older brothers and sisters, and then the community at large, including the elderly.

- Older children (even beginning at age 4) play a significant role in providing care for younger children.
- The elders have a special role in the society. They are valued for their wisdom and have considerable power. They have an important role to play in the transmission of cultural values and in teaching the young.
- Much learning occurs through the modeling of the behaviour of adults and older children.
- There are traditional games, stories, toys, songs, and ways of playing that are passed on from the older children to the younger children, many of which support children's physical, emotional, social and intellectual development.
- Traditional healers are commonly turned to when families have health problems.

B. Values/ Beliefs that may be detrimental

- Some of the food taboos associated with pregnancy increase the likelihood of mothers being anaemic (e.g., pregnant women are not allowed to eat eggs, fish, and sometimes meats).
- Men are seldom involved in direct care of the young child. In some cultures they provide support to women; in others they are essentially absent until the child is older.
- There is little understanding of the value of interacting with infants and young children. Adults don't really "play" with children, at least until the child reaches the pre-school years.
- The etiology of many diseases is misunderstood. Diseases are attributed to human fallibility and/or witchcraft (e.g., Kwashiorkor and marasmus are believed to be caused by infidelity).
- There is little understanding of the process of development and children's needs at different stages (e.g., teething is seen as causing diarrhoea and other illnesses, and meal frequency is usually tied to adult patterns of eating when in fact young children need to eat more often).

Beyond these generalizations, the participants in the workshop sought a more in-depth understanding of the cultures being studied. Thus, in preparation for the workshop each set of researchers was asked to respond to a common set of questions in relation to the findings in their study. The section which follows presents a summary of their responses. Because the purposes of the studies were different, there are some questions that only one or two of the studies may have addressed. In other instances, all the studies could provide relevant information.

The Specifics

■ GOALS AND EXPECTATIONS FOR CHILDREN IN THE CULTURE

As noted, what comes through as a dominant theme in all the cultures studied is that children are highly valued. In Mali the child is seen as a "celestial, social and material being; a complex being to be handled with great care...Many traditional communities consider the child as part of the cosmos before it is born. (Dembele and Poulton 1993, 4-5) Beyond that the child is: a gift from God, an ancestor, an evil spirit, a social product, a community possession, its genitor's replacer, a consolation for childless relatives. (5)

In Nigeria children are the reason for people to marry. "The essence of marriage in the Nigerian context, as in Africa, is to have children." (Akinware and Ojomo 1993, 5) "Wedding dates are not fixed until the woman's pregnancy is obvious ... childbirth is usually announced some few weeks or months after the wedding." (6) There is nothing worse than a childless marriage. It is "one of distress, unhappiness and (frequently) ends in divorce." (5)

In Nigeria it is said, "omo l'aso", the child is clothing. This has several levels of meaning. The child covers the father at his death, meaning he takes on the lineage. This "covering" occurs during the father's life as well. The child is expected to take care of or cover the needs of the parents. This responsibility is conveyed to the child early on. When the child is young, parents emphasize how much they are doing for the child. In turn, the expectation is that this caretaking will be reversed when the child is grown and the parents are old and require care.

In Zambia the importance of children is seen by the fact that parents are known as the father or mother of a given child. They do not use their own names. They are given status in relation to the child they have parented. As a result children are not likely to know their own surnames. (Chibuye et al. 1986, 86)

As a result of the high value placed on children, parents desire many children. In the Zambian study, of those interviewed only 20% wanted fewer than 5 children, 44% wanted 5-10, 8% wanted more than 10. The remainder stated they would be content with any number. The reasons for wanting the given number of children was: “some children may die (26%), children are an investment (21%), and children are a gift of God (18%)." The other 35% cited the high cost of living.[2](34)

In Mali there is also a desire for large families. "The more children there are, the more varied the tasks the family can carry out and the more prosperous it can be as production is still done by hand." (Dembele and Poulton 1993, 6)

How do you treat these children that are the gift of God? In Malawi they say "M'mera ndipoyamba"-meaning that the child is like a plant. It must be nurtured while it is still young for it to grow up strong, healthy and productive. (Kalemba 1993, 6)

What do parents expect of children? By and large, the majority of the goals for children center around the development of appropriate social skills and humanistic values. In Namibia, among the Uukwaluudhi, parents want their children to respect their elders. It is also important for the child to be cooperative, helpful, hardworking and to participate in the work at home and in the field. Frequently mentioned was the fact that it was important for the child to be educated, obedient, and believe in God. Only two people mentioned specific occupations they would like to see their children pursue (teacher and nurse). (Zimba and Otaala 1991, 71, 86)

Among the Bambara in Mali, the traits most desired in children are courage, perseverance, trustworthiness, reliability, generosity, self-reliance, industriousness, and charitability. (Dembele and Poulton 1993, 6)

In Nigeria there is a clear expectation that the child should be 'good'. A good child is one who follows cultural tradition and cares for the parents. While traditionally the good child was one who was moral, as defined by traditional values, now the good child is one who is a good provider. 'Good' now has a much more material definition.

But all children are not good. When there is a 'bad' child, one who does not conform to cultural norms, parents disown him/her. "I have not given birth." "I have no child."

Whether one has a good or bad child is the result of fate. In Nigeria it is believed that God infuses a newborn with certain characteristics which produce either a good or a bad child. The child is essentially given an allotment that determines the type of existence the child will have, and his/her personality. The ingredients that go into creating a new child, and the state of mind of the creator at the time, determine the child's destiny. (Akinware and Ojomo 1993, 12-13) Since parents do not know who will turn out to be the good child, large families are the norm in Nigeria.

In addition to there being a differentiation between good and bad children, there are also gender preferences and expectations. Not surprisingly, male children are preferred since they pass on the family name. Families where the first several children are girls generally have many children, in the hope of having a male child. "Each successive female issue is accompanied with greater distress which at best is masked with fake joy." (Akinware and Ojomo 1993, 8)

Another dimension is the impact of polygamy on the number of children born. In Nigeria, a mark of a successful marriage is children. Thus there are jealousies among the women to produce the most children and children are not well cared for by co-wives. Death of an infant gets blamed on witchcraft generated by co-wives. However, this jealousy among co-wives is counterbalanced by the need for the community to share responsibility for child care. (Akinware and Ojomo 1993, 30)

In sum, in each of the cultures studied great importance is placed on having children. Thus it is not surprising that there are numerous beliefs and rituals that support the birth and raising of a healthy child. What follows is a description of some of the beliefs, rituals and childrearing practices associated with different times in the child's life.

■ CHILDREARING PRACTICES AND BELIEFS ASSOCIATED WITH CONCEPTION, PREGNANCY AND BIRTH

In the Zambian study the comment is made that "the delivery of the mother and the birth of the children are subject to more beliefs and superstitions than any other period of life" (pg 49). This was echoed in the other reports as well. In general, it can be stated that the younger the child the more information there is about the childrearing practices and beliefs associated with that age. Within most of the cultures there are a variety of practices and beliefs that surround the period from conception through infancy. This may be due to the fact that this is a critical time in terms of a child's survival. It is also an important time in terms of a woman's role within the culture.

Conception. In general, there is little understanding of the biological process of conceiving a child. The dominant belief that God gives children is enough of an explanation for many. This lack of scientific knowledge about how children are produced allows people to make their own interpretations of outcomes. For example, in Nigeria if the children are healthy (and male) the father takes credit. If the child has a defect, or there is a continuous issuance of female children, then it is the woman who is at fault. Barrenness is always seen as the woman's fault and frequently it is ascribed to her infidelity.

As noted earlier, the traditional practices surrounding the care of infants generally meant there was adequate spacing between children. The belief was that mothers who are breast feeding should not get pregnant. In Malawi the belief is that the milk of a pregnant woman is bad for the child. In polygamous cultures there was little pressure on women to resume sexual relations with the father. He could satisfy himself elsewhere until the child was fully weaned. With the move toward more nuclear families and the introduction of bottle feeding, sexual relations are restored soon after the birth of the child, increasing the likelihood of women having many children within a short time period.

The impact of modernization can be seen from the Namibia data. In terms of child spacing, this was the first child for 2% of the sample; 62.2% stated there was less than a year between the birth of two of their children; and 20.6% said the next child came within 2 years. Only 24% indicated that the spacing was 2+ years.

Pregnancy practices. In Malawi the practice was for the couple to abstain from sex from the 7th month of pregnancy until the child is 2. As noted earlier, the practice of polygamy helped make this possible. Abstinence from sex is common in Nigeria with the onset of pregnancy.

Dietary practices are important in all the cultures studied. In both Malawi and Nigeria women's diets are supplemented by traditional medicines in the forms of various drinks. While there is dietary supplementation, likewise there are a number of foods that women are forbidden to eat. In Zambia the food taboos include not eating eggs, fish and certain kinds of chilies, and not drinking bitter medicines. In Nigeria the belief is that meat will harm the foetus.

Historically in Namibia pregnant women were not to eat oranges (the child will have low birth weight and suffer from liver problems), eggs (the child will be born without hair), fish (the child will have eyes like a fish), chicken or groundnuts (the child may be born dirty and develop the propensity to steal). It should be noted that the reason for these taboos were known by only 41%

of the sample. It is unclear how many actually adhered to the taboos. Today the people's diets include many carbohydrates but little protein or fresh fruits and vegetables. Of more concern than the taboos is the fact that few women have enough food available (30% reported they did not have enough to eat, and alcohol consumption is common). (10)

In terms of their behaviour, pregnant women in Nigeria are admonished not to go out at night for fear of falling under the influence of the evil eye, and not revealing the expected birth date for fear that the child's birth will be jeopardized in some way. Behavioural taboos in Namibia include: wake up early in the morning, not to do so may lead to prolonged labour; do not go through the door backwards, you may experience a breech birth.

