



Final Report

Study on Traditional Parenting and Child Care Practices in Zambia

JULY 2018

Andrew Brudevold-Newman | Paula Dias | Jacqueline Jere Folotiya
Haatembo Mooya | Varsha Ranjit | Hannah Ring

MAKING RESEARCH RELEVANT

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ACRONYM LIST

AIR	American Institutes for Research
ATR	African traditional religion
BCG	Bacillus Calmette–Guérin
CDA	Child Development Associate
C4D	Communication for Development
CHAMP	Community HIV/AIDS Mobilization Project
CHW	Community Health Worker
DESO	District Education Standards Officer
DTP	Diphtheria-Tetanus-Pertussis
ECD	Early Childhood Development
ECE	Early Childhood Education
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GMP	Growth Monitoring Promoters
Hep B	Hepatitis B
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IRB	Institutional Review Board
KII	Key Informant interview
IFPRI	International Institute for Food Policy Research
MCDP	First 1000 Most Critical Days Programme
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MoGE	Zambia's Ministry of General Education
NGO	Non-Governmental Organization
OPV	Oral Polio Vaccine
PTA	Parent-Teacher Association
ROTA	Rotavirus
SES	Socioeconomic Status
SMAGs	Safe Motherhood Action Groups
SUN	Scaling Up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBD	To be Determined
TV	Television
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

VSU	Victim Support Unit
WB	World Bank
WISE	Women's Initiatives that Strengthen and Empower
WV	World Vision
YWCA	World Young Women's Christian Association
ZDHS	Zambia Demographic Health Survey

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Introduction

The first years of a child's life are crucial for their cognitive, emotional, social, behavioural, and physical development. Recognizing the importance of early childhood development (ECD), the Zambian government has committed to scaling up ECD programmes that support health, nutrition, and early learning/stimulation for children. Progress from these programmes have been mixed: between 2007 and 2014 the infant mortality rate dropped from 70 per 1,000 live births to 45, while the broader under-5 mortality rate fell from 119 per 1,000 live births to 75 (CSO, 2014). These rates, however, remain substantially higher than the Millennium Development Goals targets of 63.5 and 35.7, respectively. The country has had less success on other ECD-correlated health indicators as the percentage of stunted children has remained nearly stable at around 40% since 1997 and nearly 15% of children are underweight (CSO, 2014). Child maltreatment is pervasive in Zambia, particularly for children with disabilities, and may hinder development across a range of domains (African Child Policy Forum, 2011). Other populations may be similarly vulnerable: over 11% of Zambian children are orphans, with many of these children living with a grandparent or other family members (United Nations Children's Fund [UNICEF], 2016). Beyond individual characteristics, disparities across socioeconomic classes and between rural and urban areas are persisting and increasing (de la Fuente, Murr, & Rascón, 2015).

Despite these significant challenges, the Zambian government recently made initial progress laying the policy groundwork to promote ECD. For example, with the Early Childhood Education (ECE) National Policy and Policy Implementation Plan, the government has increased investment in publicly funded ECE, broadened the ECE workforce, developed an ECE curriculum, and created a new governmental structure dedicated to ECE. These initiatives are, however, in their early stages.

This project, designed to explore parenting practices across various regions within the country, aims to further advance these ongoing efforts to support ECD by informing parenting programmes intended to promote optimal child development. Interventions supporting positive parenting practices, particularly early in life, have been identified as an effective strategy to improve ECD outcomes (Harper Browne, 2014; Howard, 2015; National Academies of Science [NAS], 2016). Research shows that children need safe and healthy environments, sensitive and responsive caregivers, opportunities to develop oral language and communication skills, support for social-emotional development, and positive and respectful guidance to develop optimally (Howard, 2015; Shonkoff & Phillips, 2000; Snow & Van Hemel, 2008). At the same time, children's developmental environments are culturally constructed (Super, Harkness, Barry & Zeitlin, 2011; Rogoff, 2003). Because of this, an understanding of the traditional cultural context in which children develop is critical not only to ensure child-sensitive and responsive programmes but also to foster optimal and healthy child development through harnessing local resources.

UNICEF contracted AIR and researchers from the University of Zambia to gather data on traditional parenting and child care practices across diverse cultures in Zambia and assess these data against current scientific evidence of ECD to determine which traditional parenting practices may contribute or be detrimental to children's development. These findings will then inform the development or adaptation of parent education and support services, and ultimately ensure these services leverage existing traditional practices that promote the healthy physical, cognitive, and social-emotional

development of children. Through this study, UNICEF and GRZ are taking an important step in documenting parenting practices in Zambia as part of a broader effort to restructure Zambia's parent education system. In addition to addressing a significant gap in research on this topic (parenting research in Zambia is limited), it is a recognition that parenting programmes must address the unique cultural context in which children are raised.

The results of this study will help ensure that parenting programmes are grounded in the local culture in Zambia by including indigenous modes of information-sharing (e.g., oral tradition) to emphasize community-based provision; incorporating participation by mothers, grandmothers, and preadolescent children; using indigenous languages and local knowledge; and promoting the values of reciprocal accountability and cooperation evident in family traditions. Specifically, the findings of this study will provide input into the local adaptation of Care for Child Development and provide support for its rollout across sectors. These findings will also support the re-structuring of the delivery of parenting programmes by leveraging on existing parenting practices and support systems, as well as support the development of parent education materials drawing from existing parenting practices. In addition, this study identifies areas that communication for development (C4D) should target to change negative practices and promote positive behaviours.

Executive Summary

The study team conducted qualitative data collection in 10 districts across five Zambian provinces to investigate parenting practices and beliefs in various regions of the country. The following section briefly summarises the key findings related to general care of children and the six ECD domains which we have used to organize this study: approaches to learning; cognitive competence; language and literacy; physical development; social and emotional development; and spiritual and moral development. As explained in the conceptual framework section, these domains are drawn from scientific literature on ECD and used by Zambia's Ministry of General Education (MoGE) to structure ECD programming. We close by summarizing cross-cutting findings on gender differences in parenting and child care practices.

General Care

Mothers in our study districts typically have primary responsibility for the general care of their children. Older siblings, relatives, and neighbours also frequently care for children, and in the case of older siblings this often includes tasks such as feeding, bathing, dressing, and disciplining. Sibling help allows mothers to share the burden of care and engage in activities such as farming and household tasks. Many fathers are largely absent from everyday activities in the household, although

Study details:

- Qualitative study using *key informant interviews* and *focus group discussions* in five Zambian provinces (two districts per province).
- Respondents include mothers, fathers, other caregivers (neighbours, aunts, grandparents, other relatives), community leaders, and service providers. Throughout the report, we refer to "respondents" when there is consensus across the different types of respondents. When there are differences of opinion between the respondent types, we attribute findings to specific respondent types such as mothers, teachers, or service providers in general.
- All data from interviews and focus groups were coded and analysed using the NVivo qualitative software package.

a few fathers in our study reported helping with childcare. In some cases, mothers take over fathers' traditional role as the breadwinner. Service providers reported that the absence of fathers typically is caused by unemployment and, in some cases, alcohol abuse.

Approaches to Learning

Respondents indicated that they generally value creativity and curiosity in children. However, in some cases overly curious children are viewed negatively. Play and games (either independent or with other children) are considered key ways through which children learn and curiosity and creativity are fostered. Games and activities with practical applications (such as basket-weaving or repairing household objects) are highly valued as they prepare children to perform income generating activities as they mature. Finally, respondents report that children learn a great deal through imitating others' behaviours, especially of older siblings and parents.

Cognitive Competence

All types of respondents from our study areas tend to view intelligence as a combination of academic, social, and emotional competencies. Intelligent children are not only able to successfully run errands and follow directions, they must also be obedient and well-liked by others. Further, it is widely agreed that children's cognitive competencies develop through everyday activities such as farming and fishing. Counting is a highly important skill that enables children to assist parents in tasks such as selling produce; moreover, knowing how to count prevents children from being cheated or taken advantage of. Counting was also seen as important for enhancing children's mathematical skills in the classroom; many parents teach children to count before they start school. A number of respondents identified the relationship between nutrition and cognitive development, even identifying specific foods that stimulate intellectual growth.



Figure 1: Children's drawings in a school in Eastern Province

Language & Literacy

Respondents largely recognised the importance of speaking to children immediately after they are born.

In addition, they indicated the importance of children learning to speak and read. Play, songs, and storytelling are key mechanisms through which children's language and literacy skills develop. When parents believe children are delayed in starting to speak, a common practice is to cut the skin beneath the tongue (to fix the "tongue-tie"). There are limited resources available to children who struggle with speaking or reading, and in many cases parents themselves cannot read.

Physical Development & Well-Being

Most respondents demonstrated an awareness of the benefits of breast feeding and reported that mothers exclusively breastfeed their children up to six months and complementary feeding for children six months and older. At the same time, environmental factors such as poverty and limited food supply limit parents' ability to supplement breastfeeding.

Respondents indicated that corporal punishment is commonplace for children as young as two years of age, although some parents emphasised the need for non-physical forms of discipline such as scolding, threatening, restricting playtime, or assigning additional household chores. Common methods of physical disciplines include beating, whipping, spanking, and withholding food. Interestingly, numerous respondents saw a distinction between corporal punishment and beating or spanking children, with the former seen as a more severe and less socially acceptable means of discipline. A number of respondents complained about the 'children's rights' discourse¹ and how it has made it more difficult to discipline children since children now feel empowered to report corporal punishment to neighbours or authorities.



Figure 2: A child hugs her mother

Social & Emotional Development

Respondents agreed that it is important for children to feel loved and to be able to talk about their feelings.

Parents express love physically (hugging, kissing, holding hands, or carrying young children on their backs), verbally (telling their children they love them), and materially (buying small gifts or sweets, paying school fees). There is considerable emphasis on respecting elders, with most respondents indicating that ideal child behaviour includes being polite and deferential to one's elders. Other child behaviours that are perceived as positive include being quiet, obedient, helpful, and playing well with others. While respondents reported being highly responsive to upset or crying children, many negatively viewed excessive or unnecessary crying among children (even for the very young).

Spiritual & Moral Development

Across all ten study districts, respondents unanimously viewed spirituality and religion as a critical aspect of children's development and central to family life in Zambia. Community members in our sample are predominantly Christian, and there is considerable emphasis on children attending church and upholding the morals espoused in the bible. Furthermore, the church plays a central role in guiding parents on how to raise their children and parents often turn to the church or the bible for parenting advice. In some cases, church staff provide formal parenting support services and conduct home visits.

¹ Our respondents mentioned "children's rights" when referring to organizations and materials that opposed corporal punishment.

The predominance of Christianity in these responses does not mean that African traditional religions (ATR) are not practiced in our study areas. Respondents may have provided *socially desirable* responses because several of them acknowledged the role that the belief in malevolent forces/spirits (e.g. witches, dead people) play in their lives. Widespread belief in Christianity has meant that any person believing or practicing non-Christian living, especially ATR, may be seen in a negative light.

Gender Differences in Parenting and Childcare Practices

Gender differences emerged in a variety of practices, including household responsibilities, sibling care, play, comfort, and emotional expression. Parents, caregivers and service providers saw boys and girls as having different needs, and approached many aspects of childrearing differently based on this perception. In line with the finding that children learn practical life skills through play, boys and girls learn to fulfill traditional gender roles through games and other play activities.

Practices Specific to Girls

Girls appear to have more household responsibilities than boys. Girls are more likely than boys to care for younger siblings, and tend to help in the household with chores such as cooking, pounding cassava, and making *nshima*. Girls learn how to carry out traditional female roles through play and imitation. Girls commonly imitate activities such as cooking, sweeping, cleaning dishes, weaving, plaiting hair, and washing clothes. These activities are initially imitated as make-believe activities before they are conducted as real responsibilities in the home. Mothers reported that girls learn through pretend play “*ukubuta*,” or playing house, in Bemba. In some cases, girls’ greater responsibility in the home was tied to a perception that girls have a natural propensity to care for others. For instance, one Church Elder in North-Western Province stated, “*Children [in his community] are left in the care of their siblings especially girls*” because “*girls generally had a caring heart despite the age.*”

Further, service providers suggested that girls are treated more gently than boys. While most parents and caregivers indicated that there were no gender differences in how children ages 0-8 years were comforted, service providers believed that girls were comforted in gentler ways than boys. According to service providers, this is because girls are perceived to be more fragile than boys. A district social service officer from the Eastern Province reported that caregivers are gentler and kinder with girls compared to boys. Similarly, a head teacher from Choma District in Southern Province explained, “*Girls and boys are comforted differently by ‘virtue of their gender’, it is known from on set that girls are treated in a special way as they are considered a ‘weaker vessel’, so you handle them with care, but also boys have a way of being handled differently because of their sex.*”

Practices Specific to Boys

Boys also report caring for their siblings and conducting related household chores (such as cooking, bathing and feeding younger siblings), although to a lesser extent than girls. In the household, boys are generally tasked with collecting firewood and herding animals. Similar to girls, boys learn traditional gender roles through play. Activities such as making toys, herding cows and fixing household items teach boys how to carry out men’s traditional role of provider.

In addition, some respondents indicated that boys are expected to be tougher than girls, which affects how boys communicate feelings and receive comfort from parents and caregivers. Although most

respondents indicated no difference between how boys and girls communicated feelings, a few described the detrimental effects of masculinity norms on older boys' emotional expression. As one respondent said, *"A crying male child may be hushed too quickly before he can let out all his emotions in the name of 'Men don't cry' and they may end up suppressing of emotions and harbouring a mix of so many emotions, which may one day lead him explode."* This theme also emerged when respondents described practices of comforting children. According to one service provider, boys who are upset are generally dismissed by parents with statements such as *"You're a boy or a man, you must not cry,"* while girls are treated more gently when they are upset.

Context for the Study: Key Findings from the Literature

Child Development & Culture

Strengthening the capacity of parents to promote children's healthy development is an evidence-based strategy to improve child outcomes. The quality and stability of young children's relationships with their parents/caregivers determines the foundation for children's growth across a wide range of domains, including their cognitive, emotional, social, behavioural, and physical well-being. For optimal development, children need safe and healthy environments, sensitive and responsive caregivers, opportunities to develop oral language and communication skills, support for social-emotional development, and positive and respectful guidance—at home and in the community (Howard, 2015; Shonkoff & Phillips, 2000; Snow & Van Hemel, 2008). Stable, responsive, nurturing relationships and rich learning experiences in the earliest years provide lifelong benefits for learning, behaviour, and physical and mental health (National Scientific Council on the Developing Child [NSCDC], 2004). In particular, the birth-to-3 age range is a highly sensitive period of human development when synaptic connections are most primed to create networks to facilitate children's learning and development (Shonkoff & Phillips, 2000). The brain's architecture is built over time, starting prenatally and continuing to grow until adulthood; however, early positive, supportive experiences undergird this development (NSCDC, 2007).

Parenting programmes have the potential to empower parents and family members with the knowledge and skills needed to promote their child's growth and social-emotional development as well as to attend to their own mental well-being (Harper Browne, 2014; Howard, 2015). Observational studies, both in the United States and in developing countries, have found that parent stimulation behaviours are associated with children's later cognitive skills (Barros, Matijasevich, Santos, & Halpern, 2010; Bradley, Corwyn, McAdoo, & García Coll, 2001; Lugo-Gil & Tamis-LeMonda, 2008; McLoyd, 1998; Shonkoff & Phillips, 2000; Zaslow et al., 2006). In a comprehensive literature review of parenting interventions designed to use parental stimulation to promote development in children under the age of 4 in low- and middle-income countries, almost all studies found positive effects on child developmental outcomes (20 of the 21 studies that measured this outcome), and most found positive effects on parenting practices as well (14 of the 16 studies with this outcome) (Baker-Henningham & López Bóo, 2010). The review also found that the most disadvantaged children tended to benefit most from these interventions. In addition, a recent study has found that community-based early childhood programmes targeted at parents hold promise for improving children's physical and cognitive development in low-resource settings such as Zambia (Rockers et al., 2016).

It is important to note that many conventional views of “positive parenting” are based on Western understandings of childhood and parenthood (Bray and Dawes, 2016). Parenting is a “gendered, cultural practice influenced by community and wider societal values and norms” (Ibid: 4). Critics argue that Western, evidence-based parental intervention models run the risk of creating a-cultural, normative expectations of “good parenting” that fail to account for the diverse socio-cultural and economic conditions of different world regions (LeVine, 2004; Nsamenang, 2006; Ramaekers & Suissa, 2011; Smeyers, 2010; Vansielegheem, 2010). In the United States, the following parenting practices have been associated with positive developmental outcomes in children: knowledge of child development, contingent responsiveness, warmth and sensitivity, routines that help reduce household chaos, shared book reading and talking to children, practices promoting children’s health and safety, and appropriate behaviour management strategies (NAS, 2016). However, much of this research is premised on the parent-child dyad, a concept that does not fully capture the important role of siblings, aunties, grandmothers and other kin in child care in other cultural contexts. Additionally, these recommendations reflect a Western view of young children as inherently valuable whereas in other contexts, children’s value may be partly connected to their ability to contribute to the household (Lancy, 2016). For instance, while siblings have historically been relied upon as providers of care for young children in many African cultural contexts (Serpell and Nsamenang, 2014), leaving a young child unsupervised in a North American or European context can be considered a criminal offense (Rogoff, 2003). The potential misalignment between Western-based interventions and local (non-Western) parenting strategies, attitudes, and values can significantly hinder the success of these efforts in improving children’s outcomes.

Anthropologists have documented diverse child-rearing practices across cultural contexts, questioning the applicability of child development models emanating from Europe and North America (Lancy, 2016; LeVine, 2004; Rogoff, 2003). Since children develop within a broader context of their families and communities, their development must be understood in relation to the unique cultural practices and circumstances in which they grow (Rogoff, 2003:4). Variations in child-rearing practices make sense when we take into account different socio-economic circumstances and cultural traditions, such as different sources of support and danger, as well as each community’s ideals of maturity and adulthood (Ibid: 6).

Lancy (2016), for instance, has organized child-rearing practices in two general models. In the “pick when green” model, prevalent in Euro-American contexts, children are recognized as individuals from a very early age and receive significant attention and time, including verbal engagement. In contrast, in the “pick when ripe” model, prevalent in many regions across the global South (including Southern Africa), children’s individual identities are developed over time, through a process of actions that constitute contributions to their communities according to their abilities. Siblings and extended family members play an important role in caregiving, and adult-child play is relatively rare. In “pick when green” contexts, adults play with their children and see this as part of their care giving and child rearing responsibilities. In contrast, in the “pick when ripe” contexts, playing with children is the responsibility of older siblings and peers, rather than that of adults (Lancy, 2016). Thus, attempts to promote children’s development by recommending daily parent-child play and interaction may not resonate with local cultural practices, such as those used in Zambia. The question becomes how to translate ECD recommendations based on evidence from Europe and North America into contexts where children may have very different roles, functions and hold different values to society.

Southern Africa and Zambia-Specific Parenting Practices: What We Know

While the research base regarding Southern African (and Zambia-specific) parenting practices is limited, several important studies have been conducted. In the following section, we synthesise the findings from these studies and discuss implications for this project.

A recent systematized literature review on parenting practices in Southern and East African contexts (including Kenya, Malawi, Mozambique, Tanzania, South Africa and Zimbabwe) found a number of trends across the region: 1) caregiver roles are located within the collective space of kin and community networks; 2) there is little discourse on different parenting styles in the region because the notion of “parenting” is an external construct; 3) parent-child relationships are structured around the concept of reciprocity, in the sense of mutual support, respect and valuing the other; and 4) macro-economic forces are changing these traditional support networks, resulting in more absent fathers, less support from extended kin, and an increased share of caregiving responsibilities on mothers and grandmothers (Bray & Dawes, 2016).

There is a growing body of literature and household data suggesting that many of these factors may also be valid in Zambia. An assessment of indigenous child-rearing practices in African countries, including Zambia, has found that indigenous African approaches to child socialization include emphasis on social responsibility and widespread involvement of pre-adolescent youth in the care of younger children (Serpell & Nsamenang, 2014). In addition, a review of parenting practices in Sub-Saharan Africa that spanned Mali, Nigeria, Namibia, Malawi and Zambia identified a number of positive and negative practices across the region (Evans & Myers, 1994). Positive practices included: 1) a significant community-level responsibility for child care; 2) the important role of older children in child care, and in the transmission of cultural values through modelling behaviour and traditional games and songs; 3) pregnancy beliefs and rituals that are designed to provide a safe birth for the baby and to assure the mother’s well-being; 4) high prevalence of extended breastfeeding; and 5) important roles of elders and traditional healers in society. Practices identified as “negative” included: 1) negative nutritional outcomes due to food taboos associated with pregnancy; 2) lack of fathers’ involvement in direct care of the young child in some contexts; 3) limited understanding of the value of adult-child interaction; and 4) misunderstanding of disease causes (i.e., attributing diseases to witchcraft) and children’s development and needs at different stages (i.e., meal frequency being tied to adult patterns of eating, when in fact young children need to eat more often).

Three recent studies have focused on the participation of family members in child care practices in Zambia. First, a study by Mooya (2016) confirmed that sibling care was a widespread phenomenon in child care in Zambia. The study documented multiple child care practices that are performed by older siblings in caring for younger children in the home including feeding, bathing, and play. The author further found that females performed more care for their younger siblings, especially when parents were present at home, affirming the gender role socialization of females as primary caregivers, a notion that is widespread across the African context (Mooya, 2016).

In the second study, Sichimba (2015) identified another key component of Zambian child care: Zambian grandparents, and especially grandmothers, provide a wide range of care to their grandchildren including feeding, playing, and bathing. Interestingly, this study found that socioeconomic status (SES) did not predict grandparental involvement in child care: instead, Zambian grandparents from both high and low SES backgrounds were equally involved in child care (Sichimba, 2015). In addition, the study revealed that it was maternal and not paternal grandparental involvement in child care which was more common in Zambia.

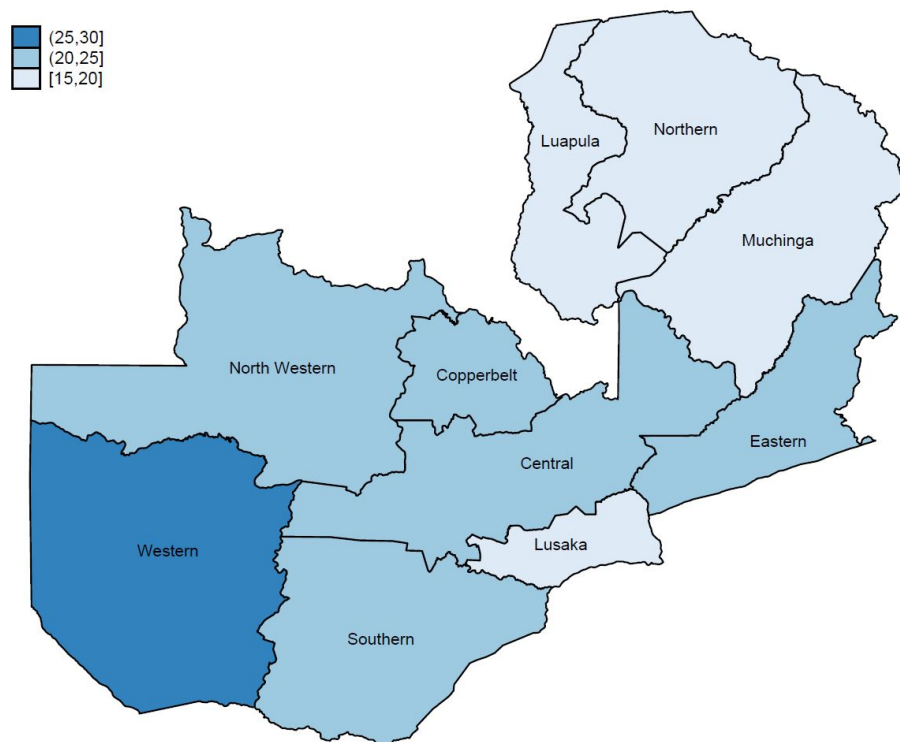
In the third study, Sichimba and co-authors examined the quality of care that grandparents provide to their grandchildren (Sichimba, Mooya, & Mesman, 2017). Specifically, this study examined the predictors of grandmother-grandchild interactions in Zambia. The researchers found that grandparents who had fewer children were significantly more sensitive in their interactions with their grandchildren. This finding underscores the importance of family size as a predictor of caregiver sensitivity.

Zambia-Generated Research on Child Care Practices: Key Findings

- *Sibling care is a widespread phenomenon; girls perform more care for younger siblings than boys.*
- *Grandparents play an important role in raising children, across SES backgrounds.*
- *Grandparents with fewer children are significantly more sensitive in their interactions with their grandchildren.*

Data from the 2013-2014 Zambian Demographic and Health Survey [ZDHS] (CSO, 2013-14) illustrates the regional variation in the presence of grandparents in households with children aged 8 or under in Zambia (Figure 3). Children growing up in Northern Province of the country are the least likely to be in a multi-generational household, with 15% of children living in the same household as a grandparent. This contrasts with Western Province where over 25% of children live in the same household as their grandparents. It remains unclear whether the regional variation in the presence of grandparents in the household is indicative of underlying differences in the involvement of grandparents in childcare and the child development process.

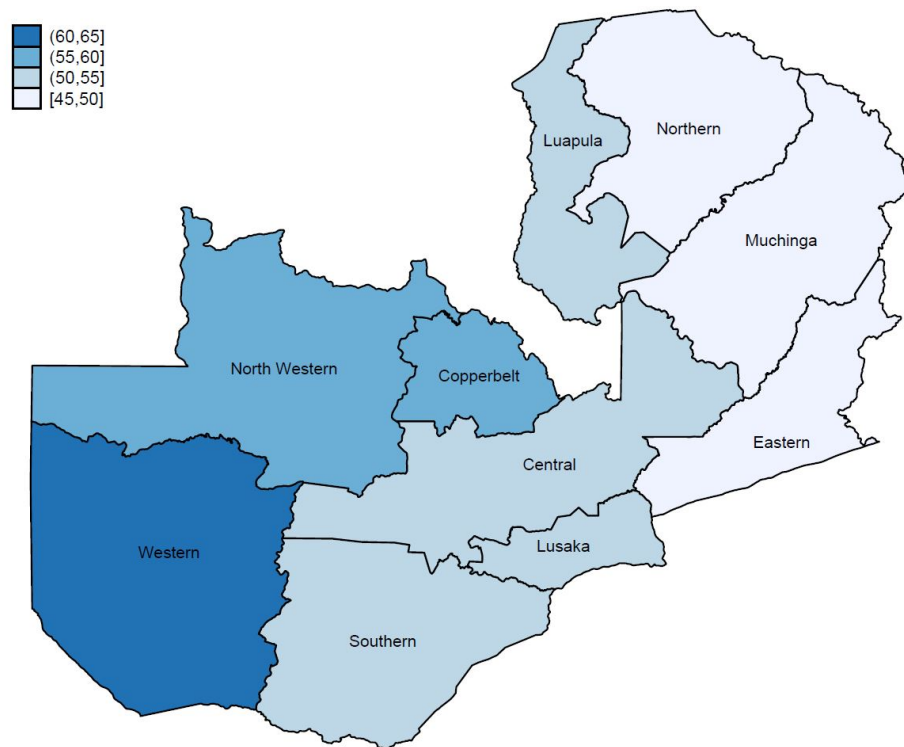
Figure 3: Percentage of children with grandparents in household, by province



Source: Zambian Demographic and Health Survey Data (2013-2014). Data restricted to children aged 8 or under.

Data from the ZDHS provides additional detail regarding the home environments of children in Zambia. Figure 4 uses data from the ZDHS to illustrate the changing nature of households and demonstrates the large number of children residing in households without their father. All areas of the country have relatively high rates of children living without their fathers (45% or more), as well as significant regional variation: almost two-thirds of children in Western Province reside in a household without their father contrasting with Eastern, Muchinga, and Northern Provinces where fewer than 50% of children do not live with their father.

