Study on Parenting for Early Childhood Development in Ethiopia

Policy Brief

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Introduction

This policy brief summarizes the key findings, lessons learned and policy recommendations from the 'Study on Parenting for Early Childhood Development (ECD) in Ethiopia', an in-depth study that took stock of knowledge, practices and experiences with parenting and parenting services in Ethiopia. United Nations Children's Fund (UNICEF) Ethiopia contracted the American Institutes for Research® (AIR®) to conduct a mixed-methods study that provides a comprehensive overview of parenting for ECD. The purpose of this formative study was to inform the strengthening and harmonization of a holistic parenting support intervention package. The development of a parenting package is closely connected to the plans outlined in the 2022 early childhood development and education (ECDE) Policy Framework and is expected to be led by relevant line ministries of the Government of Ethiopia with support from international development partners, civil society organizations and other partners.

The study had two overarching objectives: first, to fill the existing knowledge gap in parenting or caregiving beliefs, attitudes, knowledge and practices amongst parents/caregivers of children aged 0–6 years in Ethiopia; and second, to create a product incorporating evidence that can be used to strengthen policy design and implementation of parental support and ECD.

2022 ECDE Policy Framework

The Government of Ethiopia is cognizant of the importance of early childhood development and early education and is prioritising children's holistic development to support the population's human capital's development. As part of this effort the Ministry of Education, the Ministry of Health and the Ministry of Women and Social Affairs led together with partners from the Ministries of Finance, Agriculture, Culture and Tourism, Water and Energy, Irrigation and Lowlands, Peace, and Justice, Addis Ababa University, World Bank, UNICEF, USAID, World Vision Ethiopia and Save the Children the revision of the ECDE Policy Framework. The ECDE Policy Framework is a comprehensive framework, which guides line ministries and stakeholders to establish comprehensive, practical and effective early childhood care and education services and practices. The revised policy framework focuses specifically on implementing integrative initiatives, and it defines the roles and responsibilities in the provision of ECDE services. The implementation of this framework will be a critical step into providing equitable access to ECDE services to all Ethiopian children. The 'Study on Parenting for ECD in Ethiopia' offers timely support by providing a comprehensive overview of current parenting beliefs, attitudes, knowledge and practices. It helps to identify some of the key needs amongst parents and caregivers and highlights their experiences with existing parenting services.

About the Study

Research areas

This study was guided by research questions focused on key areas (see Figure 1) that focused on the further understanding of parenting and caregiving knowledge, beliefs and aspirations; caregiving practices; availability and use of information by parents and caregivers; awareness and use of existing services; bottlenecks; and policymakers' awareness of existing services and institutional arrangements. The study team addressed the research questions through a mixed-methods design that incorporated input from parents and caregivers, service providers and policymakers.

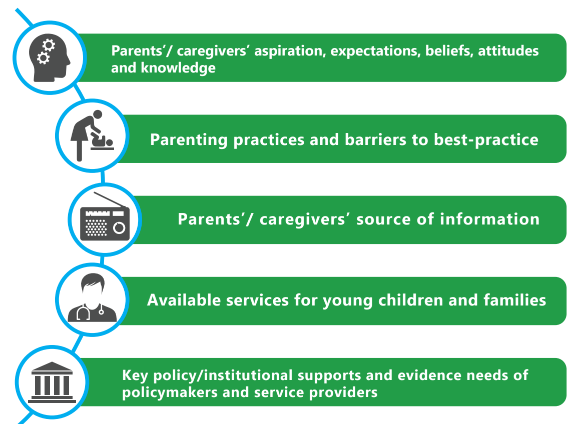


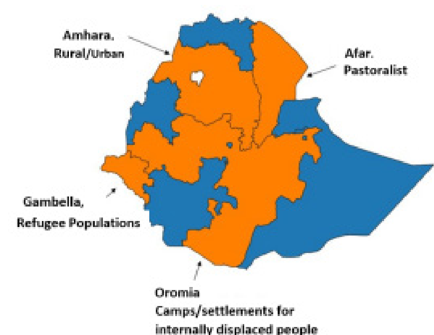
Figure 1. Research Areas

Methodology

The quantitative component of the study consisted of 1,034 household surveys with parents and caregivers of children aged 0–6 years. The sample included four regions in Ethiopia, covering five contexts and settings: Amhara and Oromia (rural and urban settings), Afar (pastoralist communities), Gambella (refugee communities) and Amhara (settlements for internally displaced populations [IDPs]). The sample for this study is nationally representative sample since it does not cover all region. Instead the sample is developed to provide insights in the five selected contexts.