In Mali there is essentially no change in a woman's activities while she is pregnant. In Namibia, the majority of pregnant women (about 70%) continued their chores during pregnancy without help from others. Those with older children or younger siblings got some help. When asked where they got advice about their pregnancy 37.5% reported they got no advice, 39% said they got advice from a nurse, 4.4% said from a doctor, and 14% reported getting advice from a midwife. (Zimba and Otaala 1991, 39). 79% of the women attended the antenatal clinic more than 3 times during pregnancy, although the average distance was 17 kilometers. (10) The women appeared to gain little information from the visits. Thus what is available to support childbirth in the village is extremely important.

Childbirth. Traditionally there were a variety of practices and beliefs surrounding childbirth. While these are maintained by all the members of the society, the primary responsibility for their perpetuation is that of the traditional birth attendant (TBA). She plays a critical role in assuring the survival of both the child and the mother. The extent to which family members, the pregnant woman's mother, the child's father, and others are involved in the birth varied by cultural group. Today all the cultures studied have a mix of the traditional and Western medicine that influences the birthing process.

In Malawi most children are born at home (75%) with birth attendants and close relatives on hand to facilitate the process. Breastfeeding is begun immediately. The umbilical cord is cut with an unsterilized instrument and cow dung is generally applied to the wound. (Ash is used in Zambia).

In the 1986 survey in Zambia, although about 75% of the women were attending antenatal clinics, 50% delivered at home (the preferred place of delivery), with the other half delivering in a health clinic or hospital. Outside the hospital, TBAs attended 42% of the births, 33% were attended by relatives; 11% of the women reported delivering the child on their own. (Chibuye 1986, 18)

Within the Namibia sample it was noted that people had to travel great distances to get to a health clinic (average 17 kilometers). Despite the distance to the clinics, 68% of the sample reported giving birth to their children in hospitals, 27% reported the children were born at home, 1.3% were born in clinic and 3.9% were born on the way to the hospital or clinic. Those born at home were delivered by TBAs. (Zimba and Otaala 1991, 42)

Within the Nigerian sample there was a bias toward families in urban areas. That may be why more than half of the births in the Nigerian study are reported to occur in a health facility, generally a maternity centre. Many families employed in urban areas are entitled to medical care as a result of their employment. This is believed to have increased the use of hospital and medical facilities. These statistics may not accurately reflect rural access to health care facilities.

Confinement. The period immediately following the birth of the child is critical in terms of both the infant's and the mother's survival. During this time the mother needs extra rest, food and care. Postpartum hemorrhaging and anaemia are common problems.

Traditionally, in Malawi and Mali there was a period of confinement for the mother and child. In Malawi this confinement of mother and child ('chikuta') lasts for at least a week. The explanation for the confinement is that it helps the mother and child bond, rest after the trauma of the childbirth and begin breastfeeding. During this time the mother does nothing but eat and feed her child.

One of the reasons for the confinement may well be that in Malawi males are reported to be "revolted" by the smell of the woman who has just given birth and the infant is seen as "fragile". Thus they stay away from the mother and infant. While they refuse to touch and carry the child they may regard it lovingly from afar.

While mothers do not have a period of confinement in Nigeria they are well cared for by other women, primarily the mother's mother. They are given special foods and bathed daily in a warm bath to restore them to health. The child is also bathed daily and provided with adornments that are designed to provide the child with spiritual protection and serve as decorations. The young child in Malawi is also provided with charms for use on its arms, legs or around the neck.

In Zambia there is no confinement for the woman and infant. The child is shown to others within 24 hours. Visitors frequently bring gifts (predominantly money or food) when they come to view the child. Gifts are also brought to the mother. The infant is bathed daily by any number of people.

Naming. An important ceremony in all the cultures studied is the naming of the child. The names chosen for the child have great significance, both in terms of passing on a lineage, and in terms of providing a description of the child.

In Nigeria the infant is named on the 8th day after delivery. The naming ceremony is full of rituals and serves as the public presentation of the baby. The names chosen reflect events that have happened in conjunction with the birth. "Naming goes far beyond mere identification of the person that bears it, it depicts events, situations and traits that could go a long way to influence the personality formation and socialization of the individual." (Akinware et al. 1993, 21)

In Malawi the naming of the child is also delayed, probably to assure the child's survival. The child is then named for both sides of the family and given names of the deceased to emphasize continuity of the clan.

While naming is an important part of a child's life, subsequent birthdays are not always celebrated. In Zambia only 63% of the respondents indicated that birthdays were celebrated, 11% said they were celebrated sometimes, and 26% said they were not celebrated.

Infant deaths. In traditional cultures there have always been high infant mortality rates. Thus one of the areas of interest is how societies understand the reasons for and respond to an infant's death. In the studies included in the Workshop, it was reported that it was difficult to get information on infant deaths as these are not commonly discussed.

In Malawi the death is handled with secrecy, and in fact, it is taboo to talk about infants dying. In Zambia also, infant deaths are not often discussed. Deaths are attributed to witchcraft and little more is said about them. In Malawi and Nigeria there is little discussion of abortion and/or still births. Thus it is hard to obtain accurate data on the reasons for these deaths.

■ CARETAKERS FOR DIFFERENT STAGES AND THEIR SPECIFIC ROLES

Once the child is born and is on the road to survival there are different people that care for and assist in the raising of the child. Across all the cultures studied there is a progression from the mother, to others in the family, to 'extended' family members, to the community at large. The rapidity with which this happens differs, depending on the culture and its stage of modernization.

In the study from Zambia it was noted that traditionally there was no concept of the extended family-everyone was family. Even in the 1984 sample households included adults other than parents and 16% of the children were being looked after by someone other than their biological parents. (Chibuye et al. 1986, 44) The concept of the community, or everyone being responsible for the child was echoed in the work from Malawi, where the saying is 'Mwana wanzako ndiwako yemwe, ukachenjera manja udyanaye'. Nurture any child, even those who are not your own, for in the future they will look after you. (Kalemba 1993, 6). All children belong to the clan or family. The concept of a *bastard* does not exist.

What follows is a more specific description of caretaking during the various stages of infancy and early childhood.

Infancy. During the first year of the child's life the primary caregiver is the mother. The child is generally fed on demand, and is carried by and sleeps with the mother, leading to a physical and emotional closeness between the mother and infant.

In Nigeria the interaction between the mother and child occurs primarily in skin-to-skin contact providing the children with "unconditional warmth". The researchers noted that this was in contrast to the West where the contact comes through eye contact and cuddling and kissing. (Akinware and Ojomo 1993, 25)

In Mali the child's mother is the initial caregiver until the child is at least 1 year of age. However, among the Bambara grandmothers play a very important role as well. Among the Bambara, "social coherence and security are considered a goal which every child's education should help foster." (Dembele and Poulton 1993, 7) To reach this goal the people have developed a system of

child care where young children in the village, in small groups, are looked after by the grandmothers. While the grandmothers do not have the energy to do the caretaking themselves, they provide instruction to and supervise children, sometimes as young as four years of age, who are caring for even younger children.

It Malawi it is women who care for children at any time day and night. The woman's workload, which includes fetching water and fuel wood, gardening and doing domestic chores, means that she must adapt her lifestyle to accommodate the needs of her children. In this process, children sometimes suffer as, for example, when their feeding needs are in conflict with the mother's work demands.

In all the cultural groups studied, men play a minor role in the early years. In Mali it was noted that men stay "aloof" in terms of caring for children. In Malawi most men are traditionally distanced from their children; they rarely hold and play with them. (Kalemba 1993, 13)

As the child gets older, however, fathers interact more with the child and take more responsibility for the child's socialization. Overall, however, men are generally associated with the provision of financial support while women are seen as the ones responsible for nurturing. As noted in the Nigerian study, males pay for school fees, women care for and feed the child. This view of the differences between what women and men provide for a child continues as the child grows older.

Toddlers. The toddler period (18 months to 3 years) is a time of moving out from the mother. It is during this time that children stop breastfeeding. Children spend time exploring their environment. They are taken care of by older siblings and learn quickly from them. In general children have few things to play with. Sometimes there are toys that are made by siblings or older members of the community.

In some cultures fathers get more involved with the children during this stage. In Nigeria the child as a toddler is more attractive to the father. Now he will carry and play with the child. The father also takes on a somewhat negative role in that he is 'the law' when the child begins walking and moving out on his own. The father is also the decision-maker in the family. 75% of the health care decisions are made by the father, except in families where the mother has some education.

In the Nigerian study where there were both a rural and an urban sample, the role of the fathers was found to be different in the two settings. In rural areas males are more tolerant of children's behaviour as there is more space. Thus children are not as disciplined in rural as urban areas. Within the Nigerian group, one of the positive features of being in an urban area is that there is a higher probability of father-child attachment due to the fact that there is less help available from other members of the family and community.

The Nigerian study also looked at what was happening for the child emotionally during toddlerhood. The researchers saw this time as presenting a conflict for children as they make a shift in their loyalties. "At some stage in the early childhood, there is a complex ambivalence in the Nigerian society about the greater attachment to the mother on the one hand and the greater

loyalty demanded for the father on the other hand, and this interplays in the rearing of the child." (Akinware and Ojomo 1993, 30)

The necessity to shift from the mother as the focus of care and attention to the ever-expanding world of 'others' was evidenced in all the cultures. As the child enters the early childhood period (ages 3-6 years) this movement away from the mother is even more pronounced.