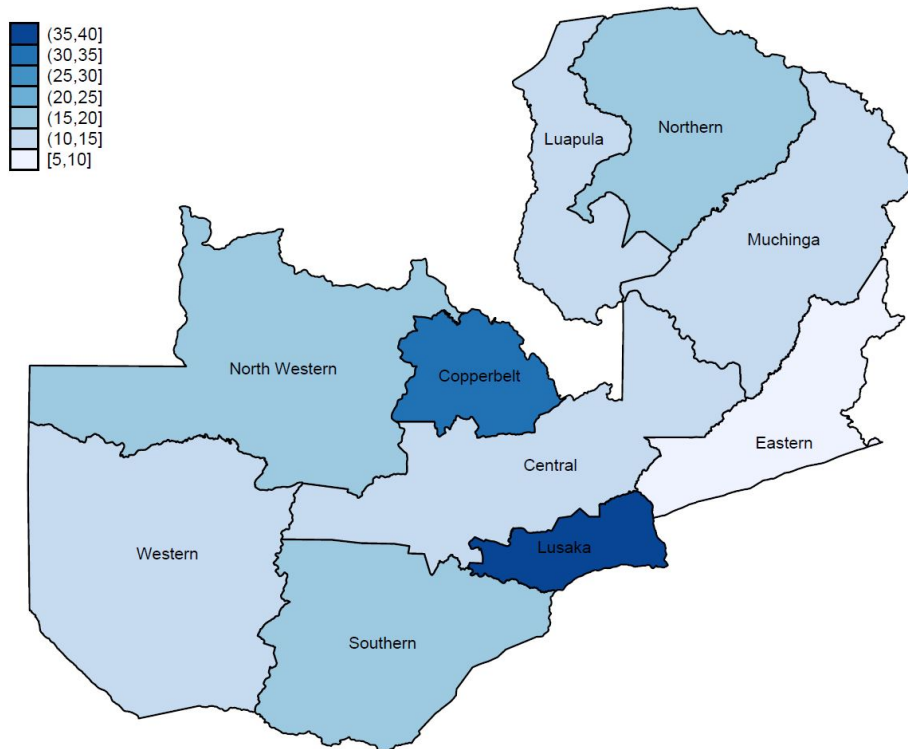
Figure 4: Percentage of children with father absent from household, by province



Source: Zambian Demographic and Health Survey Data (2013-2014). Data restricted to children aged 8 or under.

Access to and parental attitudes towards pre-primary education are another component to be considered in this study. Based on the ZDHS data, there are large regional differences in access to nursery schools. Figure 5 illustrates that access to these services is concentrated in Copperbelt (where 30% of 5-year-old children attend nursery school) and Lusaka (36%) with access levels in all other regions at less than 20%.

Figure 5: Percentage of children aged 5 attending nursery school, by province



Source: Zambian Demographic and Health Survey Data (2013-2014). Data restricted to children aged 5.

The variation observed in some key child development indicators, such as paternal involvement in childrearing or access to pre-primary education suggests that parenting practices are likely to vary substantially across Zambia.

Other research conducted in Zambia sheds light on parents' understanding of child development. A situational analysis of ECD and education in Lusaka and Chibombo districts found that parents engaged in activities that supported their children's development, however parents lacked knowledge regarding the importance of stimulation for young children and what stimulation entails (ZANEC, 2015). For example, most parents in the study understood the importance of a balanced diet and the various ways in which hygiene should be maintained. Eighty percent of 138 parents interviewed indicated that they exclusively breastfed for the first 3 months after birth, and

Parental Understanding of Child Development in Zambia

Research finds that many Zambian parents engage in activities that promote children's positive development, but they lack an understanding of what constitutes "stimulation" for young children and its importance for their children's development.

another 80% reported that they began to give their babies solid foods after 3 months. Parents reported engaging in various child care practices that promote children's positive development, including taking their children for immunization, breastfeeding, providing healthy food, regularly bathing and feeding the child, and taking the child for under five check-ups. The study also reported routine activities conducted for and with the children including playing with them, breast feeding, spending time with them, taking them to bed, teaching them, taking them to school, and ensuring their well-being. At the same time, the study found that parents/guardians lacked a clear understanding of what stimulation entailed, or strategies they could use to stimulate their children. For example, parents did not describe the use of songs or story telling as a means to provide early stimulation, yet this approach can be an engaging way for parents to interact with their young children.

Conceptual Framework & Study Design

The objective of this study is to gather data on traditional parenting and child care practices across diverse cultures in Zambia and assess these data against existing scientific evidence on ECD to inform the development or adaptation of parent education and support services, and ultimately ensure these services leverage existing traditional practices that promote the healthy physical, cognitive, and social-emotional development of children. To achieve this objective, we collected data on traditional parenting beliefs and practices across as they relate to six domains within children’s development in 10 Zambian districts in 5 provinces (NAS, 2016; MoGE, 2016).

Table 1: Developmental Domains and the Associated Parenting Practices

Developmental Domain	Associated Parenting Practices
Approaches to Learning	Practices that promote inquiry and orientation, observation, exploration, and numeracy, including curiosity and interest, persistence, imitation and emulation, creativity, and mathematical reasoning.
Cognitive Competence	Practices that provide stimulating, challenging, and supportive environments for children in which they develop skills in mathematics and problem solving. Includes logic and analytical thinking, reasoning, exploration and experimentation, and science.
Language & Literacy	Practices that provide stimulating environments that promote children’s language, communication and literacy, including receptive language, expressive language, reading and writing. Also includes interaction, stimulation and provision of age-appropriate play and communication activities.
Physical Development & Well-Being	Practices that promote children’s ability to thrive and ensures their survival and protection from injury and physical and sexual maltreatment. Includes keeping children safe and free from harm, providing shelter and clothing, preventing and responding to illness, feeding, bathing, providing safe places to play and explore, etc. Also includes practices that promote motor development and visual-motor integration skills.
Social & Emotional Development	Practices that promote basic social skills which include a range of pro-social behaviours, such as empathy and concern for the feelings of others, cooperation, sharing, and perspective taking. Also, practices that promote positive emotional health and well-being, including positive sense of self, ability to cope with stressful situations, temper emotional arousal, overcome fears, and accept disappointments and frustrations.
Spiritual & Moral Development	Practices that promote religious and moral values that are important to the community, including knowledge of God and respect for human and national values.

Sources: National Academies of Sciences [NAS]. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press; Ministry of General Education [MoGE] (2016). *Early Learning and Development Standards for Zambia*. Lusaka. This table draws from the various childhood development domains identified by NAS and MoGE.

Research Questions

The study addresses the following research questions:



RQ1: What are common practices and beliefs across multiple domains of children’s development, including physical, psychosocial, mental, and cognitive development, and across stages of the life cycle (from pre-pregnancy to the end of early childhood)?

- How are children perceived and valued by parents, other caregivers, and the community?
- What are the contextual factors that appear to influence parenting and child care practices and beliefs?

RQ2: To what extent do parents and other caregivers have knowledge about child development, positive parenting practices across children’s developmental domains, and available parenting supports and services?

RQ3: What parenting support systems are available to parents and other caregivers?

- To what extent do support systems meet the needs of parents and other caregivers?
How can existing parenting supports be improved or enhanced?

RQ4: Based on current scientific knowledge of ECD, which traditional parenting and child care practices in Zambia may contribute to positive child outcomes? Which practices may be detrimental to children’s development?

- How can traditional parenting and child care practices be strengthened and sustained?
How can detrimental parenting practices be mitigated within the sociocultural context of the mother and other caregivers?

For each of these study questions, we explored how these practices and beliefs vary across different regions and within subpopulations and how we can best learn from this variation. We recognise that, beyond a general description of Zambian culture, the Zambian context is quite variant in terms of indigenous languages (i.e., Bemba, Tonga, Chewa, Lunda, Lozi, and Soli) in the five provinces, and each area tends to exhibit cultural practices that are distinct to those contexts. In this report, we summarise findings collectively and also point to regional variation where such trends exist.

Research Design

Over a 3-week period, our team conducted site visits to 10 districts located in five provinces. The team used interviews and focus groups to collect data from three general groups: (1) district and community-level leaders; (2) parents and other caregivers, including siblings, grandparents, aunts, uncles,

traditional leaders, and other adults involved with children’s development and learning in the family and community; and (3) service providers who work with parents and other family members. Our team was comprised of five AIR staff (three international and two local), and 10 Zambian researchers (two local ECD experts from the University of Zambia and eight local enumerators).

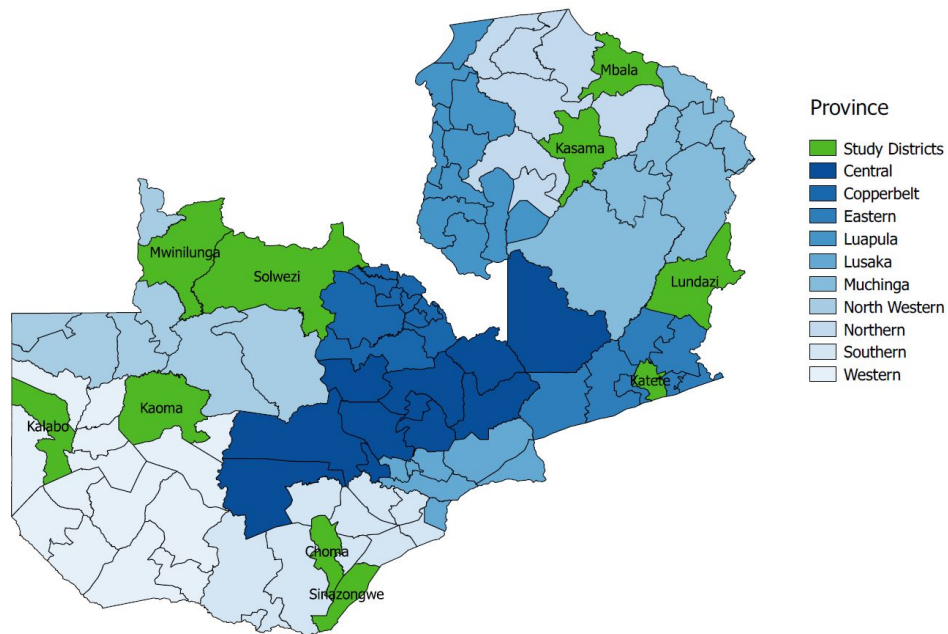
District Selection and Sampling

This study examined traditional parenting practices in a variety of geographic and cultural contexts around Zambia. We purposefully selected two villages in each district for data collection (one rural village, one village closer to town in each respective district).² Table 2 below lists the provinces and districts we visited for data collection. The geographic coverage of these districts is illustrated in Figure 6.

Table 2: Sample Provinces and Districts

Province	District
Southern	Choma, Sinazongwe
Northern	Kasama, Mbala
Western	Kaoma, Kalabo
Eastern	Katete, Lundazi
North-Western	Solwezi, Mwinilunga

Figure 6: Study Districts within Zambia



² We cannot include the names of villages visited because it increases the risk of inductive identifiability of research participants.

Data Collection Methods

We employed two primary approaches to qualitative data collection for this evaluation: key informant interviews (KIIs) with district leaders, community leaders, and service providers, and focus group discussions (FGDs) with parents, siblings and other caregivers. Table 4 provides a summary of the data collection approaches and respondents. In total, we conducted 97 key informant interviews and 40 focus group discussions.

Qualitative experts from AIR's home office were in-country to train and prepare enumerators for data collection and the local ECD experts from the University of Zambia accompanied teams to the field for the beginning of data collection to ensure that the agreed upon sampling procedures were followed and that interviews and focus groups were conducted in a standardized manner. AIR researchers reviewed data as they were collected to ensure quality and consistency.

Key Informant Interviews

For this study, a key informant is a person who possesses comprehensive knowledge about the scope of parenting practices typically used within a community/region. KIIs with carefully selected community leaders and service providers shed light on the village structure, available services for parents and children, perception of community norms around parenting practices, challenges faced by parents/caregivers in child-rearing, family strengths, successes and challenges in service delivery to families, and services needed by families. We used a snowball sampling approach to then identify additional informants, including service providers, to be interviewed individually or through a focus group format. Due to the relatively short timeline for data collection, we rotated respondent types according to the availability of key informants in each district and village at the time of data collection.

Focus Group Discussions

FGDs provide a context in which participants feel comfortable and empowered to discuss the study topics with their peers and carefully trained facilitators. Enumerators were carefully trained to create a social dynamic that encouraged participants to reflect upon their opinions and experiences and express them verbally. Focus group discussions facilitated a deeper understanding of the traditional parenting practices in each region, gathering specific information on



Figure 7: Mothers share experiences in a FGD session in Western Province

parenting practices across multiple domains of development (physical, mental, social-emotional, cognitive, spiritual-moral) to gather a holistic view of how children are raised. In addition to practices, the FGDs focus on parenting beliefs to capture information about cultural norms in the community. As with the KIIs, we rotated FGD respondent types according to availability of respondents at the village level, while making sure that each district had one of each type of FGD.

Table 3: Data Collection Plan

Method	Respondent(s)	Key Content Areas	Number per village	Number per district	Total Number
District Level-Key Informant Interviews	<ul style="list-style-type: none"> • Social welfare office • ECE specialists (such as DEBS and DESO officials) 	<ul style="list-style-type: none"> • Community structure • Perception of community norms around parenting practices • Challenges faced by 	N/A	2	20
Village Level- Key Informant Interviews	<p><i>Community Leadership</i></p> <ul style="list-style-type: none"> • Local leaders (such as faith-based organizations, local chief, headman, etc.) • Community workers (such as health, development, social, etc.) <p><i>Service Providers</i></p> <ul style="list-style-type: none"> • Traditional birth attendants • Health facility staff (such as nurses) • Teachers (such as head teachers, public & private preschool teachers, etc.) 	<ul style="list-style-type: none"> parents/caregivers in child-rearing • Family strengths • Services available for parents and children, including purpose, target groups, reach, funding, and service delivery partners • Successes and challenges in service delivery to families • Services needed by families 	4	8	80
Focus Group Discussions	<ul style="list-style-type: none"> • Mothers and expecting mothers • Fathers, uncles, grandfathers • Siblings (ages 9-17) 	<ul style="list-style-type: none"> • Traditional parenting practices in each region, with a focus on parenting practices across multiple 	2	4	40

Method	Respondent(s)	Key Content Areas	Number per village	Number per district	Total Number
	<ul style="list-style-type: none"> Other caregivers (such as aunties, grandmothers, neighbours, etc.) 	domains of development.			

Analysis

AIR researchers and the ECD experts from the University of Zambia led the data analysis process. All data from KIIs and FGDs were coded and analysed using the NVivo qualitative software program. Our team created a preliminary coding outline based on the conceptual framework, research questions, interview protocols, and memos of themes that emerged during data collection. This coding outline served as the tool to organize and subsequently analyse the information gathered in the interviews and focus groups. The outline was modified as new themes and findings emerged during data analysis. During this process of data reduction, researchers characterised the prevalence of responses, examined differences among groups, and identified key findings addressing the research questions.

Limitations

The study had several limitations pertaining to generalizability, urban-rural comparison, and age-specific parenting practices.

One of the limitations of this study is its non-representativeness. In each district, we purposively sampled villages with particular characteristics (for example, rurality and proximity to district capital to facilitate logistics). In each village, we used a combination of purposive and snowball sampling to recruit respondents from different target groups (service providers, mothers, fathers, siblings, and other caregivers of children aged 0-8). While this approach allowed us to document diverse perceptions on parenting across the 10 study districts, it was not designed to generate a representative sample. Therefore, the findings of this study are not generalisable to other contexts in Zambia. Rather, they are illustrative of the perceptions of different respondent groups in our study areas.

Our sampling approach was also limited in its selection of urban villages and collection of data about children in specific age groups. We included a comparison between rural and urban areas in our village sampling. However, due to UNICEF’s interest in selecting study areas with few existing parenting interventions, we selected “closer to town” villages, or areas that were a bicycle ride away from town (approximately 10 kilometres). This yielded a sample of comparison villages that was more semi-rural than urban. Although our data does reflect some variation between rural and “closer to town” villages, it does not adequately capture the range of differences between rural and urban areas in Zambia.

Further, the target range of 0-8 years old made it difficult to identify parenting practices that pertained to specific age groups, such as children aged 0-3. Our respondents often had older children as well as young babies. Despite our efforts to distinguish between different age groups in our questions, parents and caregivers often talked about their parenting practices in relation to children of all ages.

Another limitation of this study is its reliance on self-reported data. While we triangulated reports across different respondents, we were not able to analyse how respondents' reported practices compare to their actual practices. The timeline of this study did not allow for the collection of observation data, which would have enabled us to triangulate participants' views and practices.

Ethical Considerations

AIR conducts rigorous ethical reviews through our Institutional Review Board (IRB) for all of our own internal research activities and provides this service for a variety of subcontractors and collaborators. AIR's IRB has conducted expedited and full board reviews of research involving human subjects for more than 25 years. AIR is registered with the Office of Human Research Protection as a research institution and conducts research under its own Federalwide Assurance. For this study, we obtained approval from the AIR IRB and from the Zambian ethical review board at the University of Zambia prior to commencing data collection.

Consent

We informed all participants that the information they share will be kept confidential. This means respondents' names and other identifiable information will not be used in connection with their responses. We also informed them that their participation is voluntary and that they can end their participation at any time or skip any questions they do not wish to answer. During the qualitative research we obtained informed written consent from each participant. We also obtained written consent from parents of children who participated in the siblings' focus group discussions.

Assurances of Confidentiality

AIR handles all data in accordance with the procedures and protocols approved by our IRB and we have preserved participants' confidentiality in several important ways throughout this study. First, we have not identified any individual or household by name in any report or publication. We have not shared specific information about any individuals or households with anyone outside of the research team and the research team analysed data collectively so that information from any one participant remains anonymous. Finally, we carefully trained all members of the research team on ethics, consent, and confidentiality to ensure that these principles were upheld throughout the duration of the study.

Empirical Findings

In the sections that follow, we describe traditional parenting and child care practices as characterised by our respondents. We begin by offering a description of general care and childrearing practices in our study areas, followed by a summary of existing and most needed parenting support services. Then, we present findings organized by the six child development domains identified by MoGE: approaches to learning, cognitive competence, language and literacy, physical development and well-being, social and emotional development, and spiritual and moral development. This analysis is based on KIIs with district-level officials, village level community leaders and service providers; FGDs with mothers, fathers and other caregivers of children ages 0-8; and FGDs with children ages 9-17 who cared for younger siblings.

General Care & Childrearing Practices

This section describes typical caregivers who care for children on a regular and consistent basis and routine child care practices including daily activities such as feeding, bathing, and putting children to sleep.

Primary Caregiving Responsibilities

Mothers

Across all study districts, respondents stated that mothers are the primary caregivers of children. Generally, activities within the home, such as feeding, cooking, bathing and cleaning the house, are the responsibility of mothers. Some of the mothers we spoke with described their role as developing from pregnancy onwards: One mother in Northern Province stated that women's responsibility over childrearing "[starts] from the womb, breastfeeding..." Conversely, fathers are generally seen as responsible for activities outside of the home, such as providing financial support. According to service providers, however, mothers are occasionally forced to assume the typically male role of serving as the provider for the family. A number of respondents of all types expressed frustration with father figures who they perceived to spend more time drinking alcohol than supporting mothers with childcare responsibilities or simply being with their families.

Fathers

Multiple sources, including mothers, service providers, and fathers themselves, assert that fathers are responsible for providing financial support and disciplining the children. Although a few fathers indicated that they have roughly equal responsibility in caring for children, most women and service providers, reported that men actually help very little with child rearing, if at all. In fact, the concept of fathers' absence from everyday care of children was one of the most common themes in our interviews and focus groups across districts. Rather, the father's role tends to be outside of the household, such as providing financial support and food.

Service providers, in particular, view poverty and alcohol as key reasons underlying men's lack of participation in everyday caregiving. A service provider in Eastern Province states, "*Poverty is a large contributing factor as it forces the men to go out looking for money so they don't find time to participate or be present around the home or even at their pregnant wife visits at the clinic.*" In addition, an early childhood education specialist in Southern Province comments, "*Mothers [...] are the primary/ frontline caregivers in this area. Men play a very minimal role as they spend most of their time patronizing beer halls.*" This is consistent with ZDHS data which indicates that all areas of Zambia have relatively high rates of children living without their fathers (45% or more). In contrast, discipline is one element of everyday parenting fathers are seen as primarily responsible for.

Siblings

Siblings tend to help in daily care of children when mothers are present, as well as in special occasions when mothers are not present at home. Siblings' roles included bathing, feeding and playing with their younger siblings. Gender is an important factor in sibling care, and various respondents remarked that girls are more likely to care for younger siblings. For instance, one Church Elder in North-Western

Province stated, “*Children [in his community] are left in the care of their siblings especially girls*” because “*girls generally had a caring heart despite the age.*”

Help in caregiving responsibilities

Across all districts, respondents agreed that grandparents, aunties, and siblings help mothers in everyday caregiving responsibilities. There were mixed perceptions regarding the extent to which fathers help with caregiving. While some fathers claimed to help mothers with their children, most mothers stated that grandmothers and siblings were most helpful. Grandmothers and siblings appear to be more involved with everyday child care, whereas fathers report helping on special occasions, such as when the mother is sick or attending a funeral.

Everyday caregiving practices

The general perception among respondents across all provinces and districts is that women are responsible for the everyday care of children. A Health Worker from the Northern Province commented to this end, “*Mothers are the primary care givers and their duties are feeding, dressing, bathing, bringing the children to the hospital.*” Siblings also described helping their mothers with everyday care activities. One sibling group in Northern Province described helping care for younger siblings by “*bathing them, caring for them, loving them and making sure they have eaten.*” A minority of fathers in our qualitative sample in Northern Province also claimed to help mothers with everyday care activities such as feeding, bathing, putting a child to sleep and washing clothes.

Feeding

Mothers, siblings, other caregivers, and a few fathers described feeding their children on a regular basis. Participants reported feeding their children often – the figure of “*three times a day*” was cited several times. In the case of younger children, participants recounted more frequent feedings. One female caregiver in Western province stated that children 0-3 years old were “*fed continuously,*” while several mothers from Eastern province described giving their one-year olds additional food in between the three standard family meals. In Western Province (Kalabo), however, several respondents stated that food shortages constrained their ability to feed their children frequently. One mother in Kalabo stated, “*There should be three meals a day, but sometimes all that is available is lunch.*” In addition, another mother called attention to fluctuations in the availability of food in Kalabo, noting that “*the number of meals [in a day] depends on the situation.*”

Bathing

The general perception among respondents is that mothers are primarily responsible for bathing their children. In most accounts, children are bathed frequently, ranging from two to five times daily. Siblings also report bathing young children regularly. A few fathers reported regularly bathing their children, while others stated that they bathe their children only when their wives are unavailable. Poverty seems to affect the frequency with which children are bathed. For instance, lack of access to soap was cited by one mother in a rural area of Eastern Province as a deterrent to daily hygiene of children. She explained, “*Mothers in the community don’t bathe nor wash clothes for their children because they are too poor to afford soap.*”

Gender plays a role in perceptions of appropriate bathing practices. For instance, a father in a rural area of Western Province was shocked to hear that another father bathed his eight-year old daughter. According to the former, this was unacceptable because, *“At this age, some girls will even have small breast developing on their chest.”* After boys undergo circumcision, it is also believed that they should not be bathed by people of the opposite gender. In North-Western Province, a father commented that boys who are circumcised are not bathed by females, as their hormones can be stimulated and the boy can be sexually aroused.

Our participants described a series of traditional bathing practices for young children and babies. They believe that these practices protect the baby spiritually and contribute to the physical development and well-being of the child. For instance, a woman from North-Western Province recounted that caregivers will start bathing young babies by pouring a bit of warm water on their private parts, which is believed to promote complete physical development. In addition, a mother from a rural area in Eastern Province described a traditional practice called *“Dabale”*: *“A baby is bathed without soap while sitting on the laps of her mother. After the bathe, the baby is made to drink the water it has bathed in. This practice is meant to protect the baby from illness and evil spirits.”* A special massage during the bath is also believed to protect children from future injuries.

Putting to Sleep and Co-Sleeping

Mothers were primarily responsible for putting children to sleep, with some support, on occasion, from siblings, fathers and other caregivers. Mothers reported using a series of methods to put babies to sleep, including bathing, breastfeeding, rocking, patting on the back, and singing songs. *Papu*, the practice of tying a baby to a caregiver’s back using *chitenge*-type cloth and moving around until the baby falls asleep, is a key method of putting children to sleep across our study areas. Siblings, other caregivers and fathers also reported practicing *papu* to help mothers put children to sleep. *Papu* was also thought to create a bond with children and allow caregivers to carry on with household chores while the baby falls asleep.



Figure 8: A mother practices *papu* in Southern Province

All respondent groups, including mothers, fathers, siblings and other caregivers, reported co-sleeping with babies and young children. Generally, mothers report sleeping with children ages 0-3 to facilitate breastfeeding. Some fathers described leaving mother and baby alone in the bed during the new-born phase *“for fear that we may crush the baby.”* Children also co-slept with siblings and other caregivers as they got older, or when the parents were absent.

Co-sleeping is thought to strengthen the mother-child relationship in different ways. Mothers described co-sleeping as a way to bond with the child, show love for the child, and ensure the child’s well-being.

A mother in Northern Province stated that she slept with her children so that they would know she loved them. Further, a mother in Southern Province noted, *“If you don’t sleep with the child how will you see if an insect bites the child?”* Opinions varied about the age at which children should stop sleeping with their parents. While some respondents claimed that children above 2 years old should stop sleeping with their parents, others claimed that the range of 6-10 years of age was more appropriate. Several fathers cited that it would be inappropriate to sleep with children above a certain age because they are more aware of what happens in the parents’ bed. After leaving the parents’ bed, children tend to sleep in the same bed as other family members, such as siblings and grandmothers.

Sibling Care When Parents Are Absent

Children are often left in the care of older siblings while parents work in the fields, go to town or the market, attend funerals, or fall sick. Some respondents added that siblings care for younger children more frequently and for longer periods of time during the rainy season when parents work long hours in the fields and gardens. An ECE specialist from Mbala reported that this pattern of behaviour during the rainy season can have a negative impact of children’s attendance at school since they may be forced to stay home with younger siblings rather than attending school themselves. A headmaster from Kalabo district reported that children are left in the care of older siblings for as long as six months during fishing season.

Siblings also reported taking care of younger siblings for short periods of time, ranging from a few hours to the entire day. While parents are absent, siblings are responsible for cooking, feeding, bathing, dressing, playing with siblings, putting younger siblings to bed, and completing household chores. A few siblings describe teaching toilet training to their younger siblings. When parents are absent, siblings turn to their grandmothers, aunties, uncles, neighbours and adult siblings when they feel they cannot handle their younger siblings’ behaviour or if they cry excessively.

Although leaving children in the care of older siblings is a widespread practice, some parents did appear to worry about siblings’ ability to care for the little ones. A father from Western Province explained that when he leaves, he gives instructions for older children to fetch water, bathe, and prepare meals for younger siblings. A mother in Southern Province explained how she prepared for sibling care. *“I rarely leave [my son], but when I do I have already bathed him and cooked his food.”*

Sibling Care When Parents Are Present

Siblings also contributed to child care and household chores when parents were present, albeit less intensive than when their parents were gone. A boy from Northern Province explained that he had a similar, but lighter workload when his parents were home. He states, *“We usually remain the 2 of us when our parents are not around. I prepare breakfast and lunch for my brother and myself, we eat, I wash dishes and then we go to play to the ground (football pitch). But when our parents are around, I just prepare breakfast, we go to play, then mum prepares lunch, and I wash dishes afterwards.”*

Availability of Parenting Support Services

When asked what parenting support services were available to them, parents, caregivers and service providers mentioned an array of programs including government services and programmes supporting nutrition, health, ECD, and financial support. Interestingly, many of these programmes did not have

an explicit focus on parenting support. Rather, they were targeted at areas that indirectly contribute to child development, such as education, health and economic well-being.