The qualitative part of the study focused on three of the four regions mentioned above: Amhara (rural and urban settings and settlements for IDPs), Afar (pastoralist communities), and Gambella (refugee communities).

The first part of the qualitative component was an assessment of parenting support and resources through 23 key informant interviews with national and regional policymakers and with service providers. The second part was an analysis of knowledge, beliefs and practices of parents and caregivers through 6 focus group discussions (FGDs) and 13 in-depth interviews across the regions. The quantitative and qualitative approaches were supported by a desk review of relevant policy documents and thematic reports.



Findings

The Nurturing Care Framework (NCF)

The NCF is a framework designed by the World Health Organization (WHO), UNICEF and the World Bank to guide implementers in understanding and designing programming to support ECD.

The ECDE Policy Framework included the NCF as a core structure. The NCF has five domains and each domain represents vital aspects of caregiving for children under 5 years of age:

1. Adequate nutrition,
2. Good health,
3. Safety and security,
4. Responsive caregiving and
5. Opportunities for early learning.

In the section below we describe our key findings following the five domains of UNICEF's NCF:

Adequate nutrition

There was a high level of awareness of the importance of exclusive breastfeeding (89 per cent) and high prevalence of exclusive breastfeeding in the first six months (77 per cent). However, from the introduction of complementary feeding (after six months of age), most children's nutritional status is compromised by a lack of parental knowledge regarding nutrition (e.g., on food groups, valid sources of iron or vitamin A), combined with limited access to nutritious foods.

Food insecurity is a major issue, with 57 per cent of caregivers reporting that they cannot give their child healthy or nutritious food due to household resource constraints and scarcity in local markets.

As a result, almost none of the children (2 per cent aged 6–23 months) has a minimum acceptable diet, which is driven largely by the lack of dietary diversity (7 per cent of children aged 6–23 months passed the standard of consuming at least five out of eight food groups). In addition, 75 per cent of caregivers who receive food assistance in camps in Gambella are dissatisfied with the quality of the food. Some of the IDPs in Amhara reported that the foods provided to them do not align to their normal diet, which relies heavily on the use of teff flour, and that the food is culturally inappropriate.

I don't try to prepare them balanced and quality food, I just buy them what I can afford to help with their survival for tomorrow and the next day." – Female caregiver in Amhara

57% of parents could not give their child healthy or nutritious food due to resource constraints.

93% 93% of 6-23 month olds lack dietary diversity.

Good health

Parents appear willing to access health services when it is feasible to do so, and they obtain health care for their child when needed (e.g., 83 per cent reported going for treatment when their child is sick, and 83 per cent reported going for antenatal care). The government is the main provider of healthcare services. When caregivers do not engage with needed health services, this is due to barriers such as knowledge, cost, transportation and/or distance.

Some caregivers and service providers noted staffing shortages as a barrier. In addition, while access to health care is adequate, follow-through is an issue. For example, children's vaccination rates are good for first doses, but they drop off quickly when repeated doses are needed.

Mothers participate in postnatal care (63 per cent) at lower rates than they participate in pre-natal care (83 per cent).

In terms of water, sanitation and hygiene (WASH), improved water sources are available to the majority of families, but households lack improved sanitation (48 per cent) and appropriate handwashing stations (38 per cent). Knowledge about hygiene practices leaves some room for improvement. Knowledge about handwashing is generally high, but caregivers think less often to engage in adequate handwashing before feeding their children (72 per cent) or after cleaning children's bottoms (43 per cent).

90%

of households have an improved water source

52%

of households have improved sanitation

Responsive caregiving

Nearly all caregivers understand that children need affection and comforting for their well-being and for parent–child bonding, and both male and female caregivers said they engage in such behaviours. However, parental knowledge of normal child development is more limited (21 per cent of respondents correctly said a child can hear immediately at birth; 25 per cent said a child can see immediately after birth).