Early Childhood 3-6. It is during the early childhood years that the child becomes socialized into culturally-appropriate male and female roles and begins taking on adult responsibilities-around the house and in terms of family business, whatever that might be. The contact between the child and the mother is greatly reduced during these years and the child learns to interact with a variety of other people. For example, among the Uukwaluudhi, only 10% of the children in this age group are with their mother all day; 52% of the mothers reported they had no contact with their child during the day. It is at this point that others take on some responsibility for caring for the child. Older siblings (43%) or grandparents (30%) were the primary caregivers. It is important to note that the father contributed less to the child's care than either siblings or grandparents. 60% were completely absent. (Zimba and Otaala 1992, 14, 17) Older children enjoy considerable liberty and essentially take care of themselves as elders look after the younger children.

Play is an important part of the child's life. A common saying in the West is that 'play is the work of children'. This is also the belief of the Bambara in Mali. Children's play is extremely important among the Bambara. Members of a Bamanan family play pretend games with the child. When the child can sit, a four-year-old sibling is asked to play with it. (Dembele and Poulton 1993, 5) However, adults and siblings are not always directly involved in a child's play. Sometimes they watch the child's play from a distance.

As in Mali, many of the adults among the Uukwaluudhi in Namibia did not think it was appropriate for adults-particularly fathers-to play with children. Not too surprisingly this lack of direct adult involvement with children leads to many accidents. Among the Uukwaluudhi, 24% of the children had been involved in domestic accidents. Hot water and fire were the main causes of the accidents. In 33% of the cases these accidents took place when the children were alone. In the other instances they were in the company of older siblings or busy mothers. When asked how accidents could be prevented 60% of the respondents said they had no idea. (Zimba and Otaala 1991, 69)

Toys for the pre-school age group are now sophisticated, but they are not expensive. In Zambia children play with balls, clay toys, wire toys, bottles, and tins, all of which are made from things found in the environment. For the most part the children make these themselves (59% reported doing so). Other toys are bought and/or made by parents.

Among the Uukwaluudhi in Namibia, there are more toys available to the pre-school aged child than are available to infants. Caregivers reported they are more likely to make toys for older children than for infants and toddlers. 85% of the children reported making their own toys, 54%

said caregivers made toys for them. During the early childhood period, the kinds of games and toys available to children are supportive of children's cognitive and psycho-social development.

■ CHILDREARING PRACTICES AND BELIEFS IN RELATION TO THE PROMOTION OF HEALTH, NUTRITION, COGNITIVE AND PSYCHO-SOCIAL DEVELOPMENT

While the first two years are a critical time in terms of the child's physical survival, they are also critical in terms of building the foundations for cognitive and psycho-social development. But these latter aspects of a child's growth and development have not been researched to the extent that health and nutrition practices have been. Thus while the studies yielded rich information on cultural beliefs and practices that would impact a child's health, less information was available on childrearing practices and beliefs related to the full range of a child's development. What follows is a brief description of what was found in relation to health and nutrition beliefs and practices, and a description of activities that take place which help promote cognitive and psycho-social development.

Health. The studies revealed that currently people are using a mix of western and traditional medicines in the healing of diseases. All of the cultures studied have been exposed to Western medicine to some degree. This is evidenced from the reports on the use of health clinics for pre-natal care and treatment for infants and young children. The timing of *when* Western medicine is used appears to depend on availability and ease of access rather than beliefs about the value of Western versus traditional medicine.

In Nigeria, in urban areas where there is access to western medicine, parents buy western drugs first and if these fail then parents turn to traditional medicines. In rural areas traditional medicines are used first and other health care sought outside the village only if the traditional medicines do not work. In Nigeria there are 2 traditional systems of health care-the indigenous healers who were in existence before colonial times and a recent group referred to as 'syncretic churches'. While seemingly different, there is a high degree of convergence between the two. They both use: herbal medicines, divination, exorcism, symbolic rituals, incision, and non-formal psychotherapy. Syncretic practitioners are consulted by people from all walks of life, rural and urban, literate and illiterate, Christians and Muslims.

In Zambia, all respondents reported using traditional herbal medicines to heal childhood accidents and diseases. In addition, about 50%, those who lived relatively near health centres, took their children to the clinics. Most people (91%) correctly understood the purpose of immunizations. (Chibuye et al. 1986, 33)

Nutrition. Nutrition is a critical feature of young children's development. Thus within each of the reports there was considerable information on breastfeeding and weaning practices. The reports include a description of what happens physically and some reports provide an indication of how changes in practice had an impact on the child emotionally.

Breastfeeding. During the first two years of the child's life, there is a fairly uniform pattern across all the cultures presented at the Workshop. Children are carried on the mother's back and are breastfed on demand during the early months. At the point at which the mother wants to stop

breastfeeding the child is separated from the mother. Sometimes care for the child is shifted to someone else even though the mother is around. In other instances the child is actually sent from the village to relatives elsewhere.

Breastfeeding is common in Zambia. 97% of those in the study said they breastfed their babies, most on-demand. 53% said they breastfed until the child was between 1 and 1 1/2 years old. 42% said they breastfed for more than 2 years. Nigeria is not unlike Zambia. In Nigeria nearly 100% of the mothers breastfeed, generally for about 18 months. Those in rural areas breastfeed for longer than those in urban areas. Breastfeeding is on demand and is used as a pacifier in addition to being used to feed the child. Unfortunately those with the most education breastfeed for the least amount of time.

Among the Yoruba a traditional practice was the force feeding of medicinal (agbo) teas soon after birth and later 'pap' (cereals) to infants. These practices are not followed by more literate women. In the other cultures included in the Workshop, only breastmilk is provided until the child is at least three months old.

The introduction of weaning foods. In Namibia, exclusive breastfeeding lasts no longer than the sixth month. Most mothers start providing additional food after the third month. The most common addition being a porridge known as 'omahangu'. Of those in the Namibian sample, 78% reported that children have three meals a day. For those who have less this is due either to a lack of food or lack of caregiver time to prepare the food. The pattern for adults is two meals a day.

Like in Namibia, the practice in Malawi was to introduce solid foods at about the 3rd month. While the range of ages within which children stop breastfeeding, is from 6 months to two + years, it is most common for children to be breastfed for two years. If the mother dies, the surrogate mother breastfeeds, if possible.

As the Malawian child becomes a toddler, breastfeeding continues for some. The frequency of their eating solid foods is tied to that of adults, among whom food is shared communally 2-3 times a day. There are some food taboos, most notably the taboo against eating eggs. Early on children are taught self-feeding skills.

In Mali, children are given no special weaning foods. They eat the same foods as those given to adults, with the exception being that children are not given eggs. However children eat more frequently than adults. In Zambia, children are expected to begin eating on their own at a young age: 92% of the respondents said children are eating on their own before age 1. While children's eating is supervised primarily by the mothers, other relatives also participate in this activity. There are also food taboos in this culture. Children should not eat 'hard foods, sweet stuff, game meat and eggs', nor should there be too much variety in their diet. (Chibuye, et al., 1986, 25)

In terms of food distribution, in both Nigeria and Zambia, feeding follows a hierarchy, with adults eating the good food first and the remains passed from the oldest to the youngest child. In times of scarcity the youngest suffer the most. In Zambia males and females are fed separately. Male children generally eat with adult males, but female children eat on their own.

Complete weaning. In most of the cultures studied, the most common way to end breastfeeding was to remove the child from the mother. In Mali, when the mother wants to stop breastfeeding the child she sends the child away overnight to a relative. Complete weaning in Namibia occurs by putting bitter substances on the nipples, sending children away to their grandparents or simply refusing the child access to the breast. In Zambia, 47% said they stopped breastfeeding abruptly, 46% said it was a gradual process. (69% used feeding bottles when weaning the child from the breast.)

It was only in the Namibian study that there was some attempt to look at the impact of abrupt withdrawal of breastfeeding. In that study adults reported that children's immediate response to complete weaning was to cry a lot (41.3%), become sad (34.8%), and become irritable (8.7%). 15.2% of the caregivers reported that there was no response. They reported that sometimes children refuse to eat other foods and withdraw, becoming listless. (Zimba and Otaala 1991, 79)

Cognitive and Psycho-Social Development. In the Mali study there was specific emphasis on the ways in which traditional practices impacted on a child's cognitive development. Thus within that study there was a discussion of the ways in which traditional games, songs, and stories are supportive of children's overall development. The researchers noted that many traditional games promote cognitive development. "They necessitate recalling, memorizing, sequencing and logical thinking. Traditional tales and riddles ... help develop intellectual capacity." Dembele and Poulton 1993, 11)

Language development. Language development is promoted through the use of language with children. In Mali, adults talk to children from the moment they are born. As the child grows older (ages 3-6) there is a conscious teaching of language skills through story-telling, questioning, songs.