Respondents mentioned government services such as a Ministry of Community Development program that provided farming inputs, deworming services and sensitization programs on health and agricultural products. In terms of nutrition and health, respondents in Western Province mentioned the First 1000 Most Critical Days Programme (MCDP), which includes education programs and workshops on feeding practices and feeding programs, nutrition and utilisation of local ingredients. Faith-based organisations such as World Vision, the Catholic Church and the Churches Association of Zambia (CHAZ) are also involved in the provision of products for improvement of health such as milk and mosquito nets. Financial-support programmes include village banking schemes and loan provision, women’s savings schemes, social cash transfer programs, and a World Vision program that promoted “Common Savings of Funds” groups. In addition, respondents reported that UNICEF and Child Fund were actively involved in the ECE and parenting sectors through their funding of school feeding programmes and play parks, especially in the district of Katete in the Eastern Province. Respondents from Southern Province reported very few active programs, although respondents described past programs and organizations such as RISE, which provided tuition fees, and the Brethren in Christ Church- Children’s Development Project (BICC-CDP), which collaborated with women’s clubs to improve feeding in schools.

Most needed parenting services

(as identified by parents, caregivers, community leaders, and service providers):

- Training on child health & nutrition
- Entrepreneurship programmes so that parents are better able to financially support their families
- Parks or play areas for children
- Clinics and/or health services available closer to the village
- Sensitisation programs on the importance of education

Approaches to Learning

Exposing children to exciting, stimulating environments helps to develop children’s desire to explore and learn (MoGE, 2016). The developmental domain of approaches to learning includes practices that promote inquiry and orientation, observation, exploration, numeracy, curiosity and interest, persistence, imitation and emulation, creativity, and mathematical reasoning (Ibid).

Learning through Play

Most respondents believed that encouraging children to pursue activities in which they express an interest nurtures creativity. Here we discuss children’s approaches to learning independently through local games, free play, and technology (television and radio).

- **Local Games:** ECE teachers, birth attendants, and headmen indicated that children play local games—including *nsolo*,³ *chiyato*, wider, chess, *chidunune* (hide and seek), chicken in the den, house of sticks, draft, *ichiyenga*,⁴ and hop-scotch—that encourage creativity and curiosity (a complete list of games is included in Annex C). An ECE Specialist from Northern Province said, “*We have thrown our children into the adult world because they do not have time to play due to tight school and home schedules. However, play is cardinal.*” ECE teachers explained that local games are important because they help children develop their memory and comparison skills. The games also encourage children to play together and help them to understand how to follow rules.
- **Free Play:** Respondents also identified ‘free play’ as a beneficial form of play because it is child centred and not interrupted or structured by adults. The DESO from Katete said, “*Children are naturally curious beings who want to learn on their own. Experience is the best teacher.*” During free play, children use their imagination to make objects such as wire cars, mud dolls, houses, cups and plates, or footballs and netballs out of plastic or draft boards. Children also count using sticks or stones or play dress up and act out the roles of family members during free play. ECE teachers indicated that children should be encouraged to be creative during free play and that parents should praise children so that they are encouraged to continue learning through these activities.
- **Television and Radio:** Respondents from urban areas suggested that watching television and listening to the radio stimulates curiosity and creativity. Specifically, individuals from district offices believed that children’s curiosity and creativity were enhanced by riddles broadcasted by a local radio station. However, technology was also cited by some respondents as the reason why children are not creative and curious. Some respondents said children spend too much time on phones, computers, or watching TV, and little time playing outside and exploring.

³ *Nsolo* is a game that involves using dried round seeds, stones and nowadays marbles and you can move them round in holes that resemble a baking tray for scones.

⁴ *Ichiyenga* is a traditional game that involves digging a small whole in the ground and placing stones or seeds around the rim. A player tosses a larger stone in the air with one hand, and before catching it, uses the same hand to knock a smaller stone into the hole.

Play with a Purpose: Learning Practical Skills

A recurring theme that relates to the skills acquired or learned is the importance of these skills is the role they play in enhancing the children's future financial independence. Through play, children are taught how to plant and harvest food, how to milk cows, which plants are poisonous, and which plants have medicinal properties.

Headmen and birth attendants specifically emphasised the need for children to enhance their creativity through learning income-generating activities such as fishing, carving, basket weaving, and making charcoal.

Respondents believed that these activities were important to have because they would help children earn a living in the future. A mother from Southern Province said skills such as cooking, dressing, and making



Figure 9: Example of traditional basket

baskets are important because “[The skills] will help [children] earn a living when they grow up.” One father from Southern Province said, “It is important because making and fixing things can end up being something the child does for a living in adulthood.”

Curiosity & Creativity

In general, respondents reported that children practiced curiosity and creativity through asking questions, imitating the behaviour of role models, and independently exploring activities within their environment during play. Interviews indicated that creativity and curiosity are associated with qualities such as wisdom, cleverness, responsibility, maturity and intelligence. Respondents also commented that curiosity and creativity contribute to the child's cognitive development in problem solving and math. This section presents data on children's approaches to independent play, followed by parenting practices that encourage learning, and teaching practices that encourage learning.

Parental and Sibling Support for Creativity & Curiosity

Most caregivers value creativity and curiosity, with a minority describing a more mixed response to this aspect of child development. Mothers, fathers, and other caregivers reported that they took keen interest in their children's creativity and curiosity, positing that these characteristics would help children gain skills and become independent in the future. Responses from other key informant groups focused on the importance of interactions between parents and their children, as well as between children and their peers. Fathers indicated that they observe how other parents in the community raise their children and encourage creativity and curiosity. Some respondents suggested that cultural norms do not favour curiosity and creativity because of parameters that limit a child's activities and because

of some parents' lack of understanding about the importance of education. Lack of time due to household chores or farming was cited as another reason why children did not have time to enhance their creativity and curiosity. For some parents, if a child is too curious then the child is perceived as mischievous.

Parents said they provided materials to support children's specific interests, such as paint, crayons, and paper if the child is interested in drawing; grass if they are interested in making baskets; or drum lessons if the child is interested in music. A Headman from Eastern Province said parents can also encourage creativity and curiosity by exercising tolerance with the children when they ask questions and participating in activities with their children. Regarding the latter, the headman commented, "*Parents pay attention to what the child is asking about. Children in this regard become open to asking questions and expressing their thoughts.*" A Birth Attendant from Western Province similarly noted that parents who are not patient with their children do not encourage curiosity, "*Some parents do not value curiosity. It does not please some parents when their child keeps asking questions and tries to know almost everything.*" Respondents also emphasised that parents should conduct activities with their children rather than just give instructions. Playing with children or working with them on typical household activities such as cooking, cleaning, farming, and repairs helps children gain knowledge. Through this process children receive guided learning which promotes their creativity and curiosity.

Some siblings also indicated that conducting the activity together is the best way for their siblings to learn. In the process of exploring, siblings explain aspects of the environment such as plants, fields, bushes, and information about herding cattle. A sibling from Northern Province said, "*As we go to weed, to add fertilizer and to pluck maize, we explore with our siblings. Sometimes we go to look for wild fruits in the bush with my sibling.*" Children also learn by conducting the task with their sibling and having the sibling participate in the activity. A female sibling from Northern Province said, "*I wash the dishes together with my siblings. I put soap on the dishes and she finishes off the rinsing.*" The activities siblings mentioned focused on household chores, such as how to clean dishes, sweep the house, draw water from the borehole, and cook; however, siblings also said they taught their younger siblings how to read, write and count.

Approaches to Teaching

We asked respondents how children learnt best – through direction or imitation. Most respondents agreed that children learn mainly through imitating the activities of parents, peers, siblings, and others in their environment, although some suggested that a combination of direction and imitation worked best. We first discuss respondents' use of imitation, role modelling and some direction to foster children's curiosity and interest, then focus on how these approaches intersect with learning gender roles.

Imitation, Role Modelling, and Direction

Most caregivers agreed that children learn mainly through imitating the activities of parents, peers, siblings, and others in their environment. A Headman from Southern Province said, "*My experience has been that if you show a child something, they will remember, sometimes they even copy what we adults do.*" Demonstration plays a primary role in teaching through imitation. Fathers highlighted that parents should first demonstrate and then ask the children to repeat the activity. Mothers said they

demonstrate activities such as how to prepare meals, while fathers demonstrate tasks like how to milk cows, herd cows, and plough. A mother in Southern Province said, *“I knit and make fishing baskets and I teach them as I do it, that’s how I encourage them.”* Children partly learn through imitating household chores such as sweeping, washing clothes, cleaning dishes, and cooking; farming activities and how to care for certain crops; income-generating activities such as making mats. Children also engage in role play games, in which they imitate their different roles of their parents, and in some instances animals as well.

Role modelling, in particular, was identified by caregivers as a key teaching approach. Mothers reported that their children learned best by imitating their behaviours and that they encouraged their children to do this. Similar sentiments were expressed by fathers and other caregivers, *“My children imitate me when I am sweeping by making small brooms and also sweeping.”* Some participants mentioned that as parents, they were role models to their children. Their children emulate their creativity skills. To encourage curiosity, they answer questions their children have, and the guided learning serves as a sort of apprenticeship. In addition, siblings described promoting creativity by taking their younger siblings when they go to play games, such as football or netball, and when they are doing chores such as washing dishes, sweeping; going to the bush to pick fruits or collect caterpillars and mushrooms; or when they are doing their homework. Mothers observed that a challenge with role modelling was when children imitated bad behaviour or negative activities.

ECE teachers, community health workers (CHWs), and religious leaders indicated that children learn better through direction. For example, ECE teachers explained that sometimes children are better able to learn when they receive step-by-step direction on how to conduct a task. A CHW suggested that children learn difficult tasks through directions and personal practice rather than imitation. Siblings also recognized the advantage of providing step by step guidance on how to perform a task; one sibling from Eastern Province said, *“If you are drawing water for drinking, you give him the bucket and tell him not to dip his fingers into the drinking water.”* Teachers, however, explained that individual characteristics, such as level of interest and age, help determine whether imitation or direction is appropriate in the circumstance. A few respondents claimed that a combination of imitation and direction was most effective. A mother from Northern Province explained how she helps her son learn how to make a basket *“...if he is making a basket, first he observes what I am doing, then I observe what he is doing. I pass the reeds to him, and if he makes a mistake, I tell him how to do it.”*

Gender Roles

Gender emerged as a key theme in perceptions of how children learn. Respondents mentioned that children learned and imitated roles specific to traditional associations with gender. Both fathers and mothers said they felt happy when children imitated behaviour particularly because children were gaining knowledge on how to behave as future men and women in their communities. Girls imitated activities such as cooking, sweeping, cleaning dishes, looking after the younger siblings, and washing clothes. This was initially done as make-believe activities before they were conducted as part of their responsibilities in the home. Mothers also said children learned through pretend play *“ukubuta,”* or playing house, in Bemba. Fathers said they guide their children in the processes of cooking, playing, toy-making, writing the alphabet, herding cows, and fixing household items. While playing house and pretending to cook, clean and care for siblings conforms to the traditional caregiving role of women,

activities such as making toys, herding cows and fixing household items align with men's traditional provider/breadwinner role.

Cognitive Competence

Cognitive abilities are crucial for children to succeed in school and the world at large. Parents and caregivers can enhance the development of cognitive skills by exposing children to activities that are mentally stimulating (MoGE, 2016). The domain of cognitive competence includes practices that provide stimulating, challenging, and supportive environments for children in which they develop skills in mathematics and problem solving (NAS, 2016). These skills also include logic and analytical thinking, reasoning, exploration and experimentation, and science (MoGE, 2016).

Views on Intelligence and Cleverness

When asked to reflect on children's intelligence, respondents' comments were mixed: while some believe intelligence is innate, others believe environmental factors play a role in developing it. A respondent from District Office Community Development in Eastern Province stated, *"Most people in this community view intelligence as something innate, that children inherit from their parents or other relatives."* Others thought children developed their intelligence by interacting with the environment through experiences such as going to school, creative activities such as moulding clay, making toys such as clay dolls and wire cars, fishing, and others. The learning opportunities and various ways in which parents observe, guide and support their children were also thought to aid in the development of intelligence. A Nursing Standards Officer from Eastern Province attributed intelligence to the level of care during the prenatal stage, *"Intelligence all goes back to the first critical days in a child's life when they are between 0-2 years of age. It is also about nutrition beginning with the care a pregnant woman takes of herself and her unborn child."* Another made reference to the birth complications that are believed to affect the child's intelligence.

Respondents also viewed intelligence as a multi-faceted concept that included elements of social, emotional, and cultural competence. When asked to describe intelligence, most respondents mentioned different dimensions of intelligence beyond academic performance, including: social intelligence (when a child is able to articulate his or her ideas, thoughts and feelings), and emotional intelligence (when a child provides appropriate emotional responses to various situations). Other respondents distinguished academic intelligence from ordinary intelligence, which refers to a child's ability to conduct everyday home activities. Some respondents used the word "intelligence" interchangeably with words like "wisdom" and "clever," while others tried to make a distinction in their explanations. *"We are born with wisdom, but we acquire intelligence. Some have the ability to absorb information quickly but this is not intelligence"* (Health worker, Northern Province). Other respondents explained that children who do not invite strangers in the home are clever, those who perform well academically are intelligent. Clever children were believed to be street smart. Other respondents mentioned that the word "clever" had a negative connotation. Thus, descriptions of intelligence included academic as well as non-academic practices.

At school, an intelligent child should be able to read and write, solve complex mathematical problems, and generally perform well academically. At home, an intelligent child responds quickly when given instructions, is respectful to elders, and helps with chores such as cooking, cleaning, and farming. In

addition, intelligent children exhibit good moral judgment and culturally appropriate behaviour. A village headman in Eastern Province thought children who were intelligent could tell right from wrong, *“When children are playing around the community those who refuse to steal are the intelligent ones, they know that their parents are against stealing.”* According to a caregiver in North Western Province, intelligent children should be able to recognize and act according to the norms and values of their community. *“Intelligence is being able to tell that the elderly person is supposed to sit on a chair while the young child sits on the floor. The reasoning of the child then proves to onlookers that the brain is mature enough to identify the norms and values of the society.”*

Intelligence is valued by respondents because it makes parents, caregivers and the community happy and proud of the child. When a child shows “signs” of intelligence it means that he or she will become a successful member of the community who will contribute to the development of that community, *“...an intelligent child has a bright future and is usually favoured by the community. They will grow up to become successful and help the community in future”*, Headman, North Western Province). Some respondents mentioned that an intelligent child is able to co-exist in the community better than one who is not intelligent.

It is interesting to note that while both rural and urban respondents viewed intelligence as denoting both academic performance and competencies that relate to social and emotional development, the rural community emphasised the latter. Being a collectivist society⁵ (see Hofstede Insights, n.d., para. 5), success of an individual is defined not only by the acquisition of academic prowess and individual success, but the individual’s contribution to their family and the larger society. This expectation is particularly emphasised in rural setting. This justifies the explanations given for the reasons why intelligence is valued in the *Zambian* community.

Games, Counting and Play

Games and Play

There are mixed views on who plays with children. While ECE teachers believed that only siblings played with children, some parents and caregivers reported playing with children. Mothers were more likely than fathers to report playing with their children. Parents who did not play with their children explained that they were too busy, and that play was done with friends.

The vast majority of siblings across all study districts reported playing with the children in their care. Siblings and caregivers described playing a variety of games, including pada, wider round us, hide and seek, chidunune, game of sticks, draft, chiyato, gule and nsolo. They also play football with their siblings, school friends and cousins with balls made out of plastics. Football is usually played by boys, while netball, ciyato, skipping, draft and wider is for girls. Siblings also make mud houses, plates, cups, pots, phones, TV’s and headsets with mud/clay. They also improvise creating high jump and long jump equipment from a long stick and sand.

⁵ According to Hofstede’s six dimensional cultural model (Hofstede Insights, n.d.), collectivist societies such as Zambia exhibit close, long-term commitment to the family, emphasize loyalty above other social norms, and build strong relationships where people take responsibility for other members of the group.

Children learn many useful skills from games and play. ECE teachers highlighted that play activities such as house of sticks, making wire cars and mud houses stimulate creativity. They believe that being creative helps children discover their talents, making it easier for the child to find a job or occupation in the future. Further, ECE teachers emphasized the importance of experimentation in games and puzzles. They explained that experimentation is good as long as safety is considered, such as not allowing children to pretend to cook near a real fire. Both mothers and father agreed that play opens the child's mind and develops their social skills, and some games are believed to improve their child's memory and comparing skills. Further, through play children learn gender specific roles, such as weaving, cooking, and plaiting hair. Children need a lot of interpersonal skills to carry out their household duties, and activities such as pretend cooking, farming, cleaning, weaving and doing house chores helps them learn. Fathers explained that children learn a lot from games such as cleanliness and how to be strong both emotionally and physically.

Counting

Children are generally taught how to count by parents, siblings and caregivers, even before starting school. They are taught using materials from their immediate environment, such as sticks, stones, bottle tops, seeds, paper, pencils, and in some instances household items such as cups, plates, or spoons. Mothers report teaching children how to count using fingers, sticks, and stones, and giving instructions to their children on how to write numbers. According to a mother in Northern Province, *"I teach them even when they are in the fields. I tell them to...plant 2 seeds in each hole or weed one bed of beans, if they begin to count like 1....5.... I correct them and ask them to start again"*. Grandparents teach their children how to count using fingers, stones, cobs of maize, tomatoes and sticks. A grandparent from Southern Province stated, *"I teach them how to count, I use my hands and their hands and then we count together. Sometimes I use tomatoes, I tell them to bring me five tomatoes and put them in a dish. I then tell them to take back 3. This way the child learns how to subtract"*. Siblings explained that they play with their siblings and teach them how to count during play using sticks and stones. They also teach them how to write numbers by writing on the ground and on pieces of paper. A sibling from Northern Province recounted, *"I use sticks and sometimes pencil and paper. I write and then demonstrate some addition in Maths."*

Learning how to count was considered important for the future development and independence of the child. Counting was viewed as an important skill to enhance the child's learning of mathematical skills in the classroom. Some respondents reported that children are taught to count before they begin formal schooling. For most respondents, counting was essential because of the practical aspect of dealing with money. Some children help family members sell goods at the market, while others help their families herd sheep or cattle, therefore it is important for them to learn how to count. A sibling from Northern Province explained that counting was important because it allowed one to calculate correct change given after purchasing goods from the market. *"It is important to learn how to count otherwise they will not know how to count money or how much money they have on them allowing swindlers to take advantage of their ignorance."* Other caregivers mentioned that counting was important for children to be able to carry out errands independently, or explained that it was important for children to know the value of money especially when they are sent to the market. As a caregiver from Western Province explained, *"I can even trust my child to sell things for me when I am not at home. We now live in a world of arithmetic."*

Play Objects

Children were generally encouraged to make their own toys from materials available in their immediate environment. Children make their own footballs, wire cars with wheels, and clay pots and pans. Children play with mud to make a variety of clay objects, such as dolls, pots, pans, animals, and cars. They also play with sticks and stones, collect bottle tops (lids), and make cars from bottles. In addition, both boys and girls make *muganda*, an activity that stimulates creativity. They get a sack, unweave it and make a stringy skirt out of it, which they wear around their waists. Old clothes are sometimes used to teach sewing. Respondents also reported making make-shift swings, skip rope, and high jump equipment. *Nsolo*, a traditional game that helps teach children how to count, involves dried round seeds, stones and marbles. While in the rural areas children made their own toys, respondents who live in or closer to town reported buying their children toys from the shops.

Fathers, mothers and caregivers indicated that children learn valuable lessons through the process of play. According to them, it improves intelligence and stimulates reasoning and problem solving. For instance, children explore and experiment with clay, riding a bicycle and pretend play. Further, children explore by playing with a phone and learning how to use different features without being taught. Games of sticks and stones and *nsolo* help teach children how to count. Some grandparents indicated that they play games with their grandchildren so that the children can learn from them.

Teaching Children about the Environment

Generally, there was consensus across the provinces regarding the items in the environment that children are told about: animals, trees, rivers, the sky, and flowers. Respondents from rural areas were more likely to talk to children about the environment than those from areas closer to town. While not all parents and caregivers referenced talking to children about the environment, siblings largely agreed that they do so.

Siblings widely reported teaching children about the environment, what is in it, and what these resources are used for. For example, rain and where it comes from, as well as how maize is grown and what it is used for. This helps to increase children's reasoning skills as they learn about and understand the environment. Siblings mentioned that they go exploring the environment at least once a day. They learn about the various nutrients that are found in trees, take note of things like flowers, stars, bugs and insects, and other animals in their environment. They also explore at the river side when they go and fetch water, as well as in the garden when they go and collect vegetables. Siblings mentioned that they teach their younger siblings by pointing at the items in the environment and explaining them, and repeating the explanation when their siblings do not understand. They point to the skies and show their siblings planes as they fly by. They tell them about the moon and the sun. They also gauge whether they have learned by asking them questions a few days later. Further, siblings stated that it is important to explain to children things they can see because it is difficult for them to understand things that they cannot see.

Mothers, fathers and other caregivers reported mixed approaches to teaching children about the environment. Some mothers indicated they explained items in the environment for children only when their children ask them to do so, believing that children most naturally explore on their own. Other parents made an intentional effort to teach children about the environment. Some contended that they

only teach children about the environment when they are between 5-8 years old, as they believe that children become very inquisitive about their environment during this age. Throughout our discussions with parents we gathered examples of how parents engaged children to think about their environment. One father explained that he helps his children understand different trees and their significance. Another respondent reported he gave a child the name of a tree and asked the child to go and bring a sample of its branches. Similarly, a caregiver from Western Province explained that when she takes her child out into the woods to collect firewood, she uses this routine activity as an opportunity to teach children about different things in the environment. *“This is a stone, this is a hill where termites come from.”* Other caregivers also explain weather patterns to children. For example, when clouds begin to form and the rainbow appears, they tell the children that the rainbow has prevented the rain from falling. A grandmother from Southern Province described the sun’s movements across the sky to her grandchildren. *“When the sun goes down in that direction, it has gone to sleep, when it rises from that direction, it has woken up.”*

Other Practices that Support Cognitive Competence

Parental Support for Children’s Education

Most service providers emphasised the importance of attending school for children’s cognitive development and long-term success. Children should be encouraged to attend school regularly as well as work and study hard so that they can perform well. Some service providers explained that some parents take no interest in the academic life of their children. Such children end up dropping out of school or generally performing poorly. According to teachers, parents should take keen interest in the child’s school work and check their work regularly. If children are not doing well at school, parents should find out why and put measures in place to resolve the identified problem. This may include organising extra lessons for their child, reviewing homework, or teaching children at home. Some teachers specifically emphasised the need to adapt their instructional practice to meet the needs of the child – although this theme was not universal across the districts participating in this study. Finally, teachers recommended the use of practical teaching strategies (such as drawing and objects) rather than abstract teaching of concepts—echoing many of the comment of parents.



Figure 10: A science corner in North-Western Province

Crafts and Household Chores

Respondents reported that traditional crafting activities such as making baskets, making motors, brooms, crafting, carving and other items that could be sold were important for cognitive development. Encouraging children to make things from clay, doormats from reeds and wire stimulates creativity, which can also help children learn at school. Knitting and tailoring may improve life skills and contribute to a child's future livelihood. These activities make it less difficult to find a job, as they help children discover their talent. Further, having children conduct house chores and errands was also believed to contribute to their cognitive development. For example, children who are able to help with cooking, sweeping, washing dishes are considered intelligent.

Play, Social Skills, and Technology

Across a majority of respondents – including both caregivers and service providers – a common theme focused on the importance of enhancing children's social skills, which respondents believe contributes to children's cognitive development. Community health workers specifically indicated that parents should teach their children how to live well with others in the community and in marriage. Parents also need to lead by example by their way of life, as children see what their parents are doing and copy. Furthermore, parents talk to their children about the ways of the community, teach them manners, provide support where children have challenges, and provide the necessary tools and information they need to succeed in their areas of interest. Playing with older and more experienced peers, such as siblings or cousins, is also believed to contribute to cognitive development. Children are recognized as being able to support their younger or lesser developed friends in modelling and teaching a variety of skills.

There were mixed views as to the impact of technology on children's learning. While some respondents stated that watching television programmes was good for the children, others perceived that children were watching too much television. In addition, some respondents reported that television and phones were responsible for the decline of storytelling, a practice associated with language and cognitive development in children.

Nutrition

Nutrition was also identified by community health workers, ECE teachers and specialists, and traditional leaders as a major contributor to cognitive competencies. For instance, an ECE teacher from Southern Province explained that the high performance of teachers in her province was linked to their consumption of fish. *"In Malima there is a school where children are unbeatable...if you have 11 professors from Southern Province just know that 10 will be from Malima. They are untouchables. Their parents fed them on a certain type of fish which enhances their memory."* In addition, a caregiver mentioned that giving children brown onion with iodised salt and a teaspoon of sugar contributes to their intelligence.

Language & Literacy

Children develop language and literacy not only in the school, but also through informal interactions such as storytelling and play. The domain of language and literacy includes practices that promote children's language, communication and literacy, including receptive language, expressive language, reading and writing. Language and literacy also includes interaction (with caregivers and among

peers), stimulation, and provision of age-appropriate play and communication activities (NAS, 2016; MoGE, 2016).

Caregivers and service providers in our sample overwhelmingly agree that speaking and learning to read are important for children's development. Many respondents report speaking to babies constantly, often starting at birth. Although some respondents point to the role of reading in stimulating learning, many value the practical aspect of reading as an essential life skill. Interviews and focus group data suggests low levels of literacy among caregivers in our study area, although this varies according to region and urban/rural status. Children seem to have higher literacy rates than parents in our qualitative sample, based on information reported in focus groups and interviews. This suggest that parents may not be able to adequately support children as they learn how to read. In addition, we found that children look to siblings and neighbours, rather than parents, for help with schoolwork. Moreover, support for children with speech delays seems scarce, with many reporting cutting the skin under the tongue as a way to enable speech. Nonetheless, children in our sample are exposed to a rich oral tradition that stimulates learning and language development. Practices such as storytelling, riddles, and songs are prominent across all 10 districts. Aside from teaching language, these practices teach children about cultural norms, behavioural expectations, and their community's past.

Speaking to Children

Across all districts, respondents unanimously agreed that it is important to talk to a baby because it helps create a bond between the mother and baby. Respondents reported that speaking to babies also supports the development of voice recognition, stimulates the brain, and helps in sensory development. Recognition of the mother's voice, in turn, facilitates speech and helps babies to grasp the language. A few mothers indicated that speaking to children enables them to communicate and to let their parents know if anything is wrong. A mother from a focus group discussion held in the Southern province said, *"When my child learns to talk he or she will be able to tell me if something is wrong."* Another added, *"It is important so that if I get sick, my child can go and call for help."*

There was no specific point at which parents or family members should begin to speak with children, according to respondents – although most reported doing so within the infant's first year. Responses ranged from speaking to a baby in-utero, immediately at birth, or a few months after birth. A mother from Northern Province said, *"Even before the baby is one month is when I start talking to my child. I laugh with my child and talk to the baby. Even people might think you are talking to a grown person."* However, respondents said that they speak to their babies constantly, with some specifying that they speak to their children while nursing, feeding, bathing, dressing, and when babies were resting or playing on the floor.

Resources Available to Children with Speech Delays

When asked what resources were available for children who appeared to have speech delays, most respondents cited a traditional practice of cutting the skin below the tongue to enable children to speak.⁶ This widespread practice was usually done by traditional healers, although hospitals were also reported

⁶ This practice had different names across provinces. It was called *kalinda* in Eastern Province, *katanbula* in North-Western, and *kalimba* in Southern.

to conduct it. Similarly, a traditional birth attendant in Southern Province described a practice of removing the tonsils to enable speech. Although these practices indicate traditional beliefs about early speech development as well as the lack of formal speech delay resources in our study areas.

A minority of district-level respondents described formal resources for speech delays. An ECE specialist in Southern Province believed that speech delays were an indication of a child being a genius or hyper-intelligent. She described assessments done by the Education Standards Office – Open and Distance Learning department in Southern Province to ensure that children with speech delays and other learning difficulties are not treated as a nuisance but get the attention and support they need. This includes moving these children to a foster home where their caregivers believe their needs are better met to or have an extended family member assigned to them to monitor and help them.

In addition, some schools have a “speech correction” unit within the Special Education division which assists children who have problems of speech under-development. These problems may include tongue tie, stammering, and complete inability to communicate verbally. Further, remedial services are provided for children who lag in speech but have no signs of speech anomaly. In all provinces, if children do not improve after cutting of the skin beneath their tongue, they are termed as being “dumb” and are referred to special schools if those are available. However, many have no other resources available for them if there is no provision of special schools or remedial services.