In the week before the interviews, more than 1 in 5 children below 6 years of age had been left alone, and one third had been left in the care of another child (under 10 years of age). Caregivers identified healthcare professionals as a main source of information about ECD, and they listen to parenting information on the radio (sometimes delivered over their phones).

"I enjoy giving love to my child. I express my love for my child by trying to be happy with him, smiling, feeding him, dressing him and doing everything." – Female caregiver in Afar

22% of children were left alone

30% of children were left in the care of another child

Opportunities for early learning

Most caregivers suggested that the primary way to support a child's learning is by enrolling them in school and supporting them in formal education. Their educational aspirations are high for their children and are nearly equal for girls and for boys (79 per cent and 74 per cent of parents expect some tertiary education for their sons and daughters, respectively).

Nevertheless, only 1 in 3 children of pre-primary age attends pre-primary education, but participation varies widely by location – from a high of 4 of 5 children in Gambella to a low of just 1 in 30 children in Afar. When pre-primary programming is available, but children do not participate, it is often due to long distances, oversubscribed enrolment, or parents thinking their child is too young.

Outside of formal systems of schooling, there is encouragement for curiosity and play, and caregivers across regions noted the use of oral storytelling traditions to teach children about their family history and culture. However, only 2 per cent of caregivers believe they should read to a child younger than 2 years of age at home.

They have to learn the things we know, and we are the ones who are supposed to teach them. We tell them about their grandparents and about their family, we tell them their history, and we also show them pictures of the family if we have them."

– Female caregiver, Gambella

48% of children between 3-6 years attended early education

Security and safety

Almost half of the caregivers across regions believe that to be raised properly, children require negative disciplinary practices such as physical punishment. These beliefs are echoed in high rates of negative physical and/or psychological methods to discipline children. Qualitative findings showed that across regions, caregivers hold harmful traditional beliefs, such as scarring gums (Afar), early marriage before age 18 (Afar and Amhara), removing the tooth of a child to stop their diarrhoea (Afar), and female genital mutilation (Afar). Lastly, only one in three children's births had been registered, with the lowest rates in Afar (7 per cent). Not having birth registration may affect a child's ability to access services.

48% of parents believed physical punishment was necessary for child raising.

59% of parents uses psychological or physical discipline methods.

37% of children's births were registered

Overarching considerations

Across all the domains of the NCF, poverty and resource constraints are common barriers to adopting best practices of parenting for ECD. Meeting children's needs is difficult for families in general, but it is of particular concern in refugee and IDP contexts. Caregivers shared that they have fewer opportunities to earn an income and have low access to necessary services to support a family's basic needs. Caregivers and stakeholders reported limited resources to address the unique psychosocial needs of caregivers and children in these settings.

We did farming and weeding, and when it was time to harvest, we fled from there with nothing – without selling our cattle and grains. We fled with only the clothes on our backs."

– Female caregiver (IDP), Amhara

Lessons Learned

A few lessons learnt emerged from the study findings, which can inform future policymaking and programming regarding parenting in Ethiopia and elsewhere.

- Poverty is a pervasive barrier affecting children in all domains of the NCF and preventing them to fully thrive.
- Although aware of the risks of sexual abuse for girls, families may be unaware of the risks of sexual abuse for boys.
- As a concept, dietary diversity can be misunderstood by families if caregivers do not have adequate knowledge of the different food groups and how they contribute to their children's health. This may prevent progress in improving children's nutritional status.
- While general government commitment to ECD is essential for progress, it is critical for the individual ministries to be involved in providing cross-sectoral support to young children and families.

Key Recommendations

To inform the strengthening, development and harmonisation of parenting support services, we highlight fourteen key recommendations. During the validation meeting stakeholders ranked them on priority and feasibility.

1. Use multiple channels to build parental knowledge concerning nutrition, using existing touchpoints for families. These could include healthcare providers and ECE providers as well as civil society organisations and community groups such as women's and faith-based organisations. The direct communication with parents and caregivers should be complemented with the use of radio and other communication channels already available to families to ensure broad coverage in urban and rural areas. Community level actors can serve as role models to demonstrate healthy food habits and practices [high priority – high feasibility].