This pattern is similar in Namibia. About 82% of the mothers reported talking to their children at birth, but they do not describe themselves as telling children stories. In fact, 86% said they did not tell stories, claiming children could not understand them. 29% of the adults reported talking to, singing with and teaching children traditional dances. While parents said that they helped foster language development by asking children to get things, name them, touch them, they claim they do not talk about the objects nor describe them to the child. (Zimba and Otaala 1991, 15)

As in Mali, the Namibia sample reported doing more things to stimulate language development when children are within the pre-school age group. 46% of the caregivers reported telling stories to pre-school aged children. 71% of them asked children to tell their own stories. 76% of the caregivers reported teaching the children songs about people, animals, birds, religion and politics. 96% reported answering children's questions, and 87% of them said they asked children to describe events that took place in the community. (Zimba and Otaala 1991, 16)

In Zambia, the games that children engage in include hide-and-seek, ball games, singing and dancing. (Chibuye et al. 1986, 29) 31% of the parents said they played with the children sometimes; 80% said they told their children stories and proverbs. The majority of the story-tellers are the women (40% mothers, 5% fathers). (Chibuye et al. 1986, 84)

Psycho-social development: the importance of chores. Another way that psycho-social development is promoted in many traditional cultures is through the chores children are asked to perform. The Bamanan children in Mali, for example, have specific tasks they are expected to undertake from an early age. Under the age of four, these tasks are not differentiated by sex. Over the age of four, boys are expected to care for poultry and animals, learn manual labour such as hiving and mat weaving and cutting thatch for roofing. Girls do house-related chores. Both boys and girls run errands for those older than they, scare birds and monkeys from the field, provide the elderly with firewood, and engage in caregiving of younger siblings.

Chores are important in other cultures as well. In Zambia, 53% of the parents expected children ages 4-6 to be helping with the chores. As in Mali there are different chores depending on the sex of the child, although there is some overlap. Boys are involved in gardening, fetching firewood, running errands and washing plates. The chores for girls include washing plates, fetching water and firewood, bathing babies, running errands, pounding food, and cooking.

In Namibia chores were also allocated depending on the child's gender. The most frequent tasks performed by boys in Namibia included looking after goats and cattle, collecting and chopping firewood, plowing and fetching water. For girls the most frequent tasks were fetching water, cooking, collecting firewood, pounding grain, washing up, and cleaning.

Beyond simply looking at the kinds of chores that children performed, in the Namibia study an attempt was made to understand how children were taught the chores, the kind of rewards they received for doing a task well and how they were treated if they did not perform well. The researchers asked the caregivers how they responded to the way children performed their tasks. 93% of the caregivers reported thanking children and praising them for performing tasks successfully. About 46% clarified tasks when children failed to accomplish them, while 52% responded to a child's failure by rebuking or punishing the child.

In terms of more general socialization, 74% of the adults said they would smile back in response to a child's smile. They were less responsive to children's requests to play and seldom offered help. When the child had difficulty with a task, 29% said they would tell the child how to do it and have them try again. 18% blamed the child for his/her failure, and a small percentage would simply have someone else do the task. (Zimba and Otaala 1991, 58)

In some studies there were specific questions relating to how children are taught to be obedient. In Zambia 60% of the adults stated that children are corrected by beating, 30% use reasoning, and 7% verbally rebuke the child. But once again, boys and girls are not treated the same. It was stated that boys need more severe punishment since they are stronger than girls and more 'notorious'. (Chibuye et al. 1986, 28)

Education. *Non-formal education.* In Malawi, the researchers looked at who taught children different skills. The results indicated that mothers and siblings talk to and cuddle the child. Further, the child is taught to sit, talk, crawl and walk by the mother and siblings. Toileting and independent living skills are taught by the mother. Language is introduced by both the mother and siblings both of whom teach the child to walk. Songs, dance, games, riddles are introduced by

the wider community through play with older children and interaction with adults. (Kalemba 1993, 10)

Formal education. In terms of attendance in school, parents in the Zambian study reported that they sent their children to school, but the age at which children were sent varied (from 5 years to 9 years of age). Parents reported that they sent the children when they were "ready". 94% said it was important to send both boys and girls to school. The reasons given were: "so that they are both given a chance to succeed (46%); they should have an equal opportunity (34%). (Chibuye et al. 1986, 30)

■ THE DEGREE OF TRADITIONALISM (TRADITIONAL, TRANSITIONAL, MODERN) EVIDENT IN CURRENT CHILDREARING PRACTICES AND BELIEFS

One of the major tasks of the workshop was to analyze the reports on childrearing practices and beliefs in terms of the extent to which traditional practices still held sway and the extent to which the traditional practices had been 'modernized'. The report on Malawi addressed this question specifically. As these were presented researchers from the other countries indicated that similar changes were taking place within the societies they studied. What follows is a summary of the perceived changes.

- Most traditional childrearing practices persist to date in some form, although they have been influenced by changes occurring in the society as a whole. For example, pregnancy is no longer as sensitive a subject as it was. The reason for this is that there is considerable modern information available and being provided to women. When they receive this information they are encouraged to talk about their own situation. Pregnant mothers are now eating foods which benefit the unborn child, although traditionally these foods were taboo.

- Traditional practices related to the birth of the child are still persistent, with TBAs and close relatives playing a crucial role in helping to deliver the child. However, increasingly children are being born in health facilities and the traditional practices are not being followed. Also, the confinement period is breaking down for those who deliver their child in the hospital or birthing clinic. This is due to short hospital stays and being exposed to the public on discharge from the maternity hospital.

- There are still strong taboos surrounding the discussion of still births and abortions. It is unclear if women have more accurate information about the causes of still births since still births are not discussed openly.

- People now have correct information regarding the causes of kwashiorkor and marasmus. They know they are caused by poor nutrition and improper feeding habits rather than infidelity. Also there is an understanding that witches do not cause diseases like measles.

- Mothers and siblings are still the primary caregivers. In cities, increasingly there is the use of nannies.

- Girls' enrolment in school has decreased their role as child-minders. While unsubstantiated by research, there is a fear that this has increased the risk to infants and young children who are deprived of care as a result of the older girls attending school.

- Most mothers still breastfeed on demand, but increasingly they are decreasing the number of months they breastfeed. Bottle feeding is practiced in towns and to a large extent by working mothers.

- Post-partum abstinence is no longer ruled by tradition, making child spacing a problem. There is no longer the taboo against a breastfeeding woman becoming pregnant. A related problem is the fact that when a woman becomes pregnant she stops breastfeeding, thus shortening the amount of time the child receives breastmilk.

- The bond between the mother and child is weakening as the child is now left to be taken care of by siblings or other caregivers earlier than this would have happened traditionally. There is a sense that care, such as feeding and bathing, may no longer be as consistent as it was when the young child was always with the mother.

- The youngest children continue to have the lowest status in terms of receiving food in the communal eating situation. When there is a shortage of food, the youngest suffer most. This is indicated by increased mortality rates for children between 12 and 24 months when breastmilk is less available (or not available at all) and it is not being replaced by appropriate foods.

- Large families continue to be valued, particularly in rural areas. The high fertility rates among the groups studied is indicative of this. With limited resources, the care of children is problematic. Further, the fact that increasingly child spacing is a problem means that children are not given adequate care.

- Some traditional beliefs about illness persist, particularly in terms of cures. The extent to which families use traditional medicines depends on their proximity and ease of access to Western health care. Rural families turn to traditional medicines first. When those don't work modern medical treatment is sought. Sometimes, this comes too late. Urban families, with access to and experience with Western medicine tend to turn to it first. Traditional medicine is sought when Western medicine is found lacking.

In sum, there are instances where more 'modern' practices are replacing traditional practices. In some instances the replacements are of benefit to the mother and child, as in the situation where women have more information about the conceptualization, pregnancy and birth process and they are using this information to assure the birth of a health baby and to take care of themselves physically. However, there are a number of instances where the more 'modern' practices have supplanted the traditional and this has had a negative impact on the child and/or the mother. This is true in the case of child spacing and the introduction of bottle feeding.

WHERE THERE IS AGREEMENT BETWEEN TRADITIONAL PRACTICES AND "SCIENTIFIC" KNOWLEDGE

Too often the assumption is made that what is 'traditional' is based on myths and beliefs which are not scientifically valid. The reasoning goes further. Since traditional practices lack scientific backing they are invalid and should be changed. Those attending the workshop were not willing to accept this conclusion. There was a strong feeling that there are a number of traditional childrearing beliefs and practices that are very much in agreement with current scientific

thinking. One of the tasks of the Workshop was to identify those practices which are beneficial from both points of view. What follows is a listing of those generated during the workshop:

- The practice of breastfeeding the child on demand and breastfeeding for a lengthy period of time are both beneficial. The issue is that in times of food shortage, children may not be given anything other than breastmilk. From the sixth month on children require more than just breastmilk. Another issue is the fact that the mothers themselves may be very undernourished and breastfeeding further depletes their own resources.

- The mother-child bond is also in line with current scientific knowledge about the importance of a primary relationship for the child, a relationship that provides the child with basic security as he/she moves out into the world at large. In most of the cultures presented at the Workshop, traditionally there was constant contact between the mother and child for at least the first year. Mothers carried their children on their backs, spoke to and cuddled the child. Mothers also slept with their children until they were between two and three years of age. This helped strengthen the bond between them. The Malawi study indicated that under these conditions, cot deaths are extremely rare. This was ascribed to the physical closeness between the mother and infant. (Kalemba 1993, 14)

- The community as a whole takes responsibility for raising the child. As children grow a variety of people are involved in their care, socialization and education. Caregivers include siblings, grandmothers, other relatives, and eventually the community. Expectations in terms of a child's behaviour are reinforced by community members. Thus the child is given a consistent image of what he/she should become. Scientific knowledge also reinforces the importance of children having a number of people that he/she can turn to for support and guidance. A nuclear family, particularly one headed by a single parent, provides the child with few resources. The resources available within an extended family can be of great benefit to a child.

- Play is viewed as an important part of a child's development within both traditional and more modern views of the child. Traditional cultures have provided toys and playthings made from materials found in the environment. The skills required to make these toys are handed down from generation to generation. The act of making the toy brings the adult into the life of the child.

- There are traditional games that children play which stimulate cognitive development (problem solving, math, and reasoning skills) and which support the development of communication skills.