Reading

Importance of Reading

Many respondents recognize that reading stimulates learning and creativity. A teacher in Western Province explained that reading is important because it motivates children to learn and *“introduces the atmosphere of learning.”* A teacher from North-Western made a similar statement, noting that reading *“helps [children] coordinate and develop mentally,”* and allows *“learning to continue, even at home.”* In addition, a service provider in North-Western Province stated that reading storybooks improves children’s imagination and creativity. Through reading, she added, children will be able to think more things beyond the story and develop their imagination.

When asked about the perceived value of reading, most respondents highlighted its practical aspects. Reading was viewed an essential life skill that enabled people to follow directions and understand signs and instructions. In addition, reading kept people from getting lost or being cheated by others. A headman from Southern Province highlighted the importance of reading for adult life, stating, *“Reading for children is important as it helps children prepare for adult life. They will be able to read signs and contracts, and perform better in school.”* Another headman from Southern Province stated, *“Learning to read is very important, as no one can cheat you.”* One father in Northern Province summarized the practical importance of reading by saying, *“Not knowing to read is the same as death itself, as you cannot function properly.”* These responses suggest the belief that reading is a fundamental skill required to function in society.

Reading Ability and Practices

In our interview and focus groups with service providers, parents and other caregivers, it appeared as if there were very low literacy rates among those responsible for or engaged in childrearing. This may

appear to be inconsistent with Zambia's 83.1% adult literacy rate (UNESCO, 2010), however, our selection of rural or semi-rural areas for this study may account for this. Service providers in Eastern and Northern Provinces noted that rural areas had lower literacy rates than urban areas. A social welfare specialist in Northern Province stated that since most rural parents and caregivers did not know how to read, reading was "*not part of their culture.*" Further, there appears to be regional variation in caregivers' reported literacy rates. Respondents in Western and Southern Provinces reported higher rates of literacy among caregivers than respondents from other provinces in this study.

Conversely, most caregivers reported that their school-aged children knew how to read. Yet, children of illiterate parents cannot count on their parents for learning support at home. Further, illiterate parents must rely on siblings and neighbours to help their children with homework. An ECE teacher in Eastern Province explained that children of illiterate parents faced many difficulties: "*The majority of parents do not know how to read, [and] these children face problems with solving homework. As a result, the child becomes dull as they are not assisted at an individual level outside of the school.*" In addition, a district-level education officer in Eastern Province described how children of illiterate parents relied on other children for homework help. "*With those [parents/caregivers] who don't know [how to read], siblings, friends, neighbours help out with homework otherwise a child may return to school with their homework undone. This is very common.*"

According to service providers, caregivers in our study areas rarely read to their children. Many service providers insisted this was true even for literate parents. In Northern Province, for instance, a village headman explained, "*Even though many parents know how to read in this area due to the introduction of night school, they do not read to children, even when the teachers encourage them to do so.*" Many service providers believed that this was due to caregivers' lack of time. According to a CDA from Southern Province, "*Those [parents] who know [how to read] have no time to read with their children.*" In contrast, many parents and caregivers reported reading to their children occasionally, with siblings reporting reading to younger family members regularly. Respondents mentioned reading materials such as school textbooks, the bible, church books, magazines, storybooks, newspapers, papers from school, and pamphlets. Nonetheless, access to children's books seems scarce. A father from Northern Province stated, "*Helping the children to learn to read would have been made easier if we had books. We know books are important to a child's learning.*"

Telling Stories & Singing

Children in our study areas are exposed to a rich oral tradition—including storytelling, folktales, riddles, traditional songs, and games—that stimulates learning and language development. Storytelling and riddles also help develop problem solving and critical thinking abilities in children. Further, these practices serve a cultural function, teaching children about morals, social norms, family history, and the community's past.

Most respondents reported having recently told stories or sung to their children. Story topics included morals, proverbs, family history, and traditional cultural elements. Some participants described regularly telling stories to children in the evening. For instance, a mother from Eastern Province recounted, *“After supper at around 20 hours, we gather as a family and start telling folktales [...] We explain the family tree and sometimes we tell stories from the Bible.”* Some participants told examples of stories and riddles during focus group discussions. A mother from Northern Province told a story that taught children not to be hasty. *“A frog stole hot relish from the pot while it was cooking. That is why the frog crocks the way it does - because it still has burns in its mouth.”* A caregiver from Northern Province shared a riddle, *“A house without a door.”* Other focus group participants responded, *“An egg.”*

Respondents told traditional stories and riddles during FGDs, including the examples below:

- Story: *“A frog stole hot relish from the pot while it was cooking. That is why the frog crocks the way it does - because it still has burns in its mouth.”* Mother, Northern Province
- Riddle: *“What is a house without a door?”* Response: *An egg.* Male Caregiver, Northern Province.

Our respondents indicated that traditional practices such as storytelling enhance language and cognitive development, as well as logic and critical thinking. A community health worker in North-Western Province explained, *“Telling stories to children is important because it brings laughter, and as you question, you need to think of words to use.”* According to a head teacher in Western Province, storytelling stimulated children’s attentiveness and reasoning. *“Storytelling is an activity that teaches young ones to be attentive. A quiz stimulates thought, and riddles help stimulate reasoning.”* For a village headman in North-Western Province, stories also helped teach children math and problem solving. He recounted, *“The use of stories were very much helpful in [...] teaching [...] children how to reason and develop mathematics concepts. This was done through ‘bishimpi’. Children had to interpret the meaning of some stories with hidden meaning. At the end, [...] children became good at problem solving both at home and at school.”*

Stories and songs also serve a cultural function, by teaching children about social norms, behavioural expectations, and the community’s past. Respondents repeatedly emphasized the cultural function of storytelling. A community health worker from Southern Province stated, *“Telling children stories is important so that they can learn about the past and the morals they need to live in this society.”* A traditional birth attendant in Southern Province highlighted the role of storytelling in building collective memory, saying that parents tell stories and songs to teach their children *“the past ways of life.”* According to a village headman in Western Province, these practices helped children become wise. In addition, a father from North-Western Province stated that he sang a song to warn his young son about girls.

Nonetheless, some participants claimed that storytelling and singing were in decline, especially in more urbanized areas. A teacher in Western Province explained that parents rarely engage in storytelling because children are preoccupied with gadgets such as phones. A district-level education officer in Eastern Province had a similar viewpoint. *“Although traditionally, storytelling used to be to pass time, it has diminished in the era of technology. Parents have found other ways to keep busy and children*

too have found other ways of entertainment.” In Eastern Province, educators are attempting to address this problem through school programs designed to encourage storytelling at home. Some of the programs cited by respondents in Eastern Province include “Informal Chat,” “*Makhalidwe Athu*” and “Catch Up.” In addition, churches appear to be a significant source of stories and songs for children in our study areas.

Support for Learning Difficulties & Help with School Work

Teachers and parents are often the only available supports for children with learning difficulties, and in cases of reading challenges the responsibility frequently falls primarily on teachers since parents may not be literate themselves. Respondents attributed the lack of help available to students with their school work to poverty and high rates of illiteracy among parents. Those parents that are literate did report spending time with their children to teach them numbers and letters, and some brought reading materials home to help their children as well. Most parents reported checking whether their children completed homework, asked the older siblings to assist them with homework, and encouraged their children to study. To this end a mother from Northern Province said, *“I tell them that even if you want to run a business, you need to know how to read.”*

Respondents also mentioned schools for the disabled, one-on-one support from teachers, and other practices such as placing students in remedial classes or moving slow learners to the front row and monitoring them more closely. Children with learning difficulties also repeat grades and are given assistance by their peers.

Physical Development & Well-Being

Physical development is critical because children’s mastery of skills such as sitting, standing, and walking determines how a child will coordinate other aspects of development (MoGE, 2016). Nutrition and hygiene also play an important role on child development and growth. A child’s physical development depends largely on the provision of stimulating and child friendly environments where children can play, as well as appropriate nutrition and hygiene practices. According to NAS (2016) and MoGE (2016), the domain of physical development and well-being includes practices that promote children’s ability to thrive and ensure their survival and protection from injury and physical and sexual maltreatment. It also includes keeping children safe and free from harm, providing shelter and clothing, preventing and responding to illness, feeding, bathing, and providing safe places to play and explore. Further, this domain includes practices that promote motor development and visual-motor integration skills.

Who Cares for Children When Not at School

Respondents across all districts reported that mothers, fathers, neighbours, older siblings, aunts, and grandparents (especially grandmothers) care for children when they are not at school, with the primary responsibility falling to female caregivers and mothers in particular. Some respondents (especially those from more urban areas) also indicated that children are at times left with maids while their parents work, although this is only the case for more affluent households.

When looking after children, siblings and other caregivers are responsible for a range of activities including cooking, feeding, bathing, dressing, comforting, putting to sleep, and generally watching

over children. According to some key informants, the practice of leaving children with older siblings has contributed to an increase in malnutrition as older siblings do not always know what or how to feed young children.

What to Do When Child Falls Ill

Respondents across all 10 districts reported similar reactions to children falling ill, including taking them to the clinic, hospital, or community health worker; visiting a traditional healer or witch doctor; prayer; seeking advice from elders; or relying on traditional remedies involving herbs, leaves, or the application of tattoos (*Ndebo*). According to some respondents, the MOH discourages traditional medicine and more caregivers are now going directly to the clinic when a child falls ill rather than beginning with traditional remedies or traditional healers. Some respondents reported improved health outcomes and fewer deaths as the reliance on traditional healing techniques has decreased. That said, there are still parents who first bring children to the traditional healer first (rather than clinic) when a child falls ill. To this end a headman from Katete said that people often experiment with herbs before going to the clinic. Other respondents added that sometimes traditional healers or community health workers are consulted first in areas in cases where the nearest clinic is quite far away. Finally, respondents mentioned that in cases where children are bewitched or witchcraft is suspected, a traditional healer is more likely to be of help than the clinic.

Traditional healing practices persist, including the illustrative list below:

- Herbs for diarrhea and pounded leaves in the bath to treat malaria (caregiver, Lundazi)
- Heated pawpaw leaves to lower a fever (father, Mwinilunga)
- Mixing roots and saliva and rubbing the mixture in the armpits of a small child to prevent illness (SMAG member, Katete)
- Ritual (*ku peleka mwana ku mphasa*) involving rubbing sperm on a newborn baby and throwing him/her over a flame to prevent illness (nurse, Lundazi)

Health Services for Young Children

Most respondents agreed that young children (0-3) receive more medical information and attention than slightly older children (4-8), but that all children under the age of five consistently attend under-5 clinics. To this end a TBA from Choma reported, “[Children under 3] are under five and receive vaccinations, weights, height and breastfeeding information, while 4-8, are only taken to the clinic when they are sick.” This was echoed by a DESO from Sinazongwe who said, “[Children under 3] receive massive campaigns on child health” and other respondents echoed that children above the age of five are only taken to clinics when they are sick. A health worker from Mbala District mentioned that slightly older children are more apt to wander and therefore are more susceptible to diseases such as bilharzia. In Mwinilunga District, a headman mentioned that while young children attend clinics for health services, older children are more likely to visit traditional healers or witch doctors.

Vaccinations

Across the provinces, respondents reported that parents are very proactive in adhering to vaccination schedules and take children for vaccination at local health clinics, under-5 clinics, and during the MOH’s Child Health Week. In addition, churches and schools are also places where vaccinations are offered by health workers. Health workers, the MOH, and growth monitoring promoters (GMPs),

disseminate information, encourage parents, and follow up with those who miss vaccination. There are also outreach programs and sensitization campaigns encouraging vaccination.

In the rare instances that respondents reported children were not vaccinated, it was because of the long distance between the village and health clinic; because injections were painful to their infants; because parents were unable to leave their fields due to flooding and heavy rains (in some areas in the Southern province); or due to the absence of the health official or laziness of parents. Fathers from a focus group discussion conducted in the Kalabo (Western province) said that they usually did not take their children to receive vaccinations, fearing ridicule from other people. Further, parents who missed taking their children for vaccination were punished (forced to clean the clinic yard or fined a small amount) in North-Western province.

The types of ‘vaccination services’ respondents reported that children receive include medications for pneumonia, vitamin A, deworming, malaria, prophylaxis, chicken pox, rubella, trachoma, OPV 1, OPV 2, OPV 3, ROTA, measles, epilepsy, polio, diarrhoea, whooping cough, TB, Hep B, elephantids, DPT1, DPT2 and DPT3, smallpox and BCG. This reflects the belief of caregivers and parents that both treatment and prevention falls under the umbrella of ‘vaccination services.’ For example, a caregiver from the Northern province said, *“Children are also protected from contracting HIV by teaching the mothers how to care for their children so that they don’t infect their children.”* Another caregiver added, *“My children are also protected from malaria because they gave us mosquito nets.”*

In some cases, respondents reported that vaccinations are viewed negatively. Fathers from North-Western province reported that vaccinations made their children sicker. A father also added that he believes vaccination injections contain the HIV virus in them. Some were also suspicious of the benefits of vaccines, elaborating that they (parents) were not vaccinated as children but they grew up very healthy.

Missing Health Services

While some respondents indicated that they are not missing any essential health services in their communities, the majority cited at least one health facility or service missing. Most frequently, respondents lamented the long distance between their village and the nearest clinic or hospital. Additionally, respondents emphasized the need for more sensitization around nutrition for young children, the need for more information about contraceptives (specifically condoms and birth control pills or injections) and the contraceptives themselves, the absence of shelter for under-5 clinics which are held outside during inclement weather, the need for greater access to clean water, and a shortage of commonly needed medicines.

Breastfeeding & Complementary Feeding

Most caregivers were familiar with complementary feeding⁷, and the most common food provided to babies who were six months or older is porridge, usually made from maize, groundnuts, and sugar or salt. From six months old, babies are fed other foods such as porridge, soup, soft foods such as nshima, rice, potatoes, and drinks such as Munkoyo and SuperShake.

⁷ Complementary feeding refers to the introduction of solid foods in addition to breastmilk. WHO guidelines advise complementary feeding starting at six months.

There were reported instances where exclusive breastfeeding was not practiced, including when a breastfeeding mother passes away, when money is limited and mothers need to work, an inability to produce breast milk, and in some cases a lack of education that exclusive breast feeding needs to be continued at least up to until 6 months. Other caregivers stated that male babies seem to get hungrier and hence are started on porridge and nshima as early as 2-3 months.

In North-Western province, traditional beliefs appeared more prominent and there seemed to be less knowledge of exclusive breastfeeding and complementary feeding best practices. Respondents reported that complementary feeding begins as early as 3 months and with a reference to a traditional method called “*mada*.” A nurse confirmed that some parents still practice traditional methods such as ‘*mada*’ where children are introduced to solid food as early as 1 month. According to parents, the early introduction of solid food helps children’s physical development. North-Western province had more incidences of starting complementary feeding before 6 months; mostly at 3 months old. However, as in other provinces, caregivers from North-Western province found it difficult to afford food for complementary feeding. A community health worker stated that in some cases parents are given contradictory information: they are taught about both exclusive breastfeeding and to introduce solid foods before 6 months.

An ECE specialist from North-Western province corroborated that additional foods are given to babies as young as 0-3 months, including porridge made out of cassava (*kapudi ka makamba*). Mothers from Katete said that some of them provided water to babies from 0-6 months old only when administering medicines but others mentioned that they provided water for drinking as well. Though most of the provinces provided porridge with maize or cassava as a supplemental food to babies, more respondents from Western province mentioned that they cooked porridge with schinziophyton rautanennii and also with dried fish.

The majority of responses from Northern province also showed that parents and caregivers were aware of complementary feeding practices, however, due to high rates of poverty, caregivers found it difficult to afford different types of food. A religious leader from the Northern Province said, “*The community knows about the complementary feeding programs but they just can’t afford to feed properly due to poverty.*”

There were mixed responses from the Southern Province, with some respondents stating that caregivers did not know about complementary feeding practices and others stating that caregivers were specifically educated about best feeding practices by SUN and health workers from clinics. Similarly, respondents from Western province were aware of complementary feeding because it was taught in the health clinics or from SUN. Some caregivers, though aware of the feeding practices were unable to afford due to poverty. Interestingly, two respondents from the Western province stated that certain church doctrines and traditional norms hinder the advancement of being made aware of complementary feeding practices because caregivers are unwilling or it is difficult to change mindsets when they have been following a particular feeding practice that they have been raised with.

Parents and caregivers received information about complementary and supplementary feeding from different sources such as the Ministry of Health, from cooking demonstrations held by health workers and people associated with certain programs such as the MCDP, agriculture projects, under-5 clinics, community health workers, antenatal and postnatal clinics.

Duration & Frequency of Breastfeeding

Respondents noted that the babies were breastfed after birth, some immediately and some after a few hours after birth. A mother from North-Western province stated that previously they discarded their “first milk” as it was considered dirty and would only start breastfeeding babies on the second day. A father from Northern province stated something similar, adding that health workers have since sensitised them on the importance of the first milk and now children are typically breastfed immediately. Most of the respondents stated that their children were breastfed until about the age of two.

In terms of frequency, most mothers said they breastfed uncountable times and whenever required or on demand. One mother said to this end, “*We just give them the breast as many times as possible.*” Exclusive breastfeeding was followed for the first six months and weaning closer to the two-year mark. A mother from the Northern province who weaned her child at the age of 1 year and 8 months said, “*The baby started biting me when sucking.*” Another mother from the North-Western province stated that the reason for weaning a child at that age was for a way of family planning since it was difficult for lactating mothers to become pregnant.



Figure 11: A sign about the importance of the first 1000 days for child development is displayed at a health clinic in Eastern Province

Children's Activities Outside of School

Most respondents indicated that children play when they are not at school, including playing with friends in the fields, watching TV with friends, playing 'make believe', moulding clays, gathering fruits, playing football, or playing card games such as *nsolo* and draft. An ECE specialist indicated that not all parents value play and some wanted their children to work. She said, *"We need to advocate for increasing play among children. For me play is important because it helps increase social development."* A respondent from southern province echoed this sentiment, saying there is little time for play and that children go to the field, or herd animals.

Children's Work outside the Home

Children as young as seven from our study districts assist in farming, working in the fields, and selling farm produce. A mother from Southern province stated that her son will herd animals: *"For me when he is not in school he herds the goats, that's what he does. Even now, the goats are waiting for him, after school."* Another mother from the Eastern province said that she paid her children to help her farm maize and cotton and respondents from the North-Western and Southern province stated that children worked outside their homes in activities ranging from working on teacher's fields, gardening for teachers, collecting mushrooms for sale, and washing dishes to raise money for their school books. Other activities included doing piecework for others such as carrying brick and water, chopping wood, weeding gardens, selling vegetables, farming for other people, and milking cows. The money earned was mostly for the family but a significant share of the respondents claimed it was also for the children's own personal use. A headman from the Western province said that some parents even prevent their children from going to school so they can help the family earn money by doing tasks such as burning charcoal. A caregiver from the same province commented that in order for the children to not concentrate too much on money, she does not allow them to work to earn money. She said, *"I do not want them to love money, I always look for ways to make them help the family in income generating without making them to work for money elsewhere."*

Surprisingly, fathers from the Southern and Western provinces said that none of the children worked outside the homes to earn money or that they did not allow their children to go for piecework to earn money.

Chores & Household Responsibilities

Respondents overwhelmingly agreed that children often do household chores such as fetching water, cleaning, doing the dishes, and taking care of younger siblings. We observe slight gender differences in terms of the types of chores children are asked to do: girls more commonly help with cooking, pounding cassava, and making *nshima*. Boys are more frequently tasked with collecting firewood and herding animals. A mother from the Southern province said, *"It is important for us mothers to teach our children to do house chores so that when they grow older they will have the skills."*

Discipline

Disciplinary Practices by Parents

There were various strategies that were reportedly used by parents to discipline their children. When asked, mothers who participated in a focus group discussion in Katete reported that they all beat their

children although the onset of the age when the beating begins varied, with the youngest being 5 years of age. These mothers reported that the most commonly used form of discipline was corporal punishment. Other strategies include withholding food, withholding playtime, or assigning extra chores. Additionally, mothers also used threats or scare tactics, or invite grandparents to talk to their grandchildren about bad behaviour. Respondents generally agreed that the most effective discipline method is *“using the whip.”* A group of mothers in Choma noted that if they did not whip their children there would be complaints of their children fighting with friends at school.

Despite the consensus that physical punishment is the most effective means of discipline, parents also recognise of the importance of dialogue with children in these situations. In a focus group discussion held in Katete, some mothers acknowledged that parents are being advised to *“learn to communicate to their children so that a lot of these so called bad behaviours can be curbed. Because most times, a beating is given to a child over something that may have easily been talked about.”* Another mother noted that it is better to resolve issues by dialogue while another noted that *“for a long time, beating of children has been the norm and parents got away with it, but now communities have been sensitized against beating children and many are taking heed of this call.”*

When asked about discipline practices during focus group discussions, most fathers reported using dialogue and guidance to address their children’s behaviour. The form of discipline depends on the age and gender of the child with most fathers reporting that they avoid disciplining very young or female children and left this task to the mothers. It was generally acknowledged, however, that fathers used corporal punishment on children who repeatedly committed a perceived wrong and on those children who committed a very serious offence. During a focus group discussion in Choma, fathers reported that they discipline their children by talking to them and spanking and other physical punishments are only used if undesired behaviours persist despite having been warned they are causing harm to another. Some fathers also stated that the advent of human rights has left them *“clueless”* about how to discipline their children appropriately.

Key informants also described an array of discipline strategies used by parents in the communities including verbal warning or scolding; whipping, beating or pinching; and withholding food. The kinds of discipline that parents use depends on the nature and frequency of the child’s wrongdoing: to this end a community health worker in Katete reported that *“behaviours that can warrant a beating from a child are insulting; stealing; stealing money; coming home late; and prostitution. Parents may sometimes call elders of the family to talk to a child as part of discipline.”* They also indicated that mothers are typically more involved in routine discipline, although fathers are brought in when issues are more serious. Key informants also reported that parents’ discipline practices are influenced by a number of sources, such as peers (e.g. other parents) attitudes towards behaviour management and those of the church. Still others felt, such as a church leader in Kasama, that corporal punishment in particular is inherited and acceptable. An ECE specialist from Kasama argued that parents who use corporal punishment learned to do this from their own experience with their parents, a view shared by a health worker in Mbala who said that *“mostly, parents’ use of a given discipline method is based on the way they were brought up... Here even adults get beaten by the headman, corporal punishment is there and is done through whipping.”* A health worker in Mwinilunga further stated that discipline (referring to corporal punishment) was a sign of love therefore it was important that parents discipline their children and this is in adherence to the Bible. It could, however, also be noted that religious

leaders and traditional leaders reported that discipline in their communities was by non-corporal punishment methods.

Discipline by Other Caregivers, Siblings

On discipline strategies used by parents, other caregivers such as neighbours, relatives, and older siblings reported a variety. Siblings reported they are often charged with disciplining younger children. The strategies siblings use vary, and include talking to children and cautioning them, scolding, and beating if the behaviour is repetitive. Others indicated the use of proverbs by parents as a way of instilling discipline. Other caregivers indicated that the nature of discipline used by parents is age-dependent, where younger children were only threatened but older children would receive actual punishment. In a focus group discussion in Sinazongwe, caregivers reported that *“for younger children (0-3 years) just threats of whipping are used, but these are just talked to; however for older children (4-8 years) they are beaten, whipped and spanked.”*

There were varying views on the discipline strategies that are used by other members of the household on children. The discipline strategies used by siblings ranged from *talking to their younger siblings; beating their younger siblings; reporting their younger siblings to other elders; and warning and threatening*. In a focus group discussion in Katete, some siblings reported that they dialogue with their younger siblings and remind them that their parents forbade what they want to do. Making reference to beating their younger siblings, in a focus group discussion in Mbala, participants said *“I ask them [younger sibling] to stop but if they don’t listen, I then whip them for their mistakes... we just whip them in the bum when they are not listening”*. In instances where siblings report to others, the mother is the primary person to report to while the father is the secondary, in the absence of the mother. If both parents are not present, the siblings can then report to other caregivers present, as highlighted in a focus group discussion (in Katete) that *“other than beating the young ones, [we] go to report to any elderly person available at home such as the grandparents and uncles/aunties who [then] discipline the young ones”*. The siblings also stated that sometimes their mothers give them permission to beat their younger siblings if they display undesirable behaviour.

Other caregivers in the household reported using different methods to discipline children in their care which include *talking to them; beating/whipping; referring to grandparents; pinching; scolding; spanking; warning and threatening; starving* etc. In a focus group discussion of a mixed group of caregivers in Lundazi, a participant reported that if a child disrespects her in front of people, she would beat that child as that form of behaviour warrants a beating. She also added that *“I don’t beat to kill, I just beat to scare the child so that next time they don’t repeat it”*. In another focus group discussion in Kasama, participants gave an assortment of responses like *“As a child is growing they need to be discipline everyday...If a child continues behaving badly, I get a small whip and whip the child... Yes, I should be able to control the child if s/he is in my care... Yes, if a child is not listening, you beat him/her”*.

When mothers and fathers were asked about other caregivers disciplining their children, a range of responses were offered. Generally, parents acknowledged that other caregivers can participate in disciplining their children but expressed some reluctance in regard to their involvement. Some mothers in Kasama, agreed that other relatives living with them, such as aunties and uncles, discipline their children but some of them [other relatives] *“control my children in a wrong and disrespectful way*

saying, *I am not your servant, you must also be working.*” Some mothers in Solwezi stated that they never allowed other caregivers to discipline their children through beating but allowed them to talk to them instead. A father in Mbala stated that *“other members of the household first have to listen to our teachings before they start taking any steps to discipline our children as they may go overboard [in disciplining them]”*.

Key informants also reported other methods of discipline including giving chores, cultivating fields, and other heavy manual labour. Some argued that since corporal punishment had been outlawed in schools, it has become less common and parents and caregivers are encouraged to dialogue with children to find solutions to behaviour problems. An ECE specialist in Kasama stated that the use of corporal punishment in the home was highly dependent on the parents and/or caregivers and not so much on external structures. They however noted that corporal punishment seems to be more practiced in the home setting than in schools since. A traditional birth attendant highlighted that sometimes parents ask the school to discipline children on their behalf (using the whip) if they are not paying attention at school.

Disciplining Young Children (Aged 0-3)

When mothers were asked how they address behaviour issues among young children aged between 0-3 years, the most common strategies identified included talking to the children, issuing threats, and using tiny sticks to whip the children. Almost all the mothers agreed that, ideally, children aged between 0-3 years of age should be talked to as a disciplinary strategy, and threats and whipping should only be used in exceptional circumstances.

Fathers reported similar strategies for managing young children’s behaviour, with some saying they only scold children under the age of three and others saying they beat them with small canes. Some fathers stated that the discipline of small children (0-3 years) is done primarily by mothers. When asked to intervene, these fathers reported threatening children by showing them small sticks but not actually beating them. Some fathers stated that in the event a child wants to play with a dangerous object, the father may use that object to show the child that is not safe. For example, a father in Mbala shared an experience that *“in order to discipline a child against going near fire, we get a small grass, light it up and ‘burn’ the child a little so that it learns that fire is a no-go area, it burns.”*

Key informants stated that discipline with children begins very early in their communities although there was no consensus on the exact period of onset. A community health worker in Katete stated that *“children as early as two years can be spanked because at this age the child can know or tell wrong from right”* while an ECE specialist in Kasama stated that *“the age of the child when parents would use corporal punishment depended on the family...some would start at a tender age while others would delay.”* Other key informants reported that disciplinary practices begin when the child reaches age two but that punishment of young children tends to be very light.

