



*The Consultative Group on Early Childhood Care and Development*

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

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One of the goals for the Namibia Workshop<sup>1</sup> 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 Because these studies were mostly unpublished, the Workshop was seen as an opportunity to share the results with a wider audience and to further the discussion of ways in which an understanding of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

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<sup>1</sup> 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".<sup>1</sup> 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.<sup>2</sup>(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.

In 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." Demele 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-peek, 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. (Kalembe 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*

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<sup>1</sup> 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.

<sup>2</sup> It is unclear if the latter was in support of more or fewer children.

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*Early Childhood Counts: Programming Resources for Early Childhood Care and Development.*  
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