- The songs, stories and riddles handed down through the oral tradition are an important part of children's learning process, promoting language as well as social development.

- Children develop a sense of social responsibility through their involvement in age-appropriate tasks. From these they learn obedience, helpfulness, cooperation, and respect.

In sum, in the sub-Saharan cultures represented at the Workshop, the traditional world of the child is very rich. "By the time a child goes to school it will have had a very wide experience of its own environment." (Kalemba 1993, 14) This experience needs to be acknowledged and built upon to promote the child's development.

■ WHERE THERE ARE DISAGREEMENTS BETWEEN THE TRADITIONAL AND SCIENTIFIC PRACTICES BEING PROMOTED

While there are many traditional beliefs and practices that are supported by current understanding of how to promote healthy growth and development, there are some that are 'at odds' with current theory. These were also explored at the Workshop. What follows is a description of some of these practices.

- Traditional food taboos for pregnant women can have a negative impact on the child's development and the woman's own health. For example, taboos against eating eggs, fish and certain types of meat limit women's intake of protein. What is of interest is the fact that the specifics of the food taboos are so similar across all the cultures studied. Unanswered questions include: Why do these widely geographically divergent cultures have such similar food taboos? How did these taboos develop? What function have they served historically? Are they important today?

- There are practices associated with the birth of the child that are potentially dangerous for the child. The use of unsterilized instruments to cut the umbilical cord and applying dung or ash to the wound increase the risk of infection. These practices are easily addressed, although changing the behaviour of TBAs who do not have access to appropriate instruments and medicines is more difficult.

- The practices related to the introduction of solid foods varied considerably across the cultures studied. While in some cultures solids, in the form of a porridge, were introduced as early as 3 months of age, in other settings solid foods are introduced much later. In most cases children are provided maize meal or a single type of porridge as the only weaning food. Frequently there is imbalance between solid foods and breastfeeding with the result being an inadequately nourished child. While in some instances this lack of balance is the result of lack of knowledge about what a child requires, at other times families lack access to appropriate food.

- Feeding patterns are not based on an understanding of children's developmental needs (i.e., that children need to eat small amounts of food at frequent intervals rather than large quantities at 2-3 sittings). In most traditional cultures children are fed when adults are fed. This amounts to being fed only twice a day in Malawi.

- Across the cultures examined at the Workshop, fathers are at a distance from the childrearing process. While they may be part of the presentation of the child to the community, they take little or no responsibility for the child during the early years. Sometimes as the child gets older (age 3+) the father will take some interest in the child and get involved, at least in a minimal way, in the child's socialization. The pattern across cultures in terms of the urban father's involvement with children differed. While in urban Nigeria the father tended to get more involved with the child since there were fewer extended family members available to help provide care, in Malawi, the additional stresses of urban life meant that the father was even more distant from the child.

- Tradition sets clear boundaries on roles based on gender. Children are socialized very early into appropriate roles. This is done through the assignment of chores and tasks, based

on the child's gender. There is little opportunity for children to explore their full range of interests.

■ There is little recognition by the formal school system of the knowledge, skills and beliefs that children bring to school. This is not a problem of the traditional culture, it is a problem with current practice. The formal school system, most often implicitly, assumes that children lack knowledge and skills in relation to problem-solving, reasoning, maths and language when they come from a 'traditional' setting. Little is done to assess what children already know, how they think, and what they have experienced. Teachers are assuming they are dealing with a 'blank slate' when in fact children arrive at school with a wealth of experiences behind them that need to be recognized and built upon.

Endnotes

[1] The age of these children was not specified. However, it was noted that the oldest children in the sample were seven years of age, so the children were younger than eight years of age.

[2] It is unclear if the latter was in support of more or fewer children.

The Consultative Group on Early Childhood Care and Development

CHILDREARING PRACTICES IN LATIN AMERICA: SUMMARY OF THE WORKSHOP RESULTS

Coordinators' Notebook, No. 15, 1994

by Robert G. Myers

In 1991 the Latin American Council of Bishops (CELAM), the United Nations Children's Fund (UNICEF), and the Consultative Group on Early Childhood Care and Development began a collaboration on a project whose overarching purpose was to improve programs of attention to young children living in conditions that put them at risk of delayed or debilitated physical, mental, social and/or emotional development. The specific approach taken in the project began with the study of childrearing practices and patterns, from conception to about the time children were ready to enter primary school. Knowledge about childrearing was not sought for its own sake but was, rather, to be translated into action. Accordingly, the explicit purposes of the project were:

1. To gather, synthesize and draw implications from information about childrearing practices and beliefs. To do this in such a way that the knowledge will be useful to people charged with planning and implementing programs aimed at improving child care and enhancing early childhood development.
2. To describe methods that can be used by practitioners to gather information locally and to incorporate it into their activities.

3. To develop materials that will help the Roman Catholic Church and UNICEF incorporate childrearing information into their program activities.
4. To identify gaps in knowledge that should be filled.

The study of childrearing practices and beliefs in Latin America was done in two Phases. Phase I consisted of a pilot review of the literature on childrearing practices and patterns in one country (Mexico), and the development of a general framework for collecting information. Phase I uncovered, as expected, tremendous variety in the topics and cultural groups studied, in the methods used to study practices and in the practices themselves. This tended to confirm the idea that there is no formula with respect to childrearing practices. Phase I also led to the identification of gaps in the information-gathering and information about practices, patterns and beliefs, particularly in urban marginal populations. For instance, a weakness was found in the treatment of practices related to psychosocial development, as contrasted with the more extensive treatment of health and nutritional practices.

This led naturally into Phase II with its focus on development of field-based methodologies for recovering and systematizing local information. Phase II involved additional reviews of the literature and field work in nine Latin American countries (Costa Rica, El Salvador, Honduras, Guatemala, Bolivia, Peru, Chile, Mexico, and Ecuador) where case studies were carried out using a variety of methodologies for collecting and analyzing information.

The review of the literature suggested the importance to programming of having current and situation-specific information about practices.

This article provides a summary of the results from the country reviews and case studies carried out during the first half of 1992. The synthesis is based both on the presentation and discussion of study results at a workshop in Bogotá in early September 1992 and on reading of the case studies from each country.

Common Influences on Childrearing Practices

The social and institutional contexts within which the studies were undertaken are important to describe. In reviewing the studies it became evident that several historical and contemporary influences seemed to cut across the extraordinarily diverse settings in which the study was carried out that helped to moderate diversity. Therefore, it seemed reasonable, in spite of the major differences among settings, to be able to make general statements about childrearing which, if not applicable in 100% of the settings, nevertheless characterize conditions and practices in a majority of the communities. Among the general influences identified in the studies and in the Phase II workshop were:

500 years of Spanish cultural hegemony. Even the most resistant native cultures of Latin America have been influenced to some degree by the Conquest and its long aftermath. Perhaps

foremost among these influences has been that of the Roman Catholic church which, over the centuries, has influenced beliefs and values, including those affecting childrearing (CELAM 1992).

Economic decline during the "lost decade" of the 1980s. Without exception, the countries included in the study suffered major economic declines during the 1980s, affecting employment levels, increasing the number of people living in poverty (IDB 1990).

The impact of the neo-liberal economic policies. Applied in an attempt to overcome the economic problems of the 1980s. The so-called neo-liberal economic policy has been characterized by economic programs providing incentives to attract local and foreign investment, and favoring large scale industry and a shift to cash cropping. These policies increased economic inequalities, placing additional burdens on the poor and reducing social spending.

The combination of the economic recession and of the neo-liberal policies has led to a marked increase in the level of poverty in the region and has forced more and more families to pursue survival strategies. Economic pressures not only lower the level of resources available to meet daily needs, but also affect livelihood and work patterns, family structures and relationships, as well as childrearing practices and patterns.

The growth of conflict in the region. Major strife in Central America, the Southern Cone, Colombia and Peru has created difficult conditions of life for a growing number of Latin Americans, affecting basic beliefs and patterns as well as daily routines. This conflict has also introduced new survival and socialization needs.

The continuing growth of urban areas. This long term trend has been accelerated by economic declines and civil disturbances over the last decade or more. With the move to urban areas, old ways of doing things do not always apply. The space and conditions in which children are reared change dramatically requiring shifts in practices.

The continuing move of women into the paid labor force and into non-formal employment. Associated with economic pressures and changes, urban growth and shifting values is an increase in the participation by women in the paid labor force. Because society still assigns primary responsibility for child rearing to mothers, this shift, when combined with a decrease in extended families and with longer periods of children in school has brought with it a demand for alternative forms of childcare and rearing outside the home. Or, it has forced adjustments in practices and patterns of child care which allow women to combine work and care.

The rapid advance of technology on many fronts—in transportation, communication, education as well as in industry and commerce—has not only brought new ways of doing things, including raising children; it has also helped to provoke a general clash of values. That advance, with origins in "science" and an occidental culture, places competition, individualism and consumerism against cooperation, solidarity, and spiritualism. It has helped to dampen the force of tradition and experience. It has brought bottle feeding, plastic toys, television and other

accoutrements of childrearing that were not available in the past and which are often substituted for traditional childrearing methods.

There has been an impressive reduction in the rate of infant mortality—even in a time of economic difficulties. With this reduction has come an increasing shift from a cultural orientation focussed on accepting death and promoting the survival of children, (with its harsh tone based on a high probability of an early death), to a more optimistic and open cultural orientation toward growth and development.

In brief, all of the above widespread conditions have had their influence on practices by affecting:

- the immediate physical and social environments in which children are reared;
- the values toward which childrearing is directed and some of the beliefs that underpin traditional practices, and
- the methods and practices available to be applied in the process of childrearing.