Discipline of Children Aged 4-8

When mothers and fathers were asked how they discipline their young children aged between 4-8 years of age, the most common strategies included corporal punishment (beating, spanking, or whipping) followed by less punitive measures including threats and talking with the child. In a focus group

discussion in Mbala for example, mothers gave various responses like “we whip when they make mistake” or “we just a whip to scare the child” or, “we use a deep voice to tell the child to the behaviour.” Another common disciplinary strategy is withholding food from children. Fathers seemed to agree that for children aged 4-8 years of age, they employed stricter discipline strategies than for children 0-3 years as evidenced by some fathers’ responses from Solwezi who stated that for those children between 4-8 years, they used a bigger whip than for the small children. Some fathers from Kalabo stated that beating children was supported by the bible which states that “*spare the rod and spoil the child.*”

When other caregivers and key informants were asked about the discipline of children aged between 4-8 years, they stated that behaviour management strategies varied and include beating; scolding; and talking to the children. The caregivers stated that it was important that the children have some level of understanding if they are to be beaten. In a focus group discussion in Kasama, some caregivers stated that “*if the child is old enough to understand, you whip them*”. An ECE specialist from Lundazi also stated that “*beating is enforced on a child as early as 6 years because by that age they know right from wrong*”. Caregivers further stated that in order for a child to be beaten they should have committed a serious wrong. Caregivers from Mbala said that “*you are supposed to talk to them about what they did wrong and if they did something big, you beat them.*” This was supported by a traditional birth attendant from Sinazongwe who said that only children above the age of 5 years are spanked, and only for serious offences such as fighting, insulting an adult, or refusing to go to school. A church leader from Kasama agreed that a child can be beaten if they have insulted an elderly person.

Gender Differences in Discipline

When mothers were asked if there are gender differences in the way they discipline their children, almost all of them stated they did not treat their sons and daughters differently. To this end a mother in Mbala stated, “*If the wrong done is the same, I discipline both my sons and daughters in the same way,*” an assertion that was supported by other mothers as well. Meanwhile, mothers in Kasama stated that age played an important role in determining gender differences in discipline. For very young children, there were no gender differences in discipline but this changed as children became older. Nevertheless, mothers in Lundazi stated that boys are mostly dealt with by fathers while girls are mostly dealt with by mothers.

On the other hand, most fathers reported that there are gender differences in discipline. Fathers in Kasama agreed with the mothers that stated that boys are mostly disciplined by fathers while girls are mostly disciplined by mothers. Further, fathers in Mbala stated that there is a limit with the discipline and guidance that can be given by fathers to girls while with boys, the guidance is unlimited as they can teach them the way to follow. However, fathers in Choma felt that for children aged between 0-8 years, there are no differences in the discipline employed for girls compared to boys.

Other caregivers shared the same sentiments as the fathers and mothers. They agreed with the assertion that girls are referred to mothers for discipline while boys are referred to fathers for discipline. It appears that when need arises the mother can still discipline boys and the father can discipline girls as some male caregivers from Lundazi were quick to point out when they stated that “*but if the mother is weak [in disciplining the child], we take over and beat the girl child.*” Other caregivers also indicated

that age played an important role in the gender differentiation of discipline and that children at this age (0-8 years) were disciplined in the same way, regardless of gender.

Risk of Injury or Harm from Corporal Punishment

Respondents were asked if there was risk of injury that could result from corporal punishment and the majority indicated there was no such risk. For instance, a social services officer in Katete stated that *“children are not at risk of harm or injury resulting from corporal punishment. Harm and injury from corporal punishment are not common amongst children between 0-8 years”*. A nurse in Lundazi also stated that children were not at risk from injury or harm from corporal punishment and this was not common in her area. Several other key informants from a cross section of institutions also stated that children did not risk injury or harm. Nevertheless, what was interesting about these observations was that many of these informants based their opinions of the premise that they had not seen or received cases of injury from corporal punishment at their places of work. For example, a nurse from Mwinilunga stated that in his professional career, he had not received any case of injury resulting from corporal punishment. A head teacher in Mbala reported that *“corporal punishment to a point of injuring a child has not been noticed in the community”* while a religious leader in Solwezi reported that he had not seen any cases of injury from corporal punishment. These observations appear to be rooted in the belief that corporal punishment has been practiced in communities for as long as people remember and they perceive it not to be harmful to children. As one community health worker in Lundazi stated, *“beating doesn’t endanger the children.”* In addition, respondents emphasised that corporal punishment is not easily reported to authorities. It appears that respondents believed that *injury* or *harm* was only applicable when the injury was severe enough to be taken to the clinic and/or reported to the police.

Advocates of non-corporal punishment:

- Media (radio in particular)
- Community leaders and groups (chiefs, headmen, church/religious leaders, community vigilantes)
- NGOs such as World Vision, Save the Children, CHAMP, Peace Corps, Childline #116, Lifeline #993, Youth Friendly Corners
- Government ministries such as the Ministry of Home Affairs, Ministry of Community Development and Social Welfare, Ministry of Health, Ministry of General Education
- Zambian Police’s Victim Support Unit (VSU)
- District Child Protection Committees

Some of the respondents indicated that children were at possible risk of harm and injury from corporal punishment. A community development officer in Katete reported that *“I am not sure that there are cases of injury or harm resulting from corporal punishment on a wide scale but it is possible they may be there.”* A community health worker in Kasama also reported that children were at risk of injury however, she had not received any cases at the clinic or seen any statistics. Further, a teacher in Mbala noted that children were at risk and injuries resulting from corporal punishment were common. A TBA from Mbala lamented that there are times when parents have beaten their children so badly the chief has to intervene and speak with the parents. It was also noted that the risks were not only physical but also psychological as one teacher put it when he said that children were at risk of harm from corporal punishment that could negatively affect their mental well-being that could possibly lead to dropping out of school and consequently their ability to earn an income.

Most Common Injuries from Corporal Punishment

The most common injuries respondents observed as result of corporal punishment were bruises, fractures, and swellings. Other injuries reported included burns as a Social Welfare Officer in Kasama stated that “*children in this area are at risk of physical injuries resulting from such cases as stealing and getting the child’s hand burnt.*” An ECE specialist from Kalabo also reported that some children suffer from burns that come as a result of being splashed with hot water or oil or having their hands placed on hot surfaces if they [children] are involved in theft. Children also suffer from sores on their hands when they are asked to dig deep holes, especially at schools, as a form of punishment. In an isolated incident, a village headman in Kasama reported that a teacher hit a child in the face with a ruler and the child suffered a cut to the head. Some respondents reported that because corporal punishment is a common occurrence in their communities, the bruises that children get are often not reported. Still, some respondents indicated they had not come across any cases of children who had suffered any injuries as a result of corporal punishment and therefore were not aware what the common injuries in their communities were. An ECE specialist lamented that when it comes to injuries “*what we see is physical but we do not know the emotional and psychological harm that these children experience, we will see it later in the [child’s] life when they become perpetrators of gender based violence.*”

Awareness of What to Do When Children Suffer Abuse

Respondents from all districts largely agreed that the village headman is typically the first point of contact in the event of child abuse. Village headmen are typically contacted before such matters are escalated to the police or any other institution. Some villages reported that they had (in addition to the chief) neighbourhood watch committees (also referred to as the *vigilantes*), village committees, or community crime prevention units. In the event of abuse, family members, neighbours, or indeed any other community member can report the perpetrator to any of the structures above but it remains the primary responsibility of the village headman to counsel the involved parties about the case at hand. A village headman from Kasama stated to this end, “*the headman and the committee are the ones bestowed with the responsibility to talk to families and other sections that abuse children.*” A teacher in Choma added, “*in the event of child abuse... the first point of contact is the village headman.*” If the headman fails to resolve the issue, s/he may engage the chief, who has more authority, to help with the matter. One traditional birth attendant in Mbala reported that, “*the chief won’t let you off the hook if you injure a child... There is a time when parents beat their child badly and the chief spoke to these parents and they were punished.*”

Children’s Rights & Biblical References to Physical Discipline

Some respondents interpreted the introduction of children’s rights to contradict the Bible which refers “*sparing the rod and spoiling the child.*” A headman from Southern province noted that the organisations advocating against corporal punishment are the organisations that “*bring problems*” by arguing that a child should not be beaten. He lamented and stated that “*I have even seen a parent arrested for beating their child, to me this is wrong. Even God saw that for a child to grow well he or she needs to be beaten if they do something wrong, but because of these organisations, even when a child is out of control parents just look because they are afraid of being arrested.*”

It was also reported that there has been sensitization on the issue of abuse and communities have been empowered to act on it. Community members have been sensitized on the dangers of abuse and have been told that should they have an abusive family/caregiver in the neighbourhood, they can speak

directly to the family/caregiver or report them directly to the Victim Support Unit (VSU) of the Zambia Police. Community members have also been sensitised on the use of the child care helplines like 116 where they can report incidents directly. Other less formal channels have also been used to deal with abuse: an ECE specialist from Solwezi observed that in close-knit communities, a family might shame or distance themselves from another family that is known to abuse children.

In addition to sensitizing community members, school children have been made aware of various reporting options such as the toll free helpline 116 and VSU and are encouraged to use them. Sensitisation programs are also conducted during PTA meetings to reach as many parents and teachers as possible. One teacher observed that corporal punishment in the school no longer exists as *“children have been sensitized with human rights and if corporal punishment is given to the child, other family members report to the police.”* In other cases where teachers have been found beating children, complaints have been lodged against to the head teachers. In the event that a child goes to school with injuries, school authorities have approached the parents to inquire about the abuse. Some health workers reported that cases of physical abuse are rarely reported to the clinic. This is because, as one community health worker from Solwezi reported, when suspected cases of abuse are taken to the clinic, the health care personnel refuse to attend to them and ask the families to first obtain a police report.

Sexual Mistreatment

Responses were mixed as to the prevalence of sexual mistreatment in study communities. While many respondents had heard about cases of sexual mistreatment, few reported that it was a significant issue in their community. Across the study districts, the exception was Northern Province, where some respondents were more vocal about specific abuse cases in their community and expressed more concern about sexual mistreatment.

Parents addressed worries about sexual mistreatment by communicating to their children about the dangers of being alone and going outside the home after dark. Further, they told their children to be careful, walk in groups, be wary of playing with older children, and to report any sexual advances. Specifically, girls were told to dress ‘properly’ and in a modest way. A few caregivers from the Western province further insisted that female children should only be left in the care of females. A mother from the Northern Province said, *“I don’t allow my children to roam around aimlessly and I speak to them about being careful with where they go.”* Another mother said, *“For girls we teach them to say no to sex and to report anyone who asks them for sex and they listen.”* A caregiver from Southern Province said that she told girls that they will get sick if they engage in sex. In Western province, a few mothers said that pubescent girls enter an initiation ceremony called *“sikenge”* during which girls learn how to care for themselves and prevent sexual abuse.

Some respondents mentioned programs and services that aimed to prevent sexual mistreatment. ‘Rising,’ an NGO in Eastern Province, works on cases of gender based violence, child defilement and child abuse. In addition, there were reports of a Victim Support Unit in Eastern Province that addressed cases of child marriage.

Other Practices that Support Physical Development & Well-Being

Across all provinces, there was a mix of both traditional and contemporary practices conducted to support or improve a child's physical development and well-being. The common practice reported by most parents, caregivers and service providers were how young children are assisted to learn to sit upright and walk. To make the child sit, parents and siblings placed the child in a dish or basin or they are supported at the hips and back with clothes placed around and to encourage the child to walk, both parents and siblings use a stick for the child to hold on to for balance or asked to walk along a string to gain balance. Some mothers also stated that babies were also placed in a small hole dug in the sand to support sitting upright.

Many types of traditional practices were conducted such as applying herbal medicine, bathing the baby in herbal medicine, tattooing a child and placing beads around the child's neck in order to protect the child from diseases and infections. Circumcision for male children was considered to be very helpful for physical development as it was said to prevent many illnesses. Other extreme practices were also mentioned to protect the baby from sharp pains in the chest and from getting pneumonia or catching a cold, like when the baby is made to drink its bath water which is without soap; called "*dabale*." Another practice that was mentioned in focus group discussions is called "*ku peleka ku Mphasa*." It includes smearing and massaging the baby's joints with ejaculated semen during the first sexual intercourse after delivery.⁸ Interestingly, a community development officer from the Southern province indicated that he believes that more people are dying today because they are no longer following the traditional methods of healing. Similarly, a headman from the same area in the Southern province also expressed his displeasure at clinics not using traditional practices.

Our analysis suggests that respondents from Northern Province had more accurate and comprehensive information on practices to support children's development. Organisations such as Safe Motherhood Action Groups (SMAGs) teach parents and caregivers to take steps to prevent infections such as covering drinking water, sleeping under mosquito nets. A parent from Northern Province said, "*We make our children sleep under the mosquito nets and we secure the toilets [and] pit latrines to be child friendly*." Fathers indicated that providing food and teaching children how to cook and ways to eat was another practice they did to support their children's physical development and well-being. Fathers and other respondents also said that agricultural officers, teachers and programs present in their communities have stressed on the fathers to not run out of food at home and emphasized on the importance of the right food for infant growth and development of their children.

Social & Emotional Development

Social and emotional development refers to a child's ability to relate and interact with other people, as well as the child's sense of self-worth. According to the MoGE, the domain of social and emotional development includes practices that promote social skills such as empathy and concern for the feelings of others, cooperation, sharing, and perspective taking. This domain also includes practices that promote positive emotional health and well-being, including positive sense of self and the ability to cope with stressful situations.

⁸ Research suggests that the use of bodily fluids such as saliva, semen and vaginal fluids in childrearing may be widespread in Zambia (see Wojcicki, et al., 2007). Such practices may increase disease infection risks.

Sources of Information on Children's Social & Emotional Development

Parents reported receiving information on how to deal with their children's emotions, feelings and behaviours from the community, which includes their parents, grandparents, neighbours, elders, other family members, in-laws, health clinic staff members, traditional healers, TV and radio, and from friends. A respondent from Eastern province said, *"And that's where that saying 'it takes a village to raise a child' comes from. It's literal!"* Organizations such as SUN, YWCA, World Vision, WISE and community groups such as farming groups and women's savings-group are also other sources of information where caregivers shared information. Schools and churches also provide support and services such as counselling. Respondents also indicated that this knowledge is somewhat inherent in parents, elaborating that parents rely on what they knew, figure things out by themselves, and rely on prior experience and instinct.

Communicating & Talking About Feelings

Most respondents agreed that children are able to communicate their feelings to parents and other caregivers. However, there were mixed responses on whether children communicated their feelings explicitly or implicitly. On one hand, respondents reported that children talk about their feelings to siblings, friends and parents. They mostly talked to mothers and not with fathers, because children were thought to interact with their mothers more often. Others reported that children do not communicate their feelings explicitly but instead express their feelings by crying, exhibiting anger, keeping quiet, or isolating themselves.

A majority of respondents indicated that children's expression and communication of feelings was important for social and emotional development, for children and parents to understand each other, to share problems and to find solutions, and for children to feel "free." Most responses indicate that there were no differences between how a girl or a boy communicated their feelings. Rather, the prevalent gender difference was with whom the child communicated. Children generally felt more comfortable talking to their mothers than to their fathers. While a minority of respondents mentioned gendered norms for expressing feelings, they argued that these norms were detrimental to children's social and emotional development. As one respondent said, *"A crying male child may be hushed too quickly before he can let out all his emotions in the name of 'Men don't cry' and they may end up suppressing of emotions and harbouring a mix of so many emotions, which may one day lead him to explode."*

Reactions to Crying in Young Children (Age 0-3)

Across all of the districts included in our study, it was clear that parents and caregivers responded to children promptly when they cried. Parents usually fed the babies, bathed them, lifted them, carried them on their backs (*papu*) and comforted them until they fell asleep. Siblings also stated that they comforted younger children using similar strategies. Excessive crying was largely viewed as a sign of hunger or that something was wrong with the baby. In addition, respondents often cited a traditional belief that excessive crying is a sign that ancestors were dissatisfied with their baby's names. Respondents reported conducting traditional practices that include changing the baby's name intended to ward off evil spirits and stop the crying. Most respondents stated that there were no differences in the way that boys and girls are comforted, although fathers and other male adult members of the family tended to comfort boys and mothers and other female family members supported girls when they were in distress.

Reactions to Upset Children (Age 4-8)

Similarly, most parents, caregivers and some service providers indicated they were responsive to children in distress. For example, they talked to children, asked them to explain what was upsetting them, fed them, picked them up, gave attention them other forms of attention, and/or promised to buy them sweets or gifts. Children also comforted their siblings when they were upset by asking them what was bothering them, playing with them, cajoling them, and singing to them. A caregiver stated, *“For children aged 4 to 8, we just call them and ask them why they are upset...what the problem is and just try to reason with them then we comfort them by encouraging them.”*

Not all respondents shared the same patience or responses to children. A mother from the Northern Province mentioned that if children are simply being silly and are not really upset, she doesn't encourage that behaviour, saying *“I am not good at comforting a child who is just being silly...I scold”*. A health worker from the Northern Province stated that when children are upset, it can be considered a form of disrespect by the elders in the community. He said, *“Children are very limited in what they get to do as getting upset is a form of disrespect to the elders.”*

Most of the parents indicated that there were no gender differences in how children ages for to eight years were comforted. However, service providers believed that gender had a major influence on how children were comforted. A district social service officer from the Eastern Province reported that caregivers are gentler and kinder with girls compared to boys. According to service providers, boys who are upset are generally dismissed by parents with statements such as *“You're a boy or a man, you must not cry.”* An ECE specialist from the Northern Province made similar responses, *“Boys are told to be strong even when they are hurting but girls are not told the same.”* Another type of gender difference noted by service providers was who comforted children – after the age of five, mothers usually comforted girls, while fathers comforted boys. A head teacher from Choma District referenced gender differences in ways boys and girls are comforted, stating *“Girls and boys are comforted differently by ‘virtue of their gender’, it is known from on set that girls are treated in a special way as they are considered a ‘weaker vessel’, so you handle them with care, but also boys have a way of being handled differently because of their sex.”* A teacher from Northern Province echoed this sentiment, saying *“The aspect of cultural issues, a boy is handled by a man and a girl is handled by a woman. Mostly, support is offered to girls more than boys.”*

Ways of Showing Love

Mothers, fathers, other caregivers, and key informants across the 10 districts mentioned similar ways of showing love to young children. They expressed love and warmth to children through talk, play, story-telling, food, praise, as well as buying small gifts or sweets for them, paying their school fees, and telling them they love them. Common physical expressions of love include holding hands, hugging, kissing, lifting children up, and carrying young children on their backs. Interestingly, some parents referenced discipline (though not beating) as a way of showing love to young children. Respondents overwhelmingly agreed that showing young children that they are loved is important for their development and makes them happy and free. Conversely, children who do not feel loved risk being sad or lonely, or may get into trouble. According to one father from Kasama district (Northern province), *“If a child sees that you don't love them, they may turn into a thief and even go as far as*

leaving the house to fend for themselves.” Other respondents agreed, adding that showing love to young children helps to prevent negative behaviour and ensures that they will love others.

“Good” or “Ideal” Child Behaviour

Ideal Behaviour in Young Children (0-3)

Across all 10 districts, the most common example given of “ideal” behaviour in young children (0-3 years) was not crying excessively or unnecessarily. Respondents of all types seemed to agree there were less expectations in terms of behaviour for very young children, and that instead the priority is to ensure that young children are meeting important developmental milestones such as eating, crawling, grabbing, walking, talking, and laughing. A Social Welfare Officer from Choma (Southern Province) gave a slightly more detailed description of expectations for young children which included attending preschool, relating to the environment, and recognizing and interacting with people close to them. Apart from not crying, respondents from numerous districts also referenced playing well with others, being able to run simple errands, being toilet trained, and respecting parents and elders. A religious leader from Kalabo District indicated that young children show respect for elders by clapping their hands together (*kukambelela*).

Ideal Behaviour in Children Aged 4-8

Conceptions of ideal behaviour in children aged four to eight years of age were consistent across the 10 study districts, with respondents emphasizing that good behaviour means being obedient, dressing properly, not fighting, insulting, or stealing, and—similar to the ideal behaviour mentioned for young children—respecting elders. A Nursing Standards Officer from Lundazi District gave several examples of respectful behaviour including not calling adults by their first names, greeting visitors and offering them a seat, kneeling when giving or receiving something from elders, and not talking back to elders. Many respondents also indicated that children between the ages of four and eight years are expected to run errands, complete household chores, and attend church. A Social Services Officer from Katete District indicated that an ideal child is a quiet child, and that children who are too expressive may be viewed as “naughty.” Other respondents echoed this point of view, emphasizing the importance of listening and not making too much noise.

“An ideal child is one who does not interrupt elders when they are talking, kneels, greets visitors and does not cry unnecessarily.” -Traditional Birth Attendant, Choma District.

Main Challenges in Dealing with Children’s Behaviour

When asked challenges in managing children’s behaviour, multiple respondents from various districts complained about the prevalence of “children’s rights” messaging and expressed frustration with children increasingly reporting being hit to neighbours or the police. A headman from Choma illustrated this sentiment when he said, *“These ‘human rights’ are limiting us and now we can’t even control our own children, we are afraid that once we beat the child they will say that it is assault.”* Apart from this issue of rights, parents and caregivers complained that some children are chronically disobedient, talk back to their elders, or imitate bad behaviour from other children or adults. Finally, several respondents indicated that parents’ lack confidence in their approaches to disciplining children and tend to give up when children’s behaviour does not improve quickly. To this end, one headteacher from Siachona Village, Sinazongwe District said, *“Sometimes [parents] will just ignore the child and say the child is naughty.”*

Strategies to Promote Good Behaviour

There was very little variation across districts and respondent types in terms of how they promote positive behaviour in young children. Respondents largely agreed that children learn to be well behaved at church and at school, with parents serving as their primary role models and thus should lead by example with their own behaviour. Many respondents mentioned the importance of sitting children down and telling them how to behave, rewarding good behaviour, and addressing negative behaviour. An ECE teacher from Katete District emphasized the importance of explaining to children what they did wrong in the case of negative behaviour: *“We promote good behaviour in a child for example when he makes a mistake, don’t beat him, but just talk with him explaining that what he did was wrong. This is more likely to be effective than the beating.”*

In addition to the importance of parents demonstrating positive behaviour for young children, respondents indicated that well-behaved children serve as key role models for their children. A caregiver from Mbala District reported that parents identify a well-behaved child from the community and encourage their children to emulate that behaviour. Similarly, a mother from Kasama District said, *“Personally, I even advise them to pick well behaved children for friends.”*

Illustrative examples of organisations and practices intended to foster positive behaviour in young children:

- **Eastern Province:** The presence of ‘Youth Friendly Corners’ in Emusa village where “behaviours are groomed.” A group called ‘Friends of Delilah’ that is taught by a Catholic nun who teaches children aged 5-10 about manners and good behaviours.
- **Western Province:** Presence of meetings between teachers and parents in Liumba village; during which parents are taught how to “better handle their children” in cases where negative behaviour is observed. These meetings happen twice per term and are facilitated by guidance and counselling teachers from the school.
- **Northern Province:** Presence of ‘*banachimbusa*’ (traditional counsellors) who teach children in Kashinka village how to behave well.

Sharing

Across all districts and respondent types, there was unanimous agreement that learning to share is important for children. Respondents indicated that and that it is important not to “stinge” or “be stingy”: a caregiver from Mbala District, Northern Province commented to this end, *“We discourage [children] from being stingy.”* Sharing is closely associated with cooperation, fitting in or getting along with others, and children’s social and emotional development. Children are taught to share at church, at school, and at home. A nurse from Lundazi District, Eastern Province said that both schools and churches *“...teach and preach on cooperation, sharing and communal living.”* Children learn to share by observing older siblings and parents and sharing food, toys, and other materials with their friends

and siblings. Parents and siblings frequently gave examples of teaching younger siblings how to share using food, and one mother from Choma District, Southern Province said, *“When I have fresh cobs of maize and my child is with other children or people, I break it in pieces and ask her to share with others”* which the other mothers agreed with.

Parents and key informants frequently mentioned sharing with neighbours as a way to demonstrate to children the importance of sharing with others. Living in close proximity to neighbours and sharing food and other items regularly was cited as a main way in which children observe sharing in their day to day lives. Fathers from Mwinilunga District, North-Western Province mentioned a NZAN’U (a large shelter in the middle of the village) where children from different households come together to eat meals. The fathers agreed that the NZAN’U *“promotes communication and encourages sharing”* among children. Many respondents stressed the importance of people having “equal shares” of food, toys, and other items. To this end one siblings from Mbala District, Northern Province said, *“It is important to learn to share because everyone gets to have equal pieces.”*

Lastly, a few respondents referenced religious or spiritual beliefs about the importance of sharing. For example, a father from Kaoma District, Western Province said, *“The bible loves a person who shares with others.”* A sibling from Kasama District, Northern Province said, *“If you do not share karma might find you, it is not all the time that you have everything. So, sharing is important.”*

Other Practices that Support Children’s Social & Emotional Development

Respondents from all areas consistently reported parental support for children’s social and emotional development through practices such as talking to their children about specific incidents that incite emotions, listening to children’s problems and comforting them, telling stories that include experiencing different emotions, encouraging children to play with others, and demonstrating positive social behaviours (such as cooperation) themselves. In addition to parents and caregivers, church is widely viewed as an institution that supports children’s social and emotional development, as is—to a lesser extent—school. Frequently mentioned positive social and emotional traits include forgiveness, self-reliance, sharing, respect (as demonstrated by greeting neighbours or elders), and refraining from fighting or insulting others.

In Eastern Province especially, in both Katete and Lundazi, respondents emphasized building children’s socioemotional skills through practical tasks such as selling goods at the market, farming, caring for cattle and other livestock. Respondents from other regions mentioned these specific tasks less, but did indicate that chores and errands build children’s social and emotional skills.

Spiritual & Moral Development

The Zambian MoGE considers practices that promote religious and moral values that are important to the community as integral for children’s spiritual and moral development. Spiritual and moral competencies include knowledge of God and respect for human and national values.

Importance of Spirituality & Religion

Participants across all study districts agreed that religion and spirituality are very important in their communities. Four main religions were identified in our study districts: 1) Christianity; 2) Islam; 3)

Bahai; 4) and African traditional religion (ATR), with the most prominent being Christianity. The participants largely agreed that spirituality and religion are important because they help people define themselves and without it, people could lose purpose in their lives.

Ways of Learning Right from Wrong

Participants reported that there were various ways through which children learn and are taught to distinguish right from wrong, including instruction and advice received from parents, elders, teachers, siblings, church leaders and so on; observation and imitation of others' behaviours; their own experiences; and through punishment by parents and others. Most participants stated that children learn about what is right or wrong through direct instruction and advice from parents and other family members, teachers, church leaders, and traditional leaders. Respondents also stated that children can learn right from wrong through observation, imitation and modelling of behaviours from others. For example, participants in Mbala and Solwezi noted that children learn what is right or wrong by observing how other people behave and the reactions of their parents or the community. If the behaviour is rewarded, then the children will learn that that is desirable behaviour and therefore will decide to model their behaviour along the behaviour they observed. If the behaviour is punished or condemned, then the children will learn that that is undesirable behaviour and will try not to model their behaviour in line with the observed behaviour.

Children also learn right from wrong through their own experiences, through punishment, and through the consequences of their own behaviours. An ECE specialist in Katete observed that “... *a child looks at the consequences of his actions or behaviour.*” Some parents and key informants also stated that children learn right from wrong through punishment, with some stating that children learn what is wrong through the ‘*whip*’ and being praised for doing the right thing. Other ways children learn right from wrong include games, play, song, and folklore. A mother in Kasama shared that she taught her children right from wrong through stories and songs, and a key informant from Sinazongwe noted that children learn through church songs. A community worker from Kaoma added that some games and lessons teach children morals about life from which they can learn to distinguish right from the wrong.

From Whom do Children Learn Right from Wrong?

Most respondents agree that parents are the primary source of information about what is right or wrong. The other main sources of knowledge on right or wrong include church leaders and the church (especially Sunday school); teachers and the school; siblings at home; and through interaction with their friends. Respondents also highlighted that children learn right from wrong from grandparents, elderly people in the community, and traditional leaders.

Important Moral & Spiritual Values for Children

The three most frequently cited important values for children across the study districts were: 1) love and knowledge of God; 2) respect for others, especially parents and the elderly; and 3) obedience to parents and authority. Other values and morals that were perceived to be important for children include love; being responsible and dependable; going to church; peace; cooperation and unity; knowing, understanding, and loving tradition; humility; sharing; helpfulness; cleanliness; and honesty. These values and morals were generally viewed as important for children as they are grow and become productive members of their communities.