2. Provide school feeding at the ECE level to improve children's nutrition and to encourage enrolment and attendance in ECE especially in regions with high levels of food insecurity such as the southern and south-eastern pastoralist regions and Tigray [high priority – low feasibility]

3. Leverage ECE as a resource for building family knowledge of good ECD practices such as knowledge about nutrition, hand washing, vaccinations, supervision of children, positive discipline and support for early learning. The government, through the MoE together with private ECDE service providers and development partners in the communities, can leverage its ECE system to increase awareness amongst caregivers [high priority – high feasibility].

4. Hire and train para-professionals for ECDE. ECDE para-professionals can build parental and community knowledge in the NCF domains – particularly if they are able to use home visits to reach families. Para-professionals can help to demonstrate practices to caregivers around feeding, learning activities, health and hygiene practices etc. [high priority – high feasibility]

5. Promote ways to make health care more affordable and/or easier to reach, given that cost of care and accessibility of health facilities are amongst the main barriers. Promising interventions include, for instance, (1) strengthening community-based health systems, (2) leveraging parental coaching or information campaigns to add additional information on topics such as developmental milestones or physical punishment, (3) ensuring ECD services are available through health extension workers or health posts for pastoralist communities, (4) using technology (e.g., telehealth) to improve the reach of existing health systems and address cultural concerns. [high priority – high to low feasibility]

6. Increase birth registration and implement national birth registration drives, with additional outreach in remote areas. Besides, integrating birth registration into existing platforms such as existing health services will increase access. At an institutional level, advocacy groups should continue addressing that birth registration should not be a requirement to access services [high priority – low feasibility].

7. Initiate public health drives to build national awareness of issues such as the importance of pre- and postnatal care, developmental milestones and why children need to complete the full schedule of vaccinations [high priority – high feasibility]. key information in a concise, practical, and user-friendly format. The guide covers best practices for parenting for ECD involving female and male caregivers [medium priority – medium feasibility].

8. Train ECDE service providers on holistic child development, provide them with informational materials to share with parents and design a referral system for cross-cutting ECD concerns. Training should be provided to ECDE service providers in all sectors (e.g. early education, health, child protection) so that service providers can assist with awareness raising of other ECD services and can make referrals to relevant services. As part of the training a national guide for parents that is easy to read (including with illustrations, and local language translations) should be created that conveys key information in a concise, practical, and user-friendly format. The guide covers best practices for parenting for ECD involving female and male caregivers and suggestions for economic enhancement [medium priority – medium feasibility].

9. Provide policy guidance on ECD service delivery in humanitarian and hard-to-reach contexts within Ethiopia (e.g., refugee settings, pastoralist communities, and areas with IDPs). The guidance would help to clarify the roles and responsibilities for ministries, departments and other stakeholders involved and it would ensure that they have the resources to continue to support ECD in emergency situations [high priority – high feasibility].

10. Provide formal mechanisms for cross-sectoral coordination on ECD in refugee camps and IDP communities to improve the availability of high-quality resources for families. This could be in the form of service hubs where families can go to one location and receive coordinated ECD information and supports. [high priority – low feasibility]

11. When introducing and/or improving ECD programming, it is important to anticipate the possibility of scale-up and replication if the evidence-base supports the effectiveness of the program. [high priority – low feasibility]

12. There is a need for the evaluation of existing programmes to assess their effectiveness and fidelity of implementation. In addition, the design and implementation of ECD programmes should incorporate a reliable M&E framework, which allows for continuous monitoring of programme implementation [high priority – low feasibility].

13. We recommend that parents of children below age six living with low financial resources are included in existing social protection programmes, especially those that aim at female empowerment. Increasing women's financial agency can simultaneously help to increase financial resources in the household as well as ensuring that these resources will be spent on the children's well-being [high priority – medium feasibility].

14. Improve cross-sectoral coordination for implementation of ECD policies across various levels. The high-level policy committee consisting of MoE, MoH and MoWSA has an important role to highlight opportunities for collaboration focusing on alignment of goals, target populations, relevant age-groups, timelines and avoidance of duplication. For every identified opportunity of collaboration, the committee and focal points should develop targets to measure integration to allow for regular monitoring across levels [high priority – medium feasibility].

Contact

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