In so doing, these increasingly common conditions provide pressures for common responses.

Methodology

The Phase II Case Studies: Where Were They Done and Who Participated?

Case studies were carried out in 35 communities in 9 countries. Overall there was a relatively even split between urban and rural communities. Aymara, Quechua, Mapuche, Shipiba, and Negro cultures are represented as well as predominantly mestizo and hispanic cultures. Urban groups included communities on the periphery and in the central city. Rural communities included isolated communities and those relatively near to major cities but still involved in agriculture. Ecuador contributed the greatest variation within a single country, with information from 14 different communities located in five different areas of the country and covering Indian, mestizo, and Negro cultures, and various mixtures of these cultures.

More than 600 people provided information within the various studies. Almost all of the participants were mothers. In Honduras, Peru and Chile, a conscious effort was made to select both younger and older mothers for interviews. Only in Chile (with the temporary workers) and in Ecuador, were a handful of fathers included. In various locations, men were among the experts or community agents consulted.

The population with whom researchers worked in each country is not a statistically representative population. Communities were not selected randomly, nor were people; rather, a purposive approach was taken, linking selection to particular conditions. Criteria differed by location, influenced by a desire to provide variation (Chile, Peru, Bolivia, Ecuador, and Central America taken as a whole), to include a particular cultural group (for example, the Negro culture in Ecuador), to work with communities in which the Catholic Church was active (Mexico), or to study communities undergoing a particular change (as in the resettlement situation in El

Salvador). In Chile and Peru, an effort was made to select individuals for participation in the study who had **not** been involved in a program run by non-governmental organizations.

Going to the Field: Two Approaches

Two purposes guided field work in the project: collecting information and promoting reflection and change. The main purpose adopted in eight of the studies was to collect information about childrearing practices and patterns. Directly promoting change as part of that process was, at best, a secondary goal in these studies. In the Mexican study, by way of contrast, the information collecting purpose was subordinated to promoting reflection and change, resulting in a different methodological approach from the others.

■ COLLECTING INFORMATION

The two most common methods used to collect information in the project were questionnaires and interviews. Structured questionnaires served as the basis for work in the Central American countries and in Ecuador. In Central America an extensive instrument was carefully constructed to cover each of the contextual and developmental variables for which information was desired. This instrument was administered to individual mothers. In Ecuador, a briefer questionnaire served as the basis for interviews in family settings. In group settings, it became a kind of semi-structured interview schedule. Whether individually or in groups, an attempt was made to use questionnaires and conduct interviews in such a way that they began with the concerns of the families interviewed about the up-bringing of their children. Thus, an attempt was made to avoid "extracting" information from people and, rather, to place the emphasis on helping people to understand better and to satisfy their concerns.

The questionnaires produced quantitative results, allowing a description and comparisons among groups with respect to some standard categories and questions.

In Chile, Peru and Bolivia, a semi-structured interview schedule provided the starting point for conversations in focus groups. The schedule was followed more closely in Bolivia, in order to help systematic recording of information, than in Chile and Peru, where conversations were tape-recorded and then transcribed. The Chilean approach allowed group interviews to flow spontaneously. Tapes were analyzed after a first interview and gaps in information were identified that could then be filled at a second or third session with the group. The results of these interviews were submitted to a content analysis and are presented in qualitative terms.

In all of the above cases, instruments were field tested and adjusted before being used. Adjustments continued during the period of application.

The instruments all included information about the people interviewed and about the general conditions of life in the family. In addition to obtaining an idea about the economic situation and work patterns, family structure, and educational levels, instruments included questions about family relationships, about the distribution of roles and responsibilities, and about alcoholism and abuse. With respect to practices, patterns and beliefs, information was sought at different periods

of development (pregnancy, birth, infancy, early childhood and the preschool period), about practices related to health, nutrition, and psychosocial development.

PROMOTING REFLECTION AND CHANGE

The Mexican study differed from the other eight studies in several respects. First, because its main purpose was the promotion of reflection and change, the methodology used was a participatory one. The subjects of the exercise were facilitated in a process of constructing their own set of questions and answers about childrearing practices, patterns and beliefs. The basic premise of this methodology is that, in the process of gathering and discussing information, those involved will identify areas in which action is desirable and will be motivated to carry out those actions. Accordingly, the *process* used to carry out the study took on even greater importance than the *content.* Applying the participatory methodology meant that the outside "researchers" began by discussing basic concepts with the community workers rather than by administering a questionnaire or semi-structured interview schedule or accepting the categories developed in Phase I, as given.

Second, the study in Mexico focussed on community agents rather than on parents. This focus was adopted because community action is the business of community agents. Working with agents to understand and apply a participatory methodology in examining both the well-being of young children and the childrearing practices and patterns in their community, constitutes a strategy for improving the condition of young children. But the focus was also taken in order to test out an assumption that is often made — that because community agents come from a community or have lived for a long time in a community they will have absorbed and can articulate the traditional wisdom of that community. In this case, the emphasis was on traditional wisdom about childrearing. To some extent, the Ecuadorian study also incorporated this dimension, by involving people from different communities and/or governmental agencies in the process of collecting information.

Third, the Mexican study was more directly related than others to the activities and thinking of the Roman Catholic church. The communities chosen were communities in which a system of *comunidades de base* were functioning and entrance to these communities was sought through the local parish priest or another representative of the church. The community agents with whom the project worked were primarily church workers and lay members active in the *comunidades de base.* The methodology employed was consistent with the church's method of analyzing community problems through use of "An Analysis of Reality," involving the three steps of "looking (gathering information), judging (analyzing the information), and acting (identifying solutions to problems identified and carrying them out)." To a limited degree it provided a test of that methodology, as applied to childrearing.

Another feature of the Mexican project that sets it apart is that the groups with whom community agents were working in one of the communities were groups of older children; the approach to childrearing in families was examined through these children rather than through parents.

The participatory methodology applied in Mexico called for several different techniques of gathering and processing information and for working in the community. For instance:

- Group exercises to motivate and aid reflection were used, such as games or role playing or creating posters that expressed a viewpoint about childrearing (or about the role of the community agent). One of the most successful and insightful of these involved asking participants to act out something from their childhood, or to reflect on what their childhood was like. This method helped to bring out intergenerational comparisons, a comparison that was sought in other studies by working with groups of older and younger women.
- A rough instrument was constructed to record "A Day in the Life of a Child." This was found to be useful when working with the older children to observe their younger siblings.

Finally, the Mexican study involved working closely and continuously with a limited number of people, in only two communities, over a period of several months, as contrasted with other studies that involved interaction during, at most, several hours, at one or two points in time.

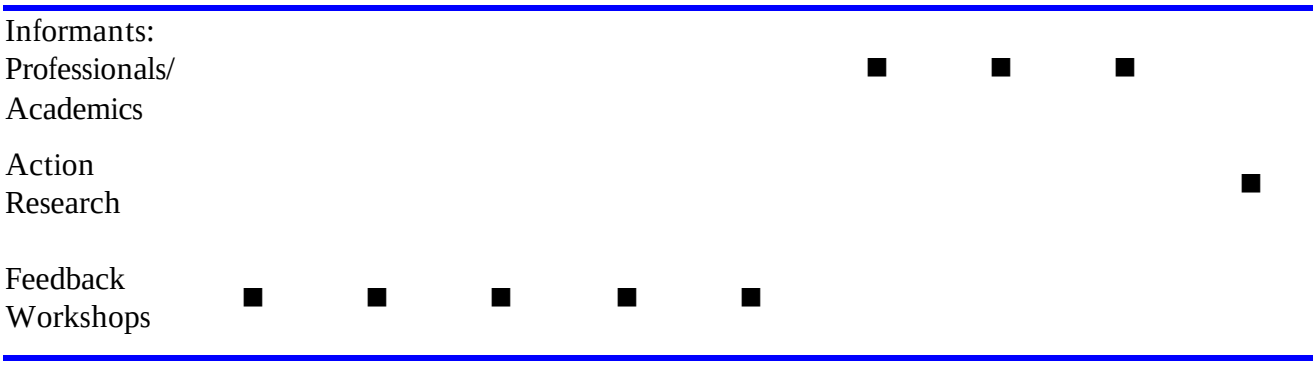
To record observations and conversations over time, detailed notes were taken and a field diary was kept. Notes from periodic meetings with community agents were analyzed and a systematic reformulation was provided to the group as a basis for discussion at the next session.

Methods used in each country are indicated in Table 1.

TABLE 1

METHODS USED IN CASE STUDIES OF CHILDREARING PRACTICES PATTERNS AND BELIEFS: PHASE II

Methods	*Costa Rica*	*El Salvador*	*Honduras*	*Guatemala*	*Ecuador*	*Bolivia*	*Peru*	*Chile*	*Mexico*
Biblio-search	■	■	■	■	■	■	■	■	■
Field Work	■	■	■	■					
Individual or Family Interview				■	■	■	■	■	■
Informants: Mothers				■			■	■	
Informants: Comm. Agents	■	■	■	■	■	■			



Practices, Patterns and Beliefs

What follows is a discussion of some of the cross-study findings from the childrearing case studies conducted in Latin America.

■ WHO CARES FOR THE CHILD?

1. The mother continues to be the main person who cares for children. However, her role varies a great deal according to the age of the child (less time is spent with the passing of time) and according to social, economic, cultural and family circumstances. In many places, grandmothers and older siblings have an important role in providing care to the young child. In some cultures during the post-natal period the mother-in-law is important.