Parents, church, and school are the main vehicles through which values and morals are instilled in children. Respondents also indicated that values and morals are instilled through experience and interaction with peers. Many participants agreed that spiritual values and morals are obtained through church teachings but alluded to the responsibility of parents to ensure that children are exposed to the teaching of the church. Parents also helped to instil values in their children by reading religious materials to them, counselling them about right and wrong. Parental guidance sometimes entails some form of punishment if the children do not follow the teachings: a group of caregivers in Lundazi reported, “*We instil values by ... counselling children but also by punishing them so that they feel the consequences of their bad decisions.*” Finally, respondents agreed that parents instil values through demonstration and by being good role models for their children.

Practices of Prayer & Worship

Participants reported a variety of prayer or worship practices, but the majority of respondents identified themselves as Christian and thus the majority of practices referenced are Christian ones. Respondents reported attending church over the weekend (Saturday or Sunday) with some attending two or more days per week. Many parents reported attending church services with their children or encouraging their children to attend church services or Sunday school. Although we also asked questions about spirituality from a traditional perspective, participants were not forthcoming with this information. It is important to note that respondents may have provided *socially desirable* responses here because several of them acknowledged the role that the belief in malevolent forces/spirits (e.g. witches, dead people) play in their lives. Widespread belief in Christianity has meant that any person believing or practicing non-Christian living, especially ATR, is a ‘bad’ person. Other religious beliefs are also not openly practiced.

Respondents frequently mentioned prayers at home with the family in addition to praying at church. A group of siblings from Choma indicated that they have prayers with the family before meals, before sleeping and when they wake. When asked about prayer to another being than God, siblings in Mbala admitted that some people go to pray at the grave sites and under trees. A religious leader in Solwezi also indicated that some people in his area performed other traditional practices at certain occasions like when a child is born because they perceived that such celebrations prepared the child for the world. Some caregivers in Katete stated that some people do not believe in God and “*pray to witches*” for certain things like rain.

Learning to Pray from Siblings

When asked about whether they also teach their siblings to pray, most of the (older) siblings stated that they taught their younger siblings to pray. Some respondents from Lundazi reported that they pick up the Bible and read to their younger siblings and that during family prayer time they pray with their younger siblings and show them how to pray if they are having challenges. They also noted that sometimes children learn how to pray through observation and imitation.

Role of Religious Institutions on Childrearing

Participants characterised religious institutions—primarily the church—as playing an important role in childrearing. Churches have a substantial influence over the way parents raise their children through

educating parents on childrearing from a biblical perspective. Biblical principles are applied when parents need to make decisions on how to raise their children, including decisions about discipline. Additionally, religious institutions provide supports that directly impact childrearing including education, health, and other assistance programmes in their communities.

Participants also stated that religious institutions helped to keep the family unit together and thus help provide a good environment for children to develop. A TBA from Kasama stated that the church sometimes conducted family visitations and offered parenting support services. Caregivers in Mwinilunga also stated that the church was very helpful in childrearing because it encouraged parents and caregivers to treat their children as gifts from God which in turn enhances more positive parenting practices. Nevertheless, some participants did not believe that religious institutions offered any parenting support.

Benchmarking Findings Against International Literature

In this section, we compare our empirical findings from our study to the international literature on parenting practices and ECD. Many studies on parenting practices and ECD are generated in Western contexts and we recognise that, although relevant, Western-based research may be limited in its ability to inform parenting support and ECD programme planning in Zambia. To this end, we have attempted to include as many Africa-based studies as possible. The local context around parenting in Zambia must be considered as programming and policy is developed.

Our findings are again organised and benchmarked according to their respective developmental domains. We have not benchmarked the spiritual and moral development domain, as international literature on this is limited and many of the desired competencies are specific to the MoGE in Zambia. Following the benchmarking tables for each domain, we include detailed recommendations related to each finding presented in the benchmarking table.

Approaches to Learning

While most respondents in our study understood the importance of encouraging creativity and curiosity in young children, a minority either did not value early learning and education, prioritised children’s chores or other responsibilities over curiosity, or viewed overly curious children in a negative light. The international literature highlights the importance of exploration and cognitive stimulation in children’s first three years of life when their synaptic connections are primed to develop connections to facilitate learning (Shonkoff & Phillips, 2000; Lillard et al., 2013). This research emphasises the value of hands-on and peer learning—practices that respondents from our sample clearly associated with children’s early learning and encouraged. Respondents had mixed views as to whether technology stimulates or stifles children’s creativity, which is in line with the international literature on the subject which points to both benefits and drawbacks of technology in regard children’s early learning.

Approaches to Learning: Key Findings	Benchmarking Key Findings
<p>1. Creativity and curiosity are often, but not universally, valued by parents and caregivers. Children encounter the following obstacles to exploration, creativity, and curiosity:</p> <ul style="list-style-type: none"> a. Parent’s lack of appreciation for education, curiosity, and learning can stifle children’s creativity. b. Overly curious children are sometimes viewed negatively. c. Lack of time for play due to children’s chores and farming responsibilities. 	<ul style="list-style-type: none"> • Exploration and cognitive stimulation are especially important in a child’s first three years of life when their synaptic connections are primed to develop connections to facilitate learning (Shonkoff & Phillips, 2000; Black, Walker, Fernald et al., 2016). • Serpell (2010), in his work with the Chewa and Tumbuka, noted that for boys, credibility of schooling is threatened by its weak linkage with economic opportunities. Furthermore, some parents’ lack of appreciation for education led to the withdrawal of children from school. Respondents acknowledged the role of farming activities; class attendance is typically low until after the weeding season has ended. • Levine & Levine (1996) found that Gusii mothers do not eagerly await or promote their toddler’s speech skills and calling a young child <i>omokwani</i> (a talker) is closer to criticism than praise. • Counter argument by Mtonga (2012), who found that because play is seen to contribute to the physical and cognitive development of children, it is encouraged by parents. Mtonga also found that children acquire knowledge and intelligence through play.

<p>2. Play and games are key ways in which children learn and through which curiosity and creativity are developed.</p>	<ul style="list-style-type: none"> • Various scholars have acknowledged that play is a culturally embedded concept that plays a significant role in the development of children within the African context (Serpell, 2017; Matafwali & Serpell, 2014; Mtonga, 2012; Marfo, Pence, La Vine & La Vine, 2011; Nsamenang, 2006; Black & Aboud, 2011). • Practice has been evidenced by Mtonga (2012) in his work with the Chewa and Tumbuka tribes of the Eastern province, who believe that play and games help children to think, intellectualize, or discuss their own activities, as well as explore the world around them. • Marfo & Biersteker (2011) note that through play, children learn about the social roles, cultural values, and norms characteristic to that culture as well as skills and competencies considered important for survival and productivity.
<p>3. Respondents value games and play that eventually have practical applications such as income generating activities especially for older children aged 4-8 (basket weaving; learning to do chores, fixing things).</p>	<ul style="list-style-type: none"> • Hands-on learning, free choice activities, intrinsic rewards, and peer learning are empirically linked to enhanced learning (Lillard et al., 2013). • Importance of engaging in play and other activities attached to future income generating activities was noted by Nsamenang & Tchombe, 2011; Hein, Tan, Reich, Thuma & Griogrenko, 2016; Nsamenang, 2005; Lancy, 2007; Serpell, 2010; Nsamenang and Lamb, 1994. • Lancy (2007) found that through play, children gain relevant skills and knowledge needed to carry out their responsibilities as children later as adults in society.
<p>4. Traditional stories, riddles and songs are believed to stimulate creativity.</p>	<ul style="list-style-type: none"> • A study conducted in Navajo tribal communities in the US indicates that story-telling can enhance cultural learning and model respect for different traditions, assisting in the maintenance of cultural integrity (Eder, 2007). • Activities such as story-telling, singing, and playing with household objects expose children to experiences that promote early development (Barros et al., 2010). • Mtonga (2012) explained in his study that rural children were able to employ language both creatively and imaginatively due to exposure to riddles and songs.
<p>5. Differing views on how technology affects creativity such as TVs and smart phones which either stimulated creativity or stifled creativity.</p>	<ul style="list-style-type: none"> • Mixed evidence on TV: some research suggests that too much TV negatively impacts children's learning and behaviour (Gentile & Walsh, 2002; Robinson et al., 2001; Alloway & Williams, 2014). • Educational television programmes have been found to promote literacy and numeracy, health and safety, social reasoning and attitudes towards others (Mares & Pan, 2013). Benefits have also been observed for children with developmental delays, learning disabilities and atypical behaviours up to 36 months (Rahman et al., 2008). • Some research has found early exposure to television viewing to be harmful to a child's brain (Christakis, 2004), while other evidence indicates that educational TV programmes may support better primary school learning outcomes (Anderson et al., 2001). • In a study using a mobile game, Jere-Folotiya et al. (2014) found that technology had positive effects on the literacy of grade 1 learners.
<p>6. Imitation is a key approach to teaching and learning.</p>	<ul style="list-style-type: none"> • The themes of observation and imitation, guided learning, participation, and demonstration encompass Vygotsky's socio-cultural theory, which emphasizes learning activities that are endemic to the individual's environment, with the assistance of more competent others, through the child's zone of proximal development (Vygotsky, 1978).

	<ul style="list-style-type: none"> • Children learn as others around them conduct their day-to-day activities through observation, imitation, and intent participation (Chansa-Kabali et al., 2014; Abubarkar, 2011; Rogoff, 2003). • Nsamenang (2006) suggests that children in Africa are rarely instructed or prodded into what they learn, but rather discover it during participation in everyday activities. • Lancy (2007) found that through observation and apprenticeship, children gain relevant skills and knowledge needed to carry out their responsibilities as children later as adults in society. • Imitations begin in infancy and can be especially encouraged in children with learning disabilities, as imitation helps them learn new behaviours (Ledford & Wolery, 2011).
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Approaches to Learning: Recommendations

Creativity & Curiosity (#1):

- Parenting programmes should encourage creativity and curiosity, especially for children 0-3. Targeted, age-appropriate activities to promote creativity and curiosity could be shared directly with mothers at the community-level or at antenatal and under-5 clinics.
- MoGE could encourage ECE centres to use locally available materials for play, incorporate activities that allow for exploration, and ensure adequate time for free play to boost children’s curiosity and creativity. Although this is already happening in schools, there is need to strengthen monitoring in ECE centers to ensure that it is being implemented. Teachers may need practical guidance on how to make some materials and how they can work with their learners to develop play materials.

Games & Play (#2-3):

- MoGE could explicitly add local games to the ECE curriculum to promote fine and gross motor skills as well physical, social, and moral development. Information should be provided on how the various games explicitly promote development in the various domains and how teachers can use these games with learners. A list of games is included in Annex C.
- Explain to parents the importance of play for children’s development, and encourage parents to allow children adequate time for free play.

Traditional Stories, Riddles, and Songs (#4):

- The Ministry of Education can encourage ECE teachers to produce story books based on traditional stories and riddles that can be used in the classrooms. Traditional songs can also be used in classroom activities.
- Parenting programmes should promote the continued use of riddles, traditional folktales and songs, which impart and preserve important cultural messages. Programmes should also use these riddles, folktales and songs to impart important messages about the development of children.

The Role of Technology in Learning (#5):

- The mixed findings and literature about technology use suggests that the use of technology with children can be successful if moderated by caregivers. Therefore, parenting programmes

should emphasise the use of technology *in moderation*, limited to programmes with educational content. The amount of time children spend watching television and playing on phones should be moderated, and parents may need guidance on how best to achieve this.

- MoGE could consider developing engaging and educative digital content that teachers could use in ECE classrooms. This could be done through a multi-disciplinary team composed of ECE teachers, broadcasters, child psychologists, ECE curriculum development experts, and creative artists. Children with developmental delays and learning difficulties may also benefit from these educational programmes.

Learning through Imitation (#6):

- Imitation can be used as a teaching tool in ECE centres. Interventions using imitation have been particularly successful in early childhood education with children who have intellectual disabilities and autism spectrum disorders. The Ministry could cater to learners with disabilities by providing training and developing a curriculum in ECE for children who are differently abled.
- Because imitation begins very early in a child's life (during infancy), and is used by children to acquire knowledge and skills, programmes should highlight how caregivers can use imitation to stimulate their children, especially in speech and language development. Stakeholders who are conducting activities with pregnant women and mothers with young children, such as NGOs and the Ministry of Health, could design programmes to educate mothers on the use of imitation with young children, especially those with special needs.

Cognitive Competence

Parents and caregivers in our study areas perceived children's intelligence as including elements of academic, social and emotional competence. Beyond academic achievement, respondents viewed intelligence as the ability to successfully carry out errands by following directions, having a good memory, and being responsive. These views demonstrate the influence of culture on conceptions of intelligence -- a phenomenon identified by Sternberg et al. (1981), who argued that in the United States, the notion of intelligence was based on practical problem-solving skills, verbal ability and social competence. A study in Kenya documented views of intelligence somewhat similar to what we see in Zambia: in Kenya, intelligence is viewed in terms of knowledge, skills, respect, initiative, and having the ability to deal with real-life problems (Grigorenko et al., 2001).

Caregivers were also aware of the importance of nutrition for cognitive development. There is a wealth of research confirming the association between cognitive development and nutrition. For example, Zimmermann (2011) found that iodine deficiency in children reduces somatic growth and a decrease in iodine deficiency among primary school children improves their cognitive function. Brain development was also found to suffer due to iron deficiency; if not corrected early in infancy, this can lead to permanent adverse effects (Lozoff & Georgieff, 2006). In addition, a study conducted among school children in Kenya showed that complementary feeding from 18 months to 30 months can predict a child's cognitive competence at age five (Sigman, McDonald, Neumann, & Bwibo, 1991).

Cognitive Competence: Key Findings	Benchmarking Key Findings
<p>1. Intelligence viewed as the ability to successfully carry out errands (responding quickly, having good memory, following directions). Intelligent children are well loved by others.</p>	<ul style="list-style-type: none"> • Zambian notions of intelligence encompass academic, social and emotional competencies (Serpell, 2010; Mtonga 2012). Studies in other African contexts suggest that notions of intelligence include respect, initiative, and knowing how to handle real-life problems (see Grigorenko et al. 2001 on Kenya; Nsamenang, 2005 on Cameroon). Mtonga (2012) found that the Chewa and Tumbuka of Eastern province in Zambia used similar terms to refer to different grades of intelligence (social and emotional, academic, responsiveness). He notes that Chewa and Tumbuka generally acknowledge a child who is understanding (<i>omvera, okhulupirika</i>) and responsive (<i>wa m'changu</i>) as <i>wanzeru</i> (intelligent). • Nsamenang (2005) found that African parents expect children to assume social responsibility from an early age. • Nsamenang (2003) found that as children grow, they are progressively assigned different roles based on their perceived social maturity or competence. For African parents, social cognition translates into responsible intelligence, not in abstraction, but primarily as it enhances the attainment of social ends (Nsamenang & Lamb, 1994). • Ogunaike & Houser (2002) found that to i responsibility, parents and caregivers allocate chores to children or send them on neighbourhood errands. • Kagitcibasi (2007) explained that among the Turkish the connotation of <i>akilli-uslu</i> (intelligent-rational) involves an explicit meaning of being “reasonable” and “reliable,” in addition to proper demeanour.
<p>2. Caregivers and service providers view nutrition as important for and directly related to cognitive development.</p>	<ul style="list-style-type: none"> • This finding is supported by evidence on the connection between better nutrition and improved brain development and function (Zimmermann, 2011; Lozoff & Georgieff, 2006) • Neuroscientific evidence has documented associations between low socioeconomic status in early childhood and smaller hippocampal grey matter volume (Darmstadt, Shiffman & Lawn, 2015), which together with low frontal and temporal lobe volume, might mediate associations between poverty and low cognitive, academic, and behavioural performance (Black et al., 2016). • Evidence from low-income and middle-income countries suggests that the prenatal stage (Christian et al., 2014) and the first 24 months after birth are the most sensitive to stunting; adequate nutrition during these periods has been associated with later cognition, executive function and school attainment (Black et al., 2013; Manji et al., 2015; Stein et al., 2008; Casale & Desmond, 2016). • Children Sentinel Trust (2016) found that Zambian caregivers viewed nutrition as important for cognitive development and child development in general.
<p>3. Counting viewed as an important life skill; children are taught to count by siblings and parents using local items. Counting enables children to help parents in market selling, to carry out errands and sell</p>	<ul style="list-style-type: none"> • Early exposure to numbers and counting promotes cognitive development and future math achievement (Duncan et al., 2008), and children who work in trading or other occupations that require real-life knowledge of practical mathematical skills can acquire them as they engage in this work (Hull & Schultz, 2001).

Cognitive Competence: Key Findings	Benchmarking Key Findings
produce, and to avoid being cheated or taken advantage of.	<ul style="list-style-type: none"> • However, a study conducted in Brazil suggests that children who develop oral arithmetic skills in activities such as market selling may not be able to easily translate these skills into written arithmetic (Nunes, 2005).
4. Cognitive competencies built through practical activities prevalent in that area such as farming, fishing.	<ul style="list-style-type: none"> • Studies in Zambia suggest that children who work may complete fewer years of education, and children’s engagement in additional market or domestic work may impact school attendance (Edmonds, 2007; Serpell, 2010). Studies in Tanzania and Ghana suggest that children’s hours of work are negatively correlated with reading and mathematical skills (Akabayashi & Psacharopoulos, 1999; Heady, 2003). • A study conducted in Zambia found that home responsibilities were a positive predictor for the performance of out-of-school children in domains of adaptive behavior and academic achievement assessments, while being a negative predictor for the performance of in-school children (Reich et al., 2013). • Nsamenang & Lamb (1994, p. 137) argue that in African family traditions, socialisation is not organised to train children for academic pursuits. Instead, it is organised to teach social competence and shared responsibility within the family system and the ethnic community.

Cognitive Competence: Recommendations

Intelligence (#1):

- Parents should be encouraged to support their children’s academic work by making sure children go school, do their homework, read at home (even if parents are illiterate, they can encourage literate siblings to assist), and practice activities such as writing and counting. Parents should be educated on the use of local activities and practices and how these promote cognitive development (e.g. storytelling, local games).

Nutrition & Cognitive Development (#2):

- Nutrition programmes should not only target mothers but also siblings, grandparents and fathers who also play a role in the caring for young children. Nutrition programmes should include sensitisation as to the importance of proper nutrition for cognitive development, in addition to the activities already being implemented.

Counting (#3):

- Parenting programmes should continue to encourage caregivers to help children learn to count, including relating practical counting experiences (at the market, for example) to formal arithmetic exercises at school. Parenting interventions could demonstrate to parents and caregivers that the way in which children learn to count at home is not very different from how they learn to count at school.

Practical Activities & Cognitive Development (#4):

- NGOs, traditional leaders, and the Government should continue emphasising the importance of formal education. Parents should be encouraged to ensure their children are in school, regardless of the farming season. Parents may need guidance on how to adapt household activities such as chores or farming to their children’s school calendar.

Language & Literacy

Most respondents believe that speaking to a child is important and creates a bond between mother and child. This practice is supported by studies suggesting that “serve and return” communication between parents and their children supports the development of communication and social skills (NSCDC, 2004). Further, parental responsiveness was identified as a significant predictor of current cognitive skills and future literacy, math, and emotional knowledge (Merz et al., 2015). In addition, many respondents believed that children should be spoken to immediately after birth. Caregivers in our sample generally reported speaking to children very frequently. While this practice is supported by a wealth of evidence that early and frequent direct speech aids in children’s language development (NSCDC, 2004), studies have found that mothers in non-Western countries may speak less frequently to their children than mothers in Western countries (Kagiticibasi, 2007).

There were few reported resources for children with speech delays in our study. A few respondents mentioned a “Special Education Unit” which addressed speech difficulties, but this resource did not appear to be widespread.⁹ The most frequently cited practice regarding speech delays is a procedure in which the skin underneath the tongue is cut to fix “tongue tie.” This practice was generally done by traditional healers, although some respondents mentioned that hospitals also conducted the procedure. There is controversy in the scientific literature about the condition of tongue tie (ankyloglossia) and its role in causing speech delays (Lalakea & Messner, 2003; Messner & Lalakea, 2000). Further, the medical community is divided as to the effectiveness of ankyloglossia removal in resolving speech delays.

Across study areas, storytelling, singing and play are viewed as important ways children learn. The role of storytelling, singing and play in promoting early reading skills is supported by studies in the Zambian context (Mtonga, 2012; Serpell, 2010; Chansa-Kabali et al., 2014). Further, a US-based study found that using music as a part of early childhood education positively supports children’s literacy development. Storytelling also seems to play an important cultural role in traditional communities. A study conducted in Navajo tribal communities in the US indicates that storytelling can enhance cultural learning and model respect for different traditions, assisting in the maintenance of cultural integrity (Eder, 2007). Some respondents indicated that storytelling and singing are in decline due to increased technology use, a trend that appears to be more common in urban areas.

Our respondents suggest that children may be more literate than their parents in our study areas. Illiterate parents are less able to help their children with schoolwork. In these cases, siblings take on the task of helping younger siblings with schoolwork and reading. In addition, most caregivers appear to value children’s ability to read, especially regarding practical skills such as reading signs and instructions. Shared book reading has been shown to support children’s knowledge and skill

⁹ For an overview of special education policy in Zambia, see Serpell & Jere Folotiya, 2011.

development in later reading achievement (NELP, 2008). However, when parents are illiterate, lack of shared reading at home may hinder children’s reading achievement. A study based in Morocco suggests that parents’ and children’s attitudes towards reading, in addition to parental literacy, were significant predictors of reading performance (Wagner and Spratt, 1988). This suggests that despite reports of high levels of illiteracy, our respondents’ views of reading as valuable are an evidence-based parenting practice. Further, studies suggest that siblings may be an important bridge between school and home (Gregory and Williams, 2001), and that sibling teaching may have positive effects on older siblings’ reading and language achievement (Smith, 1990).

In the case of learning difficulties, our respondents indicated that parents are called to assist children. Some schools appear to have remedial classes, and some children are referred to schools for the disabled. This is evidenced by other works on Zambian education policy, such as Serpell & Jere Folotiya (2011) and Ndhlovu et al. (2016).

Language & Literacy: Key Findings	Benchmarking Key Findings
<p>1. Widespread belief that speaking to a child is important and helps create a bond between mother and child, for sensory and speech development.</p>	<ul style="list-style-type: none"> • Speaking to children is an important way to establish a positive relationship between the child and the caregiver, ultimately encouraging child development. Specifically, “serve and return” communication between caregivers and children creates neural connections that support the development of communication and social skills (NSCDC, 2004). • Levine & Levine (1996) found that Gusii mothers did not speak to their babies as much as their American counterparts, who viewed speaking to a child as important; Molfese, Molfese & Modgline (2000) found that the home environment, which is the foundation of speech perception, predicted reading scores in school children. • Parental responsiveness was identified as a significant predictor of current cognitive skills and future literacy, math, and emotion knowledge (Merz et al., 2015).
<p>2. Belief children should be spoken to immediately after birth; some caregivers report speaking to children very frequently.</p>	<ul style="list-style-type: none"> • The scientific literature suggests that early and frequent speaking to children aids in language development (NSCDC, 2004). • Generally, this finding (respondents’ belief that children should be spoken to immediately at birth and frequently) is contrary to what studies have shown about mothers in non-Western countries, in comparison to mothers in Western countries. Levine & Levine (1996), found that Gusii mothers were verbally responsive to their infants less often than their American counterparts, and they rarely attempted to elicit a vocal response or carry on a sustained verbal exchange with a baby or toddler. • Studies suggest that mothers in non-Western countries report less frequent verbal interactions with their children than mothers in Western countries (Kagiticibasi, 2007).

Language & Literacy: Key Findings	Benchmarking Key Findings
<p>3. Resources for children with speech delays appear limited, aside from a widespread traditional practice of cutting the skin underneath the tongue (“tongue-tie”) when a child is late to begin talking.</p>	<ul style="list-style-type: none"> • There is controversy about the condition of tongue-tie (ankyloglossia) and its role in causing speech delays (Lalakea & Messner, 2003; Messner & Lalakea, 2000). • Practise is evidenced by Mtonga (2012), among the Chewa and Tumbuka, when a child is unable to utter simple words like dada and mama, they will be inspected to find out whether they have <i>ludada</i> (tongue tie). Often, an experienced person in the community will be called upon to carry out a simple operation on the tongue and the victim will be able to speak normally. • See Serpell & Jere Folotiya, 2011 for an overview of special education policy in Zambia.
<p>4. Storytelling, singing and play are viewed as important ways children learn. However, storytelling and singing appear to be in decline in urban areas, due to increased technology use.</p>	<ul style="list-style-type: none"> • The role of storytelling and singing in promoting learning and reading is supported by other studies in the Zambian context (Mtonga, 2012; Serpell, 2010; Chansa-Kabali et al., 2014). • Storytelling appears to positively influence the acquisition of early reading skills in Zambian families (Chansa-Kabali et al., 2014). • In the US, using music as a part of early childhood education was found to positively support children’s literacy development (Peregoy and Boyle, 2009). • In addition, a study conducted in Navajo tribal communities in the US indicates that story-telling can enhance cultural learning and model respect for different traditions, assisting in the maintenance of cultural integrity (Eder, 2007). • Mtonga (2012) in his work with the Chewa and Tumbuka of Eastern province on games found that children acquire intelligence (<i>nzeru</i>) through play, particularly those concerned with the skills of language, music, dance, and the ability to perform physical tasks. • Serpell (2010) in his work with the Chewa community of Eastern province found that storytelling and singing were important ways children learn.
<p>5. Many children appear to be more literate than their parents. Illiterate parents are less able to help children with schoolwork; in these cases, older siblings help younger siblings with schoolwork and reading. Caregivers value children’s ability to read, especially for its practical aspects.</p>	<ul style="list-style-type: none"> • Shared book reading supports young children’s knowledge and skill development in three areas linked to later reading achievement: oral language, print knowledge, and phonological awareness (National Early Literacy Panel [NELP], 2008). • When parents are illiterate, lack of shared reading at home may hinder children’s reading achievement. A study based in Morocco suggests that while parental literacy was related to children’s reading achievement, parents’ and children’s attitudes towards reading were also significant predictors of reading performance (Wagner and Spratt, 1988). • Although most family literacy research focuses on parent-child interactions (Sokal and Piotrowski, 2011), a few studies suggest that siblings may be an important bridge between school and home (Gregory and Williams, 2001). Furthermore, sibling

Language & Literacy: Key Findings	Benchmarking Key Findings
	<p>teaching may have positive effects on the older siblings' reading and language achievement (Smith, 1990).</p> <ul style="list-style-type: none"> Sonnenschein, Baker & Serpell (2010) note that parents play an important role during preschool and elementary years in guiding their children's literacy development; Serpell (1997) documents that teachers and parents support the literacy of their children. Any given household, kinship network, or neighbourhood that constitutes "home" for a school-age child can be described in terms of its prevailing, recurrent literate activities and their relation to the wider society's cultural practice of literacy.
<p>6. In the case of learning difficulties, parents are called to assist children; some schools have remedial classes; some children are referred to schools for the disabled.</p>	<ul style="list-style-type: none"> Serpell & Jere Folotiya (2011) found in a study with special education teachers that although some schools had children with special needs, the teachers reported that more training and infrastructure were needed to accommodate children with special needs. Ndhlovu, Mtonga, Serenje-Chipindi & Muzata, (2016) note that through early assessment coupled with intervention, families gained relevant information, especially about what their child could do and what interventions would optimise his or her learning potential.

Language & Literacy: Recommendations

When to start talking to children (#1-2):

- Further sensitise mothers and fathers on the importance of talking to children, starting during the prenatal stage. This could be done through various parenting programmes being conducted by NGOs or through the local clinics where mothers attend antenatal and under-5.

Resources for children with speech delays (#3):

- ECE teachers should be equipped with information about where parents with children who have delayed speech can get help. MoGE can prepare a directory with contact information for different schools, hospitals and NGOs offering special needs and assessment services.
- ECE teachers could also be trained in basic techniques that can help children with delayed speech.

Storytelling and Singing (#4):

- In line with the earlier recommendation, families need to be encouraged to continue the tradition of story-telling and singing, as it not only helps impart cultural specific skills and knowledge, but also contributes to various aspects of child development. Further, this tradition provides an opportunity for families to bond and create the sense of community, which is important for young children.

- ECE teachers could be encouraged to make low-cost, age-appropriate books based on folktales, which they can use in their classrooms.
- Traditional, age-appropriate songs could be used in the classrooms to help children learn through music. While this practice is conducted by Zambian ECE teachers, parents could be encouraged to share traditional songs and stories with children and their teachers as part of parental engagement in school activities.
- While learning through play is emphasised in the ECE curriculum, further research is needed to ascertain how the concept of play is understood by ECE teachers and how they use play in teaching and learning.

Literacy (#5):

- ECE teachers should be encouraged to educate parents on how to engage children in reading activities at home. Illiterate parents still have an important role to play in the formal education of their children by ensuring that children are taken to school, encouraged to engage in learning activities at home (e.g. reading, doing homework, sharing their learning experiences with parents daily), and ensuring that children get help from more competent others. ECE teachers should be provided with guidelines on how they can support parents.

Learning Difficulties (#6):

- Based on the findings of the study, there is need to make special education services more widely available, especially in rural communities.
- GRZ could also develop assessment services to be administered either at hospitals (for children ages 0-3 years) or ECE centres. These assessments would be conducted for all children registering for ECE services. Assessments could include hearing tests, sight, physical development (weight/height) and tools that assess socio-emotional development. This would allow for early detection of conditions that could hinder child development or learning.

Social & Emotional Development

Parents in Zambia were highly responsive to children when they cried or were upset. In addition, parents were responsive when children communicated their feelings through verbal and non-verbal expressions to mothers and other caregivers. The importance of caregiver responsiveness to children is supported by evidence from parenting practices in other countries. For example, a multinational study conducted by the World Health Organization [WHO] in India, Colombia, the United States, Chile, East Africa, Mexico, Jamaica, Brazil, the Netherlands and South Africa found that positive maternal responsiveness was associated with positive child development, including increased social competence, lesser behavioural problems, higher IQ and self-esteem (Eshel, Daelmans, Cabral de Mello & Martines, 2006). Responsive parenting practices also increased curiosity, independence, resilience and self-reliance in children by making them more securely attached to their caregivers (Hong & Park, 2012).

Further, parental reactions to crying, which included breastfeeding, holding, and lifting babies, is supported by evidence from other “traditional” cultures where there is “high” physical contact between caregivers and the child (Small, 1999). For example, research on Amazonian communities found that mothers were prompt at responding to infants’ cries; they breastfed on demand, maintained physical contact and co-slept with infants (Liedloff, 1986).

However, excessive crying in infants was viewed negatively in Zambia. A common traditional belief in Zambia across all five provinces associated excessive crying with ancestors’ dissatisfaction with a baby’s name.

The description of what constitutes “good” or “bad” behaviour is evidence-based, as shown in a study by Lubell, Lofton & Singer (2008) where the common consensus on “good” behaviour by American parents across various cultural backgrounds involved a child being obedient, not talking back, respecting adults, being honest, and doing well in school. In Zambia, “good” behaviour also included being able to run errands, doing chores and ability to share and cooperate. Another study by Weisner (2002) found that family-initiated and family-shared activities such as chores, going to church and taking care of siblings encouraged children’s acquisition of social skills.

Social & Emotional Development: Key Findings	Benchmarking Key Findings
<p>1. Children primarily talk about their feelings to mothers or express it through actions such as crying, laughing, being angry, being quiet or isolating themselves. Caregivers agreed that it was important for children to talk about their feelings so that they develop emotionally and socially and are “free.”</p>	<ul style="list-style-type: none"> • Learning to regulate emotional responses and related behaviours in socially appropriate and adaptive ways is an essential component of children’s successful development (Denham et al., 2014). • On the contrary, Levine & Levine (1996) found that as Gusii children grow up, they learn through everyday experience that prevailing norms put a damper on emotional expression in words or facial affect. Therefore, they usually hide their personal feelings.
<p>2. Parents are highly responsive to children crying: they are fed, bathed, lifted and comforted. When slightly older children are upset, parents speak to them to understand what is bothering them. Parents comfort children, give them attention and buy them sweets or small gifts.</p>	<ul style="list-style-type: none"> • A WHO study on parenting practices found that caregiver responsiveness had a direct association with positive child development (Eshel, Daelmans, Cabral de Mello & Martines, 2006). • As evidenced by Levine & Levine (1996), Gusii mothers seek to soothe their babies rather than engaging in interaction that involves eye contact and talking. They interact with their babies by holding or carrying, and they often respond to infant vocal or visual signals with physical contact rather than reciprocal talking or eye contact. • Serpell & Nsamenang (2014), explained that parents and child caregivers gave children playthings and gifts; doing so helped induct the children into the sharing and exchange bond of the social system. • As evidenced by Mtonga (2012), parents and adults sing lullabies to soothe a crying baby. Sometimes a mother may strap the baby to her back with a cloth (<i>papu</i>), rocking it gently to some chant.
<p>3. Excessive crying is viewed negatively.</p>	<ul style="list-style-type: none"> • Parental reactions to crying, which included breastfeeding, holding, and lifting babies, is supported by evidence from other “traditional” cultures where there is “high” physical contact between caregivers and the child (Small, 1999).

Social & Emotional Development: Key Findings	Benchmarking Key Findings
	<ul style="list-style-type: none"> • Mtonga (2012) explained that among the Chewa and Tumbuka, crying is sometimes viewed negatively.
<p>4. Traditional belief that excessive crying is associated with ancestors' dissatisfaction with a baby's name.</p>	<ul style="list-style-type: none"> • Mtonga (2012) explained that among the Chewa and Tumbuka, when a child was crying excessively, the spirit inhabiting it is unhappy because the child may have been given the wrong name. Therefore, the child is given a new name.
<p>5. Parents and caregivers show love to children either physically (holding, carrying on back), verbally (telling them they love them), or with material goods (buying gifts, paying school fees).</p>	<ul style="list-style-type: none"> • Research indicates that children who had oppositional behaviour were recipients of low levels of warmth from their parents (Stormshak et al., 2000). • Mtonga (2012) showed that Zambian parents show appreciation and love for their children by praising them.
<p>6. "Good" or "ideal" child behaviour includes playing well with others, being able to run simple errands, respecting adults and elders, not talking back, not making too much noise, being obedient, and doing chores. Ability to share and cooperate are also important behaviours for children.</p>	<ul style="list-style-type: none"> • Some of these elements seem to be supported by US-based literature which suggests that perceptions of good behaviour include not talking back, being obedient, respecting adults, being honest, and doing well in school (Lubell, Lofton & Singer, 2008). • According to Serpell (2010), a child who was responsible and cooperative was viewed as having good behaviour. Mtonga (2012) explains that according to his or her behaviour or conduct in society, a child may be referred to as having good wisdom (<i>nzeru za bwino</i>) or bad wisdom (<i>nzeru zoyipa</i>). As shown by Levine & Levine (1996), Gusii parents expect to benefit from having children who are easy as infants and participate in domestic production during childhood and continue to help their parents as adults; a positive social orientation, proper demeanour, and in particular an obedient disposition are valued. • Children's rights may make it difficult for parents and caregivers to discipline children when they lack knowledge on positive approaches to discipline. According to Songul (2009), teachers reported to be spending most of their time on managing students' disruptive behaviour as opposed to teaching. Serpell (2010) documented that parents managed children's behaviours by rebuking, chastising, threatening and bribing.
<p>7. Role modelling (by parents, siblings, other caregivers) is important for shaping children's behaviour.</p>	<ul style="list-style-type: none"> • The themes of observation and imitation, guided learning, participation and demonstration encompass Vygotsky's socio-cultural theory that emphasizes learning activities that are endemic to the individual's environment, with the assistance of more competent

Social & Emotional Development: Key Findings	Benchmarking Key Findings
	<p>others, through the child’s zone of proximal development (Vygotsky, 1978).</p> <ul style="list-style-type: none"> • Role modelling has been evidenced by Mooya (2016), who found that when parents were not at home, girls were more likely than boys to assume the mothering role. Overall, there was more sibling care performed by both genders when parents were not at home than when parents were at home. This suggests that in the absence of parents, children assume more responsibility over their younger siblings. Similarly, Levine & Levine (1996) found that the acquisition of skills by Gusii children normally occurs in a context defined by other children whom the child observes and imitates. The mother provides comfort and overall direction but does not actively engage in the training tasks.

Social & Emotional Development: Recommendations

Expressing Emotions (#1)

- Mothers were cited as the person that children spoke to about their feelings. There is need to encourage fathers to interact more with their children so that they are able to speak freely to both parents about their emotions. Caregivers could be encouraged to pay closer attention to the emotions expressed by young children from the period of infancy. Parents may need to be sensitized on how they can identify and respond appropriately to the different emotions expressed in infancy. Parents could also be educated on the importance of allowing children to express their emotions regardless of the sex and the negative effects of not doing so.

Parental Responsiveness (#2)

- Programming should target the already existing wealth of parenting behaviours to enhance responsiveness and sensitivity by introducing/infusing a variety of supportive interaction. For example, in addition to the already existing practice of *papu*, which normally involves carrying the baby in a *chitenge* on the back, parents can be encouraged to *papu* their babies from the front so that they can establish eye contact with the baby in addition to maintaining proximity.
- Programming should also use existing practices of storytelling and games to further teach responsive behaviours.

Excessive Crying (#3-4)

- Parenting programmes can include information on other interpretations of excessive crying, and how parents can cope. Programmes should communicate to parents the importance of responsive parenting and the possible effects of being non-responsive.

Role Modelling (#7)

- Programming should take advantage of the context of multiple caregivers in providing parenting strategies and interventions that target not only mothers, but other caregivers such as

fathers, siblings, and grandparents. The importance of role modelling could be reinforced to all types of caregivers.

Physical Development & Well-Being

Across most cultures and especially in non-western cultures, mothers are often primarily responsible for the general care of children. However, there is substantial evidence that children are also cared for by siblings, other relatives, and neighbours in many contexts. This practice has been shown to decrease the incidence of disease and increase displays of secure-base behaviours (Mooya, 2016; Yaganisawa, et al., 2010; Lamb, Sternberg & Prodromidis, 1992; Nsamenang, 1992). Sibling care has been associated with higher levels of social understanding, but in extreme cases it can also be associated with increased stress.

The breastfeeding and complementary feeding practices reported by respondents are largely in line with the WHO’s recommended guidelines (2018), which advocate exclusive breastfeeding for infants until 6 months old and continuation of breastfeeding along with complementary food until 2 years of age. Breastfeeding has multiple benefits, including the promotion of emotional, behavioural and physical health of the child, and mother-to-child bonding. Complementary feeding is also found to enhance stimulation and responsiveness in both child and caregiver (Brown, Dewey & Allen, 1998; WHO, 2018), as well as reduce malnutrition and promote optimal growth and development (Udoh & Amodu, 2016).

Parents in Zambia viewed their use of corporal disciplinary practices as a controlled, non-abusive requirement for children to obey rules, respect adults, work hard, and do good work (Soneson, 2005; Songul, 2009; Lloyd & Judith, 2009 and Masitsa, 2008). Older siblings were also found to discipline their younger siblings (Mooya, 2016; Evans, 2012; Robson & Ansell, 2000). However, decades of research indicate that corporal punishment is associated with negative outcomes including higher levels of aggression and delinquency and low levels of internalization (Gershoff, 2002; Durrant & Ensom, 2012).

Physical Development & Well-Being: Key Findings	Benchmarking Key Findings
<p>1. High burden on mothers for general care of children, but older siblings, relatives, fathers, and other neighbours also frequently care for young children.</p>	<ul style="list-style-type: none"> Practice has been documented across cultures and especially in non-Western contexts. It has also shown to promote children’s safety, reducing the likelihood and incidence of disease, supplementing care through bathing and feeding, and increasing the display of/engagement in secure-base behaviours (Mooya, 2016; Yaganisawa, et al., 2010; Lamb, Sternberg & Prodromidis, 1992; and Nsamenang, 1992). There are mixed results on children’s care-giving responsibilities. Sibling caregiving during a mother’s presence is associated with increased social understanding (Bryant, 1992). On the other hand, caregiving by children for over 20 hours a week, extending over several years was found to increase

Physical Development & Well-Being: Key Findings	Benchmarking Key Findings
	stress and academic difficulties in children (East, 2010; Dodson & Dickert, 2004).
2. While some respondents indicated that reliance on traditional medicine has declined in recent years, some still report seeking traditional healers and attempting home remedies with herbs or leaves before taking children to the clinic.	<ul style="list-style-type: none"> • A study conducted among pregnant women in Zambia showed that over a quarter of the study sample used traditional herbal medicines during pregnancy (Maluma et al. 2017). Knowledge, socio-cultural beliefs and practices, including myths and misconceptions about pregnancy and delivery were factors associated with traditional herbal medicine use. • There is great concern about the limited scientific evidence on the safety and efficacy of traditional herbal medicines (Wambebe et al. 2001).
3. Caregivers are aware of the importance of breastfeeding, babies are breastfed immediately after birth, frequently, and on demand.	<ul style="list-style-type: none"> • Practice of breast-feeding is evidence based and has been documented locally (Mtonga, 2012) and across cultures. Breastfeeding promotes general [emotional, behavioural and physical] health of the child; prevents and helps respond to illnesses; and promotes positive stimulation and bonding (Victora et al., 2016). Exclusive breastfeeding until infants are 6 months old is recommended (WHO, 2011).
4. Caregivers are aware of complementary feeding practices; solid foods typically introduced when children reach 6 months with a few exceptions.	<ul style="list-style-type: none"> • It is recommended that children up until the age of two are breastfed while introduced to complementary foods (WHO, 2011). Benefits of complementary feeding have been documented widely - it enhances stimulation in the child and responsiveness in both the child and caregiver (Brown, Dewey & Allen, 1998; WHO, 2018; Mtonga, 2012). It has also shown to promote optimal growth and development, and reduce malnutrition (Udoh & Amodu, 2016).
5. We found a somewhat common belief that there is a difference between whipping/beating and corporal punishment.	<ul style="list-style-type: none"> • The notion that there is a difference between whipping/beating and corporal punishment is somewhat common and evidenced in Soneson (2005), who showed that parents in Zambia viewed their use of corporal disciplinary practices as controlled and hence less dangerous, less pain-inducing and non-abusive.
6. There are a number of prevalent physical discipline practices including corporal punishment such as beating, hitting, burning hands, spanking, and withholding food. Non-physical disciplinary practices include withholding playtime, threats and doing chores.	<ul style="list-style-type: none"> • A large body of evidence generated in the past two decades shows that physical punishment on children increases aggression, delinquency and spousal assault in later life (Durrant & Ensom, 2012). Further, the use of corporal punishment has generally been shown to be associated to increased immediate compliance; high levels of aggression; and low levels of internalization (Gershoff, 2002). • Kingsley 1977 (cited in Serpell, 2010), found that a minority of respondents expressed unqualified approval of beating as a technique of discipline but many apparently felt that it should not be used or should only be used very selectively.

Physical Development & Well-Being: Key Findings	Benchmarking Key Findings
	<ul style="list-style-type: none"> Various other forms of punishment were mentioned, the most prominent among them being scolding and withholding food. In a study conducted by UNICEF, it was found that parental involvement and a stimulating home environment reduce the risk of violent discipline of young children, but only in a few countries (UNICEF, 2010).
<p>7. Parents and caregivers resistant to “children’s rights” dialogue and some feel it has restricted options for disciplining children and therefore made children less obedient.</p>	<ul style="list-style-type: none"> The notion that “children’s rights” dialogue has restricted parental authority and worsened child behaviour has been documented in several studies, including Soneson, 2005; Songul, 2009; Lloyd & Judith, 2009; and Masitsa, 2008. Zambian parents and teachers believe that corporal punishment encourages good work, enables children to obey rules, work hard, and respect parents and teachers. Further, they believe that banning corporal punishment would add more stress on teachers (Soneson, 2005).
<p>8. Siblings and other caregivers (not just parents) discipline children regularly</p>	<ul style="list-style-type: none"> Studies have documented evidence of sibling participation in discipline (Mooya, 2016; Evans, 2012; Robson & Ansell, 2000). However, these studies have not focused on behavioural outcomes on children of sibling punishment.
<p>9. Village headmen have primary responsibility for resolving alleged child abuse cases.</p>	<ul style="list-style-type: none"> The role of the headman is enshrined in the Villages Act of the laws of Zambia (CH 289) as the overseer of the community they preside over. The headman reports to the chief.

Physical Development & Well-Being: Recommendations

Caregiving (#1 & 8)

- Programmes should encourage parents and siblings to not only consider older siblings as agents for behaviour management but also for behaviour modelling, as a complement to parents.

Traditional Practices and Healing (#2)

- Further research on the prevalence and effectiveness of certain traditional healing practices (and the extent to which these practices are employed before visiting a clinic or hospital) is needed to assess the potential medical risks. Parenting programmes can also be designed to integrate with traditional practices, when appropriate.

Breastfeeding and Complementary Feeding (#3)

- Programming could reinforce the importance of exclusive breastfeeding and provide further guidance on appropriate complementary feeding practices.

Corporal Punishment (#5-7)

- Programming should target schools, the church, and traditional leadership to sensitise about non-physical discipline strategies.
- Given the high level of respect for the church and the fact that some people use the bible as justification for physical discipline, GRZ through the MoGE could consider engaging the church in the discourse on positive disciplinary methods for children. The church could potentially serve as an important mechanism through which to deliver parenting messages and programmes, including information about the potential long-term negative effects of corporal punishment.
- GRZ through the MoGE and her partners (including UNICEF) could engage stakeholders to consider ways to reframe the “children’s rights” dialogue (particularly the emphasis on non-corporal punishment) to better align it with traditional values of respect and hierarchy.

Sexual Mistreatment (#9)

- Given that the village headman is the one vested with the primary powers of resolving community disagreements, GRZ through the MoGE should consider involving these traditional leaders in sensitising communities about sexual abuse. Already existing programmes with traditional leaders should emphasise the various effects sexual maltreatment has on children, including the physical and psychological effects.

Conclusion

In comparing our findings to the international literature on parenting and ECD, we see a number of practices in Zambia that may either support or inhibit children's early development. On the positive side, most respondents reported practicing exclusive breastfeeding and appropriate complementary feeding¹⁰, adhering to vaccine schedules, and regularly attending Under-5 clinics with their children. Generally speaking, parents (predominantly mothers) are very responsive to crying and upset children, express love both physically and verbally, and encourage children to talk about their feelings. Parents highly value and promote the development of early literacy and counting skills in children. Further, siblings are a key source of support for young children's stimulation through teaching them to count, helping them to read, and playing with them. Play, storytelling, games, songs, and riddles provide cognitive stimulation to children in addition to being highly relevant culturally.

At the same time, we found that "ideal child behaviour" as perceived by parents, family, and community members is often heavily focused on respect, quietness, and obedience, perhaps at the expense of expressiveness or curiosity. Further, corporal punishment is widely used as a means of discipline. In many cases, fathers are not heavily involved in the daily care of children. Lastly, there are few resources available to children with speech delays and learning difficulties, and access to pre-primary education is quite limited.

Support for Curiosity & Creativity

A number of common local practices such as play, games, storytelling, riddles, and songs are believed to stimulate children's curiosity and creativity, a notion that is supported by the international literature (Marfo & Biersteker, 2011). There is a large evidence base linking these practices to enhanced children's learning and the development of critical skills and competencies. While parents and caregivers in our study sample often reported encouraging children's creativity and curiosity, practical chores or farm work were often prioritised over education and play, and overly curious children were sometimes viewed as mischievous.

Traditional Practices Support Children's Learning, but Aren't Necessarily Viewed as "Stimulation"

Research on parenting in Sub-Saharan Africa suggests that there is little understanding of the value of stimulation and adult-child interaction (Evans and Myers 1994). However, many of the practices described by respondents have been proven to cognitively stimulate children. Caregivers and service providers reported a number of everyday activities through which children's cognitive competencies are developed, such as observing others, running errands, or conducting basic tasks. Children often learn important skills such as reading and counting in the context of routine activities (such as going to the market) in addition to what they are taught at school. Reich et al. (2013) find that chores are a positive predictor of academic achievement for out-of-school children in rural and peri-urban Zambia, and they hypothesise this may be due to exposure through chores to concepts such as mathematics. However, Reich et al. also find chores to be a negative predictor of academic achievement for in-school children. This suggests that while chores may teach children important skills, they may also negatively impact academic performance and school attendance.

¹⁰ WHO, 2018.

When parents are illiterate, siblings may play a crucial role in supporting early literacy

Respondents unanimously agreed that reading is a crucial skill for children, and evidence suggests that parental attitudes towards reading (as well as their own literacy) are important predictors of children's reading ability (Wagner and Spratt, 1988). In addition, most caregivers stated that they rely on older siblings to help younger siblings with reading and homework. Siblings may serve as important bridges between school and home, especially when parents are illiterate (Gregory and Williams, 2001). In addition, teaching younger siblings may have positive effects on older siblings' reading and language achievement as well (Smith, 1990).

Traditional Remedies

Data from our study reveal a wide range of traditional remedies that are used to treat or prevent illnesses in children. For example, caregivers reported using leaves and herbs to treat illnesses such as fever, diarrhoea, and malaria. In cases where the nearest clinic or hospital was far from the village, traditional healers and traditional remedies are often used first. This study did not focus specifically on traditional healing methods and was not designed to assess their prevalence, but it is possible that overreliance on traditional methods (as opposed to bring children to a clinic or hospital) could be placing children at medical risk. Additionally, some of the reported practices (such as *ku peleka ku Mphasa*, which involves rubbing semen on young babies and tossing them over a fire) may physically endanger children.

Physical Discipline and the Discourse of "Children's Rights"

While a number of respondents referenced non-physical approaches to discipline (verbal warnings, scolding, and threats), most indicated that serious offenses such as stealing or fighting should be met with physical punishment such as whipping, beating, or withholding food. Interestingly, many respondents perceived a difference between beating or spanking children and "corporal punishment," with the latter commonly viewed as more serious and less socially acceptable. The international literature clearly identifies negative outcomes associated with corporal punishment, including higher levels of aggression and delinquency (Durrant & Ensom, 2012; Gershoff, 2002).

Need for Further Research

While this study attempts to fill some of the knowledge gap on parenting practices in Zambia, further research is needed in this area. Any one of the developmental domains we explore in this study could warrant an entire study devoted to it alone. There is a need for data on parenting practices in Zambia that is generalisable, and future studies would benefit from an observation component to complement these rich data which are based on self-reporting through interviews and focus groups. Lastly, and as mentioned above, further research on the prevalence and effectiveness of certain traditional healing practices (and the extent to which these practices are employed before visiting a clinic or hospital) is needed to assess the potential medical risks.

Communication & Dissemination Plan

High-quality research with concrete policy recommendations is a necessary, but not sufficient, condition for policy impact. To achieve maximum policy impact, it is important to engage with key

stakeholders from the beginning of the evaluation. To achieve this goal, we will work closely with UNICEF while maintaining our independence.

The AIR team will actively support UNICEF in disseminating research findings from this study via blogs, social media activities, podcasts, policy briefs, presentations at academic and policy conferences, presentations in Zambia, and academic papers to disseminate the research findings to policy makers and researchers. Importantly, AIR will ensure that the dissemination of the research findings will be customized to the audience. For example, we do not expect MoGE officials to read full project reports or peer-reviewed papers. Thus, we will emphasize the use of policy and research briefs and presentations in the dissemination of our findings to policy makers. We will also support UNICEF in its activities to closely engage with relevant government ministries through our participation in the Zambia Early Childhood Development Action Network (ZECDAN).

References

- Abubakar, A. (2011). Proverbs as sources of philosophical ideas about African education. In A.B. Nsamenang and T.M.Tchombe (Eds), *African Educational Theories and Practices: a Generative Teacher Education Handbook* (pp 67-76). Bamenda, Cameroon: Human Development Resource Centre/Presses Universitaires d'Afrique.
- African Child Policy Forum (2011). *Violence against children with disabilities in Africa: Field studies from Cameroon, Ethiopia, Senegal, Uganda and Zambia*. Addis Ababa: The African Child Policy Forum.
- Akabayashi, H. & Psacharopoulos, G., (1999). "The trade-off between child labour and human capital formation: A Tanzanian case study," *Journal of Development Studies*, Taylor & Francis Journals, vol. 35(5), pages 120-140.
- Alloway, T. P., Williams, S., Jones, B., & Cochrane, F. (2014). Exploring the impact of television watching on vocabulary skills in toddlers. *Early Childhood Education Journal*, 42(5), 343-349. <http://dx.doi.org/10.1007/s10643-013-0618-1>
- Anderson DR, Huston AC, Schmitt KL, et al. (2001). Early childhood television viewing and adolescent behavior. *Monographs of the Society for Research in Child Development*. 68(1): 1-154.
- Baker-Henningham, H., & López Bóo, F. (2010). Early childhood stimulation interventions in developing countries: A comprehensive literature review. IZA Discussion Paper No. 5282. Retrieved from <https://ssrn.com/abstract=1700451>
- Barros, A. J., Matijasevich, A., Santos, I. S., & Halpern, R. (2010). Child development in a birth cohort: Effect of child stimulation is stronger in less educated mothers. *International Journal of Epidemiology*, 39(1), 285–294. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2817089/>
- Black, M.M., Aboud, F.E. (2011). Responsive feeding is embedded in a theoretical framework of responsive parenting. *Journal of Nutrition* 141(3):490-4.
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T, DiGirolamo, A.M., Lu, C., et al. (2016). Early childhood Development coming of age: science through the life course. *Lancet*, 389: 77–90.
- Black, R.E., Victora, C.G., Walker, S.P., et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*, 82:427–51.
- Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & García Coll, C. (2001). The home environments of children in the United States part I: Variations by age, ethnicity, and poverty status. *Child Development*, 72(6), 1844–1867.
- Bray, R., & Dawes, A. (2016). Parenting, family care and adolescence in East and Southern Africa: An evidence-focused literature review [Innocenti Discussion Papers No. 2016-02]. Florence: UNICEF Office of Research.
- Brown, K., Dewey, K., & Allen, L. (1998). Complementary feeding of young children in developing countries: a review of current scientific knowledge.
- Bryant, B.K. (1992). Sibling caretaking: Providing emotional support during middle childhood. In: Boer F, Dunn J, editors. *Children's sibling relationships: Developmental and clinical issues*. Hillsdale, NJ: Erlbaum; pp. 55–69.