2. The father rarely participates directly in early childrearing. The degree of presence and support varies from place to place but, in general, the father's contribution seems to be minimal and is done for the sake of appearance rather than out of a desire to meet the child's or mother's needs. As with every generalization, there are exceptions. For example, fathers frequently participate directly in the birthing process in the Andean cultures of Bolivia and Peru. In El Salvador, rural Bolivia and the Mapuche culture in Chile, fathers take on an important role in socialization of boys during the later pre-school years. Among the temporary laborers studied in Chile, the work routine demands that fathers take an active role in the care of their children.

The opinions of mothers regarding the help they receive from their partner in caring for children is marked by a cultural pattern that, in the main, protects the positive image of the male even though his participation is minimal or missing. This opinion may or may not be based on the financial help that males provide. Also appearing in the studies is the general opinion that men do not know how to, and do not have the capacity to, participate in the childrearing process.

3. In many of the places studied, the role of the honorary mother or of the mid-wife continues to be important during pregnancy and birth.

How is the Child Cared for?

PRE-NATAL

1. Birth control is rarely practiced in the groups studied. Many mothers wish to have fewer children and they are in favor of birth control but do not practice it. Men are particularly resistent to the use of contraceptives.
2. The practice of abortion is not accepted as a norm nor followed in the groups studied, with very few exceptions.
3. In general, pregnancy is seen by the mothers as a natural process rather than as an abnormal process or as a sickness. (In Chile, among the Mapuches, women avoid heavy physical labor but continue working at habitual chores until the last minute.) This vision of pregnancy as normal is not reflected in the ways it is addressed within the formal health system.
4. Although there is variation from place to place, in general there is little change in women's dietary practices when they are pregnant. There appears to be little variation in Peru and in Bolivia. However, in Central America, between 50% and 60% of the participants in the case studies stated that they changed their eating practices when pregnant.
5. It is common for women to have food cravings and to believe that these ought to be satisfied. In Peru, there exists a belief that cravings come from the fetus and therefore one has to respond. Apparently, cravings serve to insure that a pregnant woman will eat more and that the father, in helping to satisfy the cravings, participates in the process.
5. In general, a high percentage of women have their pregnancy monitored by either the formal or informal health systems at their disposal. The use of formal vs informal (mid-wives and honorary mothers) systems varied a great deal among places, including within countries. In some rural areas, a very low percentage of women seek attention (e.g., Bolivia, Perú and Cotopaxi in Ecuador). Moreover, the monitoring, many times, is partial. According to the Ecuadorean study, less than 40% of the women monitored their health, ate better and reduced physical labor during pregnancy.

A MIX OF THE TRADITIONAL AND MODERN

Traditional medicine in El Salvador is a mixture of local medical knowledge and religious and cultural beliefs, and European medical concepts. At the time of the European conquest, almost 500 years ago, the indigenous people of Central America had great knowledge of human physiology and anatomy, as well as detailed descriptions of illnesses and diseases and a remarkable range of therapeutic methods, remedies and magico-religious rituals.

In the traditional system, good health is seen as keeping a balance between the individual, the community and the environment. Prevention also plays a central role. For most poor people in El Salvador, traditional medicine offers a powerful and often effective framework to understand health and seek care. There are traditional healers and midwives in every village and city. Most are poor people who give their services to their communities for little or no money. They speak the same language as their clients and give them more personal and caring treatment. Traditional mid-wives, for example, look after the pregnant woman rather than just the pregnancy.

In El Salvador no genuinely popular or empowering system could ignore or bypass traditional medicine. Thus the 'popular' health system set up by the revolutionary movement of the Farabundo Marti National Liberation Front (FMLN) provides a blend of the traditional and Western medicine and is based on several fundamental assumptions:

- Health and health care are political and social issues and cannot be understood or tackled only on a medical or technical basis.
- It is the way society works and the social relations between the community and the medical practitioners which are most important, not the type of medicine that is practiced. The FMLN argues that when health knowledge, skills and resources are treated only as goods for sale in the marketplace, then the community's health will suffer.
- Health is central to the process of community organization and empowerment. It cannot be ignored or postponed until political or social changes take place.
- The starting point is encouraging individuals and the community to consult and participate in their own health care.
- The relationship between traditional medicine and other forms of treatment can be complex. For example, in Central America, diarrhoea is one of the major causes of ill health. Traditional medicine uses over 20 different words to describe various types of diarrhoea. For some types, patients are more likely to go to the traditional healers, rather than medical professionals.

In the popular health system, traditional healers and other health workers meet together with community members to discuss experiences and consider appropriate treatment. This process combines traditional and non-traditional medicine in a positive way. For example, at first many people were reluctant to use rehydration salts to treat diarrhoea. But after discussion with the community, health workers found that people were happy to use salts if they were diluted in a traditional herbal infusion like camomile tea. In fact, the infusion gave better results, since the camomile was discovered to have anti-viral properties which aided recovery from diarrhoea. Another example comes from the time of the civil war. During that period doctors and other health workers learned from the peasants how useful honey was in the treatment of wounds and the best ways to apply it.

At the beginning of the popular health system many people saw traditional remedies as part of their own poverty and neglect. They wanted more expensive and therefore more desirable pharmaceutical drugs. It was only after much discussion and experimentation that herbal remedies came to be accepted. Today many communities have their own medicinal herb gardens.

From *Learning From Tradition*, by Victor Amaya and Maria Black, published in Health Action, issue 7, December 1993-February 1994, published by AHRTAG

BIRTH AND POST-PARTUM

1. As with pregnancy, birth is viewed by the women studied as a natural process, whereas the health system treats it as equivalent to sickness.
2. The place of birth and the person who attends the birth varies a great deal. In Costa Rica, 100% gave birth in hospitals and were attended by trained personnel. In Bolivia, almost all births occurred at home, attended by members of the family, neighbor women with experience or a mid-wife.
3. Only in the cases of Andean and rural Peru and Bolivia, was the physical presence of the father notable during birth. In other cases, the father "accompanied" the birth by remaining nearby or by taking care of other children. Frequently, the father was absent.
4. In the case of births attended by mid-wives, there exists a variety of traditional methods that facilitate the birthing process.
5. In the majority of the places studied, the mother is given the baby immediately after birth. Also, colostrum is given. At the same time, there exist areas in which a high percentage do not follow these practices. There are also areas, as in Peru, in which colostrum is seen as harmful.
6. A range of beliefs was found regarding causes of problems at birth, many related to magic or to religion.

THE FIRST 40 DAYS AND THE LACTATION PERIOD

1. A special period of 40 days ("la cuarentena," related to the idea of "quarantine" in which people are isolated) is observed in some places, with the help of grandmothers, friends, or

mothers-in-law. These women help with household chores and with other parts of the mother's normal work load. But in other places, such as rural Bolivia, the return to routine work is almost immediate.

2. Almost all mothers breastfeed their babies. But marked differences exist in practices and beliefs about the timing of introduction of supplementary food and the time of weaning. In urban areas, weaning frequently occurs before 6 months. In Chile, the health system advises new mothers to stop breastfeeding after 6 months.

3. Although weaning occurs in a gradual form in most cases, the practice of abrupt weaning was also found with some frequency in the studies, accompanied by the use of disagreeable substances applied to the breasts, or in conjunction with sending the baby outside the home for a period.

4. In the majority of the cases, babies sleep with their mothers; in some cases until two years of age or later. This practice facilitates breastfeeding on demand.

5. The practice of constant carrying of the young child is common, especially in Bolivia, Perú, Ecuador, and Guatemala.

6. The practice of binding the baby appeared frequently in Bolivia and Peru, and among the Mapuches of Chile. Information about this practice was not sought in all of the studies. The origin of the practice is not given. In Peru, it is linked to a belief that children who are closely bound will grow up strong and straight.

7. Health check-ups during the first months vary greatly from place to place, related to the availability of health posts, but also to attitudes toward the formal health system (or attitudes of the health system toward the people) and toward the need for check-ups.

8. Comments related to practices of stimulation or of play with the small child included:

Peru: Mothers do not understand the need for stimulation.

Chile: In urban areas children are not played with because there is a belief that they do not have social or psychological needs before 8-10 months. Among the Mapuches, the young child is considered a "person," and this translates into loving and attentive treatment, including talking to the baby.

Ecuador: 53% of the respondents in rural areas and 41% in urban marginal areas undervalue the importance of a child's play.

Honduras: 76% of the mothers interviewed stated that they showed colorful objects to their children.

9. The great majority of the mothers said that they talked to their small children. In Costa Rica, 100% affirmed this practice; in Guatemala, 92%. In Ecuador 85% said they help their child learn to talk, but only 72% assigned importance to talking with their child during the first six months. In Chimborazo and Cotopaxi in Ecuador, only 33% and 28%, respectively, considered it important to talk to the child before six months of age.

INFANCY

1. The practice of health check-ups varied greatly according to availability and beliefs. Health attention was more frequent for emergency treatment than for prevention. A certain lack of confidence in the formal health system continues in various places. Also, the practice of using

the informal system of health continues with respect to traditional problems, such as "mal de ojo" or "susto", which appear in almost all the places studied but which are ignored by the formal health system.
The percentage of people who recognized the value of immunization is high, but in some places the percentage of vaccinations completed had not reached the 80% level.
2. Feeding. There was little information in the studies about feeding practices for this period in the child's life.
3. According to the Central American studies, children crawl and walk "on time." In the Guatemalan case, a delay in the development of language was identified.
4. In Bolivia and Peru, the studies found that the parents (particularly the fathers) did not express affection to their children because this was thought to result in a lack of respect and disobedience.
5. The practice of physical punishment is very generalized. In many cases, this practice represents a repetition of what parents experienced in their infancy. While the use of physical punishment is common, there exist important differences in the frequency, the severity, and the occasions on which punishment is applied, as well as in the forms of application. In some cases, use is related to the belief that punishment permits learning in the child. The tendency to use physical punishment appears to be stronger than the use of rewards to reinforce desired behaviors.
6. In some places the manner in which young children are helped to learn to talk appears to be restricted to repeating words (e.g., Ecuador), while in others (Costa Rica) in includes such activities as telling stories and singing.
7. For the majority of people, the ability of a child to use "reason" is thought to appear between 3 and 7 years of age. Among the Shipiba of Peru, reason begins with the ability to walk, and among the Mapuches, the child is thought to begin learning from birth.

- THE PRE-SCHOOL PERIOD

1. Little information exists in the studies about health practices or nutrition during this period.
2. Beginning at three years of age (or a little earlier in some of the areas studied) it is common to assign errands or tasks to children, particularly in rural areas.
3. In the games that children play during this period, gender differences begin to appear.
4. The general use of physical punishment continues.
5. Major differences exist in the physical space that is available and free from danger in which children can play.
6. Differences were also found in the importance of television as an influence on young children. In Chile, the influence has become very strong. In other places, there is a clear tendency for television to play an ever-increasing role in children's lives.

Traditional and Scientific Viewpoints

One of the tasks within the Workshop was to examine current practices in terms of the congruence between those practices and "scientific" understanding of what children need to grow and develop. What follows is a summary of the findings on this dimension.

In spite of marked differences in geographic and cultural differences, in many places it is possible to find "traditional" patterns and practices that have both a "scientific" and a "cultural" value. These should be supported. For example:

- Treating pregnancy as "normal" and not as a "disease" or as an abnormal condition.
- The psychological help provided to a pregnant woman by midwives.
- The creation of a friendly and familial atmosphere in the home at the time of birth.
- The use of certain herbs to facilitate birth.
- The practice of reserving "forty days" for recovery and of substituting for the mother in her daily work during the post-partum period.
- Breastfeeding on demand.
- The practice of carrying the child (which facilitates breastfeeding and the possibility of interaction with the general surroundings as well as with the mother).
- The practice of sleeping with the child (which facilitates touch and breastfeeding while helping the process of attachment).
- Gradual weaning (in many places).
- The presence and use of natural toys.
- Assigning tasks to the young child, consistent with ability and with a progression in difficulty.

At the same time, there exist patterns and practices that represent tensions between a "scientific" point of view and a cultural, traditional, popular point of view. For example:

- During pregnancy, many times the lack of check-ups and the failure to change eating habits is associated with problems.
- At birth, in a significant number of cases, the baby is not brought to the mother right away.
- In Peru, colostrum is seen as harmful.
- The idea that the small child is not capable of learning appears often in popular wisdom.
- Abrupt weaning occurs with some frequency.
- Delay in the introduction of supplementary foods is common.
- There is a lack of stimulation and verbal interaction between parents and their babies.
- There is little recognition that babies are sensitive to their surrounding emotional environment.
- Physical punishment is seen as necessary.
- Play is often seen as a waste of time.

There also exist patterns, practices and beliefs that have a high cultural value but, according to science, do not have a major effect on the physical or psychosocial development of a child.

- The practice of saving and/or burying the placenta.
- The use of a bracelet as a protection against "mal de ojo."
- The ritual cutting of hair (in Bolivia and Perú).
- The application of egg white if the child does not walk (Honduras).

Why Are Practices as They Are?

In this section, we will present four categories of response to the question, "Why Do They Do What They Do?" The answers focus respectively on the influence of: "scientific" knowledge, social norms (patterns), beliefs, and the conditions in which children live. We make these distinctions even though the relationships among categories makes it difficult, from time to time, to distinguish norms from beliefs or from levels of knowledge.

LACK OF KNOWLEDGE

One premise of many programs is that there exists a lack of scientific knowledge and that it is possible to change practices by introducing people to new scientific information. It is not difficult, using the results from these studies, to locate practices and patterns that, from a scientific viewpoint, seem to be "wrong." For example: science shows us that the development of the brain is influenced by the exercise of the senses. But the studies show that, in many cases, there is a lack of interaction between mother and child and little stimulation of the child during the first months. This seems related to a perception of babies as incapable of using their senses or as incapable of learning or understanding during their first months.

Other gaps in caregiver knowledge that exist, from a scientific viewpoint, include knowledge about:

- feeding habits during pregnancy and lactation
- the most appropriate time to introduce supplementary foods
- the importance of talking to the child
- effects of play on intellectual development
- emotional effects of physical punishment

Although there are gaps in the presentation and understanding of scientific information, it is evident that the process of filling these gaps would be a partial solution to the problem. It is clear that some of the ideas and/or scientific technologies are not accepted because other ideas continue to be dominant about the established ways of bringing up children. Also, concrete conditions of life for each family play a role.

EXISTING CULTURAL PATTERNS SERVE AS NORMS OF CONDUCT

In the studies it is possible to identify some general patterns that evidently influence practice, such as:

- Care of the child is the responsibility of women. Men do not know how to provide care and remain on the margin.
- Breastfeeding is common.
- Physical punishment is used (at least every once in a while) to "help" a child to develop well.

A main conclusion of these studies is that norms vary a great deal from place to place and that, frequently, there is a difference between the norms (what "should be") and the practices (what "is"). The congruence between norms and practices actually seems to be greater in rural areas with groups that are more isolated and homogeneous. In urban areas, it is common to find discrepancies between norms and practices.

It is apparent that some cultural patterns have become diffuse and confusing in some places. The confusion is evident in *intergenerational differences*. For example, the older and younger mothers in urban marginal areas of Peru follow different patterns with respect to use of the formal health system and in adhering to the custom of binding children. The confusion of practices and mixing of norms are also evident among people of the same age who live in the same "community" but in fact come from very different cultural backgrounds and geographic areas. Indeed, in the study of urban areas in Chile, it seemed difficult to find common patterns.

In other places, patterns continue to be more or less clear, but the practices do not correspond to these supposed norms or patterns. For example, there exists a consensus that breastfeeding is good and necessary and it is considered a tradition, but many women stop breastfeeding very early.

THEY DO WHAT THEY DO BECAUSE OF THEIR BELIEFS

Even in the more modernized places in Latin America, "rational-empirical" ways of thinking exist side by side with dogmas based in the magical or supernatural. In order to understand the "why" of practices it is necessary to understand beliefs, whether magical, rational-empirical, or religious in origin.

In the studies many examples appear of beliefs that influence childrearing practice:

- Abortion is a sin.
- What is done with the umbilical cord has an influence over the life of the child.
- "Mal de ojo" is a cause of sickness. It is possible to protect oneself from "mal de ojo" by putting on a bracelet (or using another magical remedy).

- A child who is abnormal at birth represents a divine punishment rather than, for instance, a problem caused by such vices as smoking or drinking.
- A small child is "weak."
- A child is (or is not) a "person" at birth. Or, only with baptism does a child acquire the character of a person.
- To bind up babies produces strong and straight children.

In many cases, the magical beliefs do not have any effect that contradicts science; to the contrary, in some cases it is possible that they can be called upon to support a scientific belief. For example, the belief in the use of a bracelet to avoid "mal de ojo" is a form of prevention and can be related to the broader scientific concept of prevention.

On the basis of these studies, it seems that the lack of a sense of what *should be* (whether defined by science or by traditional wisdom or by religion), may be present in some cases but *is not the main cause of deviation of practices from norms.* These deviations between norms and practices seem linked to changes in beliefs and in the conditions in which children are brought up.

PRACTICES DEPEND ON THE CONDITIONS OF LIFE

There are many conditions that influence practices, patterns and beliefs. These include geographic (climate, topography, etc.), economic (level of poverty), social (the use of alcohol and drugs) and political conditions (the level of violence) within a society. At the level of each family there are special conditions influencing practices such as: the work situation and the conditions of work, the structure and size of the family, the particular moment of a family in its cycle, alcoholism in the home, etc.

Of equal (or greater) importance in the interpretation of the results of the studies are *changing conditions* — a generalized phenomenon in Latin America as in other parts of the world. Among the more important of these changes, with an effect on practices, patterns and beliefs are:

- **migration to cities** (where practices that served well in rural areas do not serve so well);
- **changes in information and in available services in rural areas** related to the advance of the communications media, to re-migration or periodic visits from the cities, and to the arrival of services such as the school, and health centers (bringing with them modifications in practices and norms that do not necessarily conform to the rural context);
- **violence and war** that dislocate people and which define new priorities and means of seeing the world, affecting practices and patterns; and
- **social and economic changes** such as the neo-liberal economic strategies in Latin America that have been accompanied by increased poverty. The conditions of poverty demand, frequently, strategies of accommodation in practices of childrearing to precarious conditions of life. These accommodations are functional in terms of the survival of family members, but negative from the point of view of the health of the child. That is to say, the up-bringing of children does not always occupy first place in the list of priorities of a family pressured by the need to survive.

All these changes in conditions were found in the case studies.

Constant change creates a tension between practices that represent, on one hand, membership in and the preservation of a particular culture and, on the other hand, a cultural adjustment to actual and future changes.

Therefore:

- When judging practices, the prevalence of change makes it necessary to distinguish the desire to maintain "traditional" patterns and practices simply in order to maintain them, from a desire to maintain them because they continue to respond to basic and real needs of the people.
- In some situations, it is difficult to identify norms.
- In many cases practices diverge from norms, creating contradictions and guilt in daily life.
- It is necessary to put in context the findings of the case studies and the recommendations to improve childrearing practices.

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