- Casale, D., Desmond, C. (2016). Recovery from stunting and cognitive outcomes in young children: evidence from the South African Birth to Twenty Cohort Study. *Journal of Developmental Origins of Health and Disease* 7:163–71.
- Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. *Zambia Demographic and Health Survey 2013-14*. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.
- Chansa-Kabali, T., Serpell, R & Lyytinen, H. (2014). Contextual analysis of home environment factors influencing the acquisition of early reading skills in Zambian families, *Journal of Psychology in Africa*, 24:5, 410-419, DOI: 10.1080/14330237.2014.997008
- Children Sentinel Trust Zambia (CSTZ). (2016). *A situational Analysis on Early Childhood Care, Development and Education in Zambia*. Lusaka, Zambia.
- Christakis, D.A., Zimmerman, F.J., DiGiuseppe, D.L., McCarty, C.A. (2004). Early Television Exposure and Subsequent Attentional Problems in Children. *Pediatrics* 113 (4) 708-713; DOI: 10.1542/peds.113.4.708
- Christian, P., Murray-Kolb, L.E., Tielsch, J.M., Katz, J., LeClerq, S.C., Khatry, S.K. (2014). Associations between preterm birth, small-for-gestational age, and neonatal morbidity and cognitive function among school-age children in Nepal. *BMC Paediatrics* (4)58.
- Darmstadt, G.L., Shiffman, J., Lawn, J.E. (2015). Advancing the newborn and stillbirth global agenda: priorities for the next decade. *Archives of Disease in Childhood* 100:S13-S18.
- de la Fuente, A., Murr, A., & Rascón, E. (2015). *Mapping subnational poverty in Zambia*. Washington, DC: World Bank Group. Available at <http://documents.worldbank.org/curated/en/766931468137977527/Mapping-subnational-poverty-in-Zambia>
- Denham S. A., Bassett H. H., Zinsser K., and Wyatt T. M. (2014), How Preschoolers' Social–Emotional Learning Predicts Their Early School Success: Developing Theory-Promoting, Competency-Based Assessments, *Inf. Child. Dev.*, 23, pages 426–454. doi: 10.1002/icd.1840
- Dodson, L. and Dickert, J. (2004), Girls' Family Labor in Low-Income Households: A Decade of Qualitative Research. *Journal of Marriage and Family*, 66: 318-332. doi:10.1111/j.1741-3737.2004.00023.x
- Duncan, G. J., Dowsett, C. J., Claessens, A., Magnuson, K., Huston, A. C., Klebanov, P., Japel, C. (2008). "School readiness and later achievement": Correction to Duncan et al. (2007). *Developmental Psychology*, 44(1), 232. <http://dx.doi.org/10.1037/0012-1649.44.1.217>
- Durrant, J., & Ensom, R. (2012). Physical punishment of children: lessons from 20 years of research. *CMAJ : Canadian Medical Association Journal*, 184(12), 1373–1377. <http://doi.org/10.1503/cmaj.101314>
- East, P. L. (2010). Children's Provision of Family Caregiving: Benefit or Burden? *Child Development Perspectives*, 4(1), 10.1111/j.1750–8606.2009.00118.x. <http://doi.org/10.1111/j.1750-8606.2009.00118.x>
- Eder, D. (2007). Bringing Navajo Storytelling Practices into Schools: The Importance of Maintaining Cultural Integrity. *Anthropology & Education Quarterly*, 38(3), 278-296. Retrieved from <http://www.jstor.org/stable/25166626>
- Edmonds, E.V. (2007). "Child Labor," IZA Discussion Papers 2606, Institute for the Study of Labor (IZA).

- Evans, J.L. & Myers, R.G. (1994) *Childrearing Practices: Creating Programs Where Traditions and Modern Practices Meet*. The Consultative Group on ECCD. [Coordinators' Notebook No. 15]. Washington, D.C.: World Bank.
- Evans, R. (2012). Sibling caringscapes: Time–space practices of caring within youth-headed households in Tanzania and Uganda. *Geoforum*, 43(4), 824-835
- Eshel, N., Daelmans, B., de Mello, M. C., & Martines, J. (2006). Responsive parenting: interventions and outcomes. *Bulletin of the World Health Organization*, 84(12), 991–998.
- Gentile DA, Walsh DA. (2002). A normative study of family media habits. *Applied Developmental Psychology*, 23: 157-178.
- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological bulletin*, 128(4), 539.
- Gregory, E. & Williams, A. (2001) “Siblings bridging literacies in multilingual contexts,” *Journal of Research in Reading*, vol. 24, no. 3, pp. 248–265.
- Grigorenko, E.L., Geissler, P. W., Prince, R., Okatcha, F., Nokes, C., Kenny, D.A., et al. (2001). The organisation of Luo conceptions of intelligence: A study of implicit theories in a Kenyan village, *International Journal of Behavioral Development*, 25:4, 367-378, DOI: [10.1080/01650250042000348](https://doi.org/10.1080/01650250042000348)
- Harper Browne, C. (2014). *The strengthening families approach and protective factors framework: Branching out and reaching deeper*. Washington, DC: Center for the Study of Social Policy.
- Hein, S., Tan, M., Reich, J., Thuma, P. E. & Grigorenko, E. L. (2016). School effects on non-verbal intelligence and nutritional status in rural Zambia. *Learning and Individual Differences*, 46:25-37.
- Heady, Christopher. 2003. “What is the Effect of Child Labour on Learning Achievement? Evidence from Ghana.” *World Development* 31(2): 385–98
- Hong, Y.R, Park, J.S. (2012). Impact of attachment, temperament and parenting on human development. *Korean Journal of Pediatrics* 55(12): 449-54.
- Hofstede Insights. (n.d.) Zambia. Retrieved from <https://www.hofstede-insights.com/country/zambia/>
- Howard, E. C. (2015). *What matters most for children: Influencing inequality at the start of life*. Washington, DC: American Institutes for Research. Retrieved from <http://www.air.org/sites/de>
- Hull. G. and Schultz, K. (2001). Literacy and Learning Out of School: A Review of Theory and Research. *Review of Educational Research* Vol 71, Issue 4, pp. 575 – 611.
- Jere-Folotiya, J., Chansa-Kabali, T., Munachaka, J.C., Sampa, F., Yalukanda, C. Westerholm, J., et al. (2014). The effect of using a mobile literacy game to improve literacy levels of grade one students in Zambian schools. *Education Tech Research Dev* 62: 417-436.
- Kagitcibasi, C. (2007). *Family Self and Human Development Across Cultures: Theory and Applications* (2nd ed.). London. Lawrence Erlbaum Associates Inc.
- Kingsley, P. R. (1985). Rural Zambian values and attitudes concerning cognitive competence. In I. R. Lagunes & Y. H. Poortinga (Eds.), *From a different perspective: Studies of behavior across cultures* (pp. 281–303). Lisse: Swets & Zeitlinger.
- Lalakea, M.L., Messner, A.H. (2003). *Pediatr Clin North Am*. Apr 50(2) 381-97.
- Lamb ME, Sternberg KJ, Prodromidis M. Nonmaternal care and the security of infant-mother attachment: A reanalysis of the data. *Infant Behavior and Development*. 1992, 15(1):71-83.
- Lancy, D. F. (2007). Accounting for variability in mother–child play. *American Anthropologist*, 109, 273–284

- Lancy, D. F. (2016). *The anthropology of childhood: Cherubs, chattel, changelings*. Cambridge: Cambridge University Press.
- Ledford, J. R., & Wolery, M. (2011). Teaching imitation to young children with disabilities: A review of the literature. *Topics in Early Childhood Special Education, 30(4)*, 245-255. <http://dx.doi.org/10.1177/0271121410363831>
- LeVine, R. A. (2004). Challenging Expert Knowledge: Findings from an African Study of Infant Care and Development. In U. P. Gielen & J. Roopnarine (Eds.), *Advances in applied developmental psychology. Childhood and adolescence: Cross-cultural perspectives and applications* (pp. 149-165). Westport, CT: Praeger/Greenwood.
- LeVine, R. A., & LeVine, S. (1996). *Child care and culture: Lessons from Africa*. Cambridge University Press.
- Liedloff, J. (1986). *The continuum concept*. Cambridge, MA: Perseus.
- Lillard, A.S., Lerner, M.D., Hopkins, E.J., Dore, R.A., Smith, E.D., and Palmquist, C.M. (2013). The Impact of Pretend Play on Children's Development: A Review of the Evidence. *Psychological Bulletin 139(1)*: 1-34.
- Lloyd, L., & Judith, S. (2009). *Meeting the Challenges of Secondary Schooling*. London: Routledge.
- Lozoff B., Georgieff M. K. (2006). Iron deficiency and brain development. *Semin. Pediatr. Neurol.* 13, 158–165 [10.1016/j.spen.2006.08.004](https://doi.org/10.1016/j.spen.2006.08.004)
- Lubell, K., Lofton, T., & Singer, H. (2008). Promoting healthy parenting practices across cultural groups: A CDC research brief Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Lugo-Gil, J., & Tamis-LeMonda, C. S. (2008). Family resources and parenting quality: Links to children's cognitive development across the first 3 years. *Child Development, 79(4)*, 1065–1085.
- Ogunaike, O. A., & Houser, R. F. Jr (2002). Yoruba toddler's engagement in errands and cognitive performance on the Yoruba Mental Subscale. *International Journal of Behavioural Development, 26*, 145–153.
- Manji, S., Arnold, C., Gowani S., et al. (2015). *How are we doing and how do we get it right for children? Evolution of the roles of the public and private sector in early childhood care and education in efforts to achieve EFA goal 1*. Paris: United Nations Educational, Scientific and Cultural Organization.
- Maluma, S., Kalungia, C.A., Hamachila, A., Hangoma, J., Munkombwe, D. (2017). Prevalence of Traditional Herbal Medicine use and associated factors among pregnant women of Lusaka Province, Zambia. *Journal of Preventive and Rehabilitative Medicine, Vol. 1, No. 1*, pp. 5-11. doi: [10.21617/jprm.2017.0102.1](https://doi.org/10.21617/jprm.2017.0102.1)
- Mares, M. L., Pan, Z. (2013). Effects of Sesame Street: a meta-analysis of children's learning in 15 countries. *Journal of Applied Developmental Psychology 34:140–51*.
- Marfo, K., & Biersteker, L. (2011). Exploring Culture, Play, and Early Childhood Education Practice in African Contexts. *Educational and Psychological Studies Faculty Publications. 96*. http://scholarcommons.usf.edu/esf_facpub/96
- Marfo, K., Pence A., LeVine, R. A., & LeVine, S. (2011). Strengthening Africa's Contributions to child development research: Introduction. *Child Development Perspectives, 5(2)*, 104-111.
- Masitsa, G. (2008). Discipline and Disciplinary Measures in the Free State Township Schools: Unresolved Problems. *Acta academica, 40(3)*: 234-270.

- Matafwali, B., & Serpell, R. (2014). Design and Validation of Assessment tests for young children in Zambia. In R. Serpell & K. Marfo (Eds.), *Child development in Africa: Views from inside. New Directions for Child and Adolescent Development, 146*, 77–96.
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53*(2), 185–204. <http://dx.doi.org/10.1037/0003-066X.53.2.185>
- Messner, A.H., & Lalakea, M.L. (2000). Ankyglossia: controversies in management. *Int J Pediatr Otorhinolaryngol 54* (2-3): 123-31.
- Merz, E.C., Zucker, T.A., Landry, S.H., Williams, J.M., Assel, M., Taylor, H.B. (...) (2015). Parenting predictors of cognitive skills and emotion knowledge in socioeconomically disadvantaged pre-schoolers. *J Exp Child Psychol 132*:14-31.
- Ministry of General Education [MoGE], Republic of Zambia. 2016. *Early Learning and Development Standards for Zambia*. Lusaka, Zambia.
- Molfese, V. J., Molfese, D.L., & Modgline, A. A. (2001). New born and pre-school predictors of second grade reading scores: An evaluation of categorical and continuous scores. *Journal of learning disabilities, 34*, 545-555.
- Mooya, H. (2016). Growing up Among Caring Others: Sib-Care in Zambia and the Netherlands. *J J Psych Behav Sci. 2016, 2*(1): 010
- Mtonga, M. (2012). *Children's games and play in Zambia*. Lusaka, Zambia : University of Zambia Press (UNZA Press).
- National Academies of Sciences, Engineering, and Medicine [NAS]. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. doi: 10.17226/21868.
- National Early Literacy Panel [NELP]. (2008). *Developing Early Literacy: A Scientific Synthesis of Early Literacy Development and Implications for Intervention*. Jessup, MA: National Institute for Literacy.
- National Scientific Council on the Developing Child [NSCDC]. (2004). *Young children develop in an environment of relationship* (Working Paper No. 1). Cambridge, MA: Author. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>
- National Scientific Council on the Developing Child [NSCDC]. (2007). *The timing and quality of early experiences combine to shape brain architecture* (Working Paper No. 5]. Cambridge, MA: Harvard. Retrieved from http://developingchild.harvard.edu/wp-content/uploads/2007/05/Timing_Quality_Early_Experiences-1.pdf
- Ndhlovu, D., Mtonga, T., Serenje-Chipindi, J., & Muzata K. (2016). Early childhood education in Zambia: inclusion of children with disabilities. *International Journal of Multidisciplinary Research and Development, 3*(8), 126-132.
- Nsamenang A. B. (1992). *Human development in cultural context: A third world perspective* (Vol. 16). Sage Publications.
- Nsamenang, A. B. (2003). An African onto-geny of social selfhood: Social cognition or responsible intelligence? Paper presented at the 2002/2003 Fellows Seminar Series, Center for Advanced Study in the Behavioral Sciences, Stanford University.
- Nsamenang, A. B. (2005). The intersection of traditional African education with school learning. In L.Swartz, C. de la Rey & N. Duncan (Eds.), *Psychology*. Oxford: Oxford University Press.
- Nsamenang, A. B. (2006). Cultures in early childhood care and education. Background paper for EFA global monitoring report 2007. Strong foundations: Early childhood care and education.

- Paris: UNESCO. Retrieved from <http://unesdoc.unesco.org/images/0014/001474/147442e.pdf>
- Nsamenang, A. B., & Lamb, M. E. (1994). Socialization of Nso children in the Bamenda grass fields of northwest Cameroon. In P. M. Greenfield & R. R. Cocking (Eds.), *Cross-cultural roots of minority child development* (pp. 133–146). Hillsdale, NJ: Lawrence Erlbaum Associates Inc.
- Nsamenang, A. B., & Tchombe, T.M.S (2011). *Handbook of African Educational theories and Practices: A Generative Teacher Education Curriculum*. Jacobs foundation, USA.
- Nunes, T. (2005). What we learn in school: The socialisation of cognition. *International Society for the Study of Behavioural Development Bulletin*, 1, 47.
- Peregoy, S.F., & Boyle, O.F. (2009). *Reading, Writing and Learning in ESL: A Resource Book for Teaching K-12 English Learners, 5th Edition*. Boston: Pearson.
- Rahman, A., Malik, A., Sikander, S., Roberts, C., Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet*, 372: 902–909.
- Ramaekers, S., & Suissa, J. (2011). *The Claims of Parenting: Reasons, responsibility and society* (Vol. 4): Springer Science & Business Media.
- Reich, J., Hein, S., Krivulskaya, S., Hart, L., Gumkowski, N., Learning Disabilities Project: Zambia, & Grigorenko, E. L. (2013). Associations between household responsibilities and academic competencies in the context of education accessibility in Zambia. *Learning and Individual Differences*, 27, 10.1016/j.lindif.2013.02.005. <http://doi.org/10.1016/j.lindif.2013.02.005>
- Robinson TN, Wilde ML, Navracruz LC, et al. (2001). Effects of reducing children’s television and video game use on aggressive behavior: a randomized controlled trial. *Archives of Pediatrics and Adolescent Medicine*. 155: 17-23.
- Robson E, & Ansell, N. (2000). Young carers in Southern Africa: Exploring stories from Zimbabwean secondary school students. In *Children’s Geographies: Playing, Living, Learning*, Holloway SL, Valentine G (eds). Routledge: London; 174–193.
- Rockers, P.C., Fink, G., Zanolini, A., Banda, B. Biemba, G., Sullivan, C., Mutembo, S., Silavwe, V., Hamer, D.H. (2016). Impact of a community-based package of interventions on child development in Zambia: a cluster-randomised controlled trial. *BMJ Global Health* Nov 2016, 1 (3) e000104; DOI: 10.1136/bmjgh-2016-000104
- Rogoff, B. (2003). *The cultural nature of human development*. Oxford [UK]: Oxford University Press.
- Serpell, R. (1997). Literacy connections between school and home: *How should we evaluate them?* *Journal of Literacy Research*, 29, 587–616.
- Serpell, R. (2010). *The significance of schooling: Life- journeys in an African society*. Cambridge, UK: Cambridge University Press.
- Serpell, R. (2017). How the study of cognitive growth can benefit from a cultural lens. *Perspectives on Psychological Science*, 12(5), 889-899.
- Serpell, R & Jere Folotiya, J. (2011). Basic Education for Children with Special Needs in Zambia: Progress and Challenges in the Translation of Policy into Practice. *Psychology and Developing Societies*, 23(2), 211-245.
- Serpell, Robert & Nsamenang, A.B. (2014). *Locally Relevant and Quality ECCE Programmes: Implications of research on indigenous African child development and socialization*. [Early Childhood Care and Education Working Paper Series, no. 3] Paris: UNESCO.

- Sichimba, F. (2015) Grandparenting in Zambia: Prevalence, beliefs about sensitive care and quality of grandparental childcare (Doctoral dissertation). Retrieved from <http://lollenautafoundation.eu/uploads/francis-21052015updatedthesisfinal-2015-05-19.pdf>
- Sichimba, F., Mooya, H., & Mesman, J. (2017). *Predicting Zambian Grandmothers' Sensitivity Toward Their Grandchildren*. *The International Journal of Aging and Human Development*, 85(2), 185-203.
- Sigman, M., Mcdonald, M. A., Neumann, C., & Bwibo, N. (1991). Prediction of Cognitive Competence in Kenyan Children from Toddler Nutrition, Family Characteristics and Abilities. *Journal of Child Psychology and Psychiatry*, 32(2), 307-320. doi:10.1111/j.1469-7610.1991.tb00309.x
- Shonkoff, J. P. & Phillips, D.A., (Eds). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.
- Sokal, L., & Piotrowski, C. (2011). My Brother's Teacher? Siblings and Literacy Development in the Home. *Education Research International*, vol 2011.
- Sonnenschein, S., Baker, L., & Serpell, R. (2010). The early childhood project: A 5-year longitudinal investigation of children's literacy development in sociocultural context. In D. Aram & O. Korat (Eds.), *Literacy: Development and enhancement across orthographies and cultures* (pp. 85–96). New York, NY: Springer
- Sonesson, U. (2005). Ending corporal punishment of children in Zambia. *Arcadia, SA: Save the Children*.
- Songul, K. (2009). Teachers' Perceptions on Corporal Punishment as a Method of Discipline in Elementary Schools. *The Journal of International Social Research*, 2(8): 242-251.
- Small, M. F., (1999). *Our babies. Ourselves*. New York: Anchor Books.
- Smith, T. (1990). Academic Achievement and Teaching Younger Siblings. *Social Psychology Quarterly*, 53(4), 352-363. Retrieved from <http://www.jstor.org/stable/2786740>
- Smeyers, P. (2010). State Intervention and the Technologization and Regulation of Parenting. *Educational Theory*, 60(3), 265-270.
- Snow, C. E., & Van Hemel, S. B. (2008). *Early childhood assessment: Why, what, and how?* Washington, DC: National Academies Press, Committee on Developmental Outcomes and Assessments for Young Children. National Research Council of the National Academies.
- Stein, A.D., Wang, M., DiGirolamo, A., et al. (2008). Nutritional supplementation in early childhood, schooling, and intellectual functioning in adulthood: a prospective study in Guatemala. *Archives of Paediatrics and Adolescent Medicine*, 162: 612–18.
- Sternberg, R. J., Conway, B. E., Ketron, J. L., & Bernstein, M. (1981). People's conceptions of intelligence. *Journal of Personality and Social Psychology*, 41(1), 37-55.
- Stormshak, E.A., Bierman, K.L., McMahon, R.J., and Lengua, L.J. (2000). Parenting practices and child disruptive behavior problems in early elementary school. *Journal of Clinical Child Psychology*, 29(1), 17-29.
- Super, C.M., Harkness, S., Barry, O. & Zeitlin, M. (2001). Think Locally, Act Globally: Contributions of African Research to Child Development. *Child Development Perspectives*, 5(2) 2011: 119-125.
- Udoh, E. E., & Amodu, O. K. (2016). Complementary feeding practices among mothers and nutritional status of infants in Akpabuyo area, cross river state Nigeria. *SpringerPlus*, 5(1), 2073.

- UNESCO. (2010). Zambia: Education and Literacy. Retrieved from <http://uis.unesco.org/en/country/zm?theme=education-and-literacy>
- UNICEF. (2010). *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*, UNICEF: New York.
- UNICEF Zambia. (2016). Zambia: annual report 2015. Retrieved from https://www.unicef.org/zambia/annual_report_Zambia_web.pdf
- Vansieleghem, N. (2010). The Residual Parent to Come: On the need for parental expertise and advice. *Educ Theory*, 60(3), 341-355. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20662171>
- Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., and Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series*, 387 (10017):475-490.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, Mass.: Harvard University Press.
- Wagner, D.A. & Spratt, J.E. (1988). Intergenerational Literacy: Effects of Parental Literacy and Attitudes on Children's Reading Achievement in Morocco. *Human Development* 31: 359-369.
- Wambebe C, Khamofu H, Momoh J.A, Ekpeyong M, Audu B.S. (2001). Double-blind, placebo-controlled, randomised cross-over clinical trial of NIPRISAN in patients with Sickle Cell Disorder. *Phytomedicine*. 8(4): 252 – 261. DOI: 10.1078/0944-7113-00040
- Weisner, T.S. (2002). Ecocultural understanding of children's developmental pathways. *Human Development*, 45(4), 275-281.
- Wojcicki, J. M., Kankasa, C., Mitchell, C., & Wood, C. (2007). Traditional practices and exposure to bodily fluids in Lusaka, Zambia. *Tropical Medicine and International Health*, 12(1), 150-155.
- World Health Organization [WHO]. (2011). *Exclusive Breastfeeding for Six Months Best for Babies Everywhere*. Available: http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en
- World Health Organization [WHO]. (2018). *Complementary Feeding*. Retrieved from http://www.who.int/nutrition/topics/complementary_feeding/en/
- Yanagisawa, S., Poudel, K.C., Jimba, M. 2010. Sibling caregiving among children orphaned by AIDS: synthesis of recent studies for policy implications. *Health policy*, 98(2): 121-130.
- Zambia National Education Coalition [ZANEC]. (2015). *A situational analysis of early childhood care, development, and education in Zambia*. Child Sentinel Trust Zambia: Lusaka, Zambia.
- Zaslow, M. J., Weinfield, N. S., Gallagher, M., Hair, E. C., Ogawa, J. R., Egeland, B., De Temple, J. M. (2006). Longitudinal prediction of child outcomes from differing measures of parenting in a low-income sample. *Developmental Psychology*, 42(1), 27-37. <http://dx.doi.org/10.1037/0012-1649.42.1.2>
- Zimmermann M. B. (2011). The role of iodine in human growth and development. *Semin. Cell Dev. Biol.* 22, 645-652 10.1016/j.semcdb.2011.07.009

Annex A: Data Collection Instruments

Protocol for Key Informant Interview

Enumerator: Please read the consent form and obtain consent from all participants before proceeding.

Introduction

We are conducting this study to understand how children (0-8 years old) are raised in this part of Zambia, including: what services are available for parents and children, what the community norms around parenting practices are, what challenges are faced by parents and other caregivers in childrearing, and what services are most needed by families.

1. What is your professional role?
2. In what capacity do you work with children 0-8 and their parents and caregivers?
3. Please describe how you typically interact with children and their parents (i.e.: in what context, how many children, etc.)
4. In your view, what are the main challenges parents and caregivers (in this area/community) face in caring for their children?
 - a. Conversely, what are the strengths of parents and caregivers in this area? What do they do well?

Parenting Support Services & Delivery

5. What kinds of parenting support services are available to parents and caregivers in this area? (*Probe: nutrition, health, education*)
 - a. If yes, can you describe the services you mentioned? We are interested in knowing more details about the scope and delivery of parenting support services.
 - b. What is the purpose of the program(s)? What service does it provide and to whom?
 - c. What institutions or organizations take part in program delivery and funding?
6. In your view, what parenting support services are most needed in this area?

Physical Development & Well-Being

Care and safe environments

7. Who do you think are the primary caregivers for children in this area? What are the primary responsibilities that each caregiver has?
8. Do you think children in this area are often left in the care of individuals other than the child's parents? Who? (*Possible caregivers could include siblings/grandparents and other non-family members*)
9. Based on your observations/experience, how do you think parents discipline their children in this area? (*Probe for healthcare providers*)
 - a. Where do caregivers learn how to discipline their children?

- b. Is corporal punishment considered acceptable by parents/caregivers in this area?
 - i. If so, in what cases? At what age is a child considered to deserve corporal punishment? What kinds of punishment are used?
 - ii. If not, what other forms of discipline are practiced by caregivers?
10. Do you know of any services or sources of support/information that advocate for non-corporal approaches to child discipline in this area?
11. In your knowledge and professional experience, are children in this area at risk of injury or harm because of corporal punishment?
 - a. What kind of injuries are common among children in this area?
 - b. Who in the community should talk to a family if you see a child with injuries that could have come from an abusive household?
 - c. In your knowledge and professional experience, are children in this area likely to have any positive outcomes because of corporal punishment?

Note: If respondent reports any sort of child abuse (physical, emotional, sexual) in their community, follow up encouraging the respondent to seek assistance from a health care provider or the district social services office. Further, offer contact information for the following services:

Serenity Harm Reduction Programme Zambia (SHARPZ) The Secretariat Plot #220 C Mutandwa Road Roma, Lusaka, Zambia PO Box 33705 Phone: +26 0976 246 927 E-mail: serenityh@ymail.com Hours of Business Monday - Friday: 08:00hrs - 17:00hrs

Zambian Police & Department of Social Welfare Child Protection Unit Phone: 0979300715/097742680

CHAMP on 990 (24 hour helpline), the child help line on 116 or the Child Protection Unit on 0979300715.

Health

12. Where do you think parents and caregivers in this area get health information and health services for their children? *(Probe to get all responses)*
 - a. Is there a difference in health information sources and health services for young children (0-3) and older children (4-8)?
13. How familiar do you think parents are with vaccination schedules?
 - a. Are they able to get their children vaccinated according to the schedule? If not, why?
14. How familiar do you think parents are with complementary feeding practices? *(Probe: For instance, do they know what foods or how many feedings to give a child at 6 months onwards, in addition to breastmilk?)*
 - a. Do you think parents or caregivers are missing any important health services?
 - i. If yes, what service are these?
15. In your knowledge or experience, do parents and caregivers in this area do anything else to support their child's physical development & well-being, aside from what we

discussed so far? *(Making sure they are healthy and growing, making sure that they are safe, making sure that they learn to sit, crawl, grasp, walk/run, talk)*

a. Where do you think they learn to do this? Why do you think they do it?

Social/Emotional Development

16. Where do you think parents and other caregivers in this area get information on how to deal with their child's emotions, feelings or behaviors? How and where do they learn how to comfort their child? *(For instance, if someone has a child who cries a lot, or is easily upset, who do they turn to?)*

a. Are boys and girls comforted differently by caregivers? If yes, how?

17. What do parents and other caregivers in this area think is "ideal" child behavior? What models, norms and expectations exist around the behavior of children in this area? *(Probe: ages 0-3, ages 4-8)*

a. In your view and professional experience, what are the main challenges that parents and caregivers face in terms of dealing with their children's behavior?

b. How do you advise parents to promote good behavior in their children?

18. Where do you think parents and caregivers in this area get information on how to guide their children's social development? *(Explain social development if needed as learning to play with other kids, to cooperate, to share/take turns, etc.)*

a. Is this information obtained externally (from teachers, counselors, social workers, etc.) or do parents mostly figure it out themselves or get advice from family members/neighbors?

19. Do young children typically play with other children their age? How often? Do you think parents see this as important? Why or why not?

20. What usually happens when children in your community are upset? *(Probe: does anyone comfort him/her? Who comforts and how?)*

21. Do young children here talk about feelings regularly *(probe: being sad, being happy, being scared, etc.)*? Please describe.

22. In your knowledge or experience, do parents and caregivers in this area do anything else to support their child's social and emotional development? *(Making sure they learn how to get along with others, cooperate and share, ensuring that they learn how to calm down after being angry or frustrated.)*

a. Where do you think they learn to do this? Why do you think they do it?

Approaches to Learning

23. In your experience, do parents and caregivers in this area value children's curiosity and creativity? Why or why not?

a. If so, do parents and caregivers try to encourage these qualities in their children? How?

b. Alternatively, are you aware of any local practices that stimulate children's curiosity and creativity? *(Probe: storytelling, play, games that support remembering, comparing, contrasting, counting, classifying/categorizing or puzzles).*

24. In your view, do children learn better by following directions or imitating others?

Language & Literacy

25. At what age is it appropriate for parents and caregivers to speak to their children? Do you think speaking to children is important? Why or why not?
- Do you know of any children who did not speak at an age when they were expected to do so? Were there any resources or services available to help this child?
26. Do parents and other caregivers in this area generally know how to read?
- Do people here tend to read to children? If so, how often and what do they read?
 - What other forms of language are children exposed to, such as storytelling, music and games? (*Probe: at home, in the community, in schools*)
 - Do you think it's important to read; tell stories; and/or sing to children? Why or why not?
27. What happens when children are not able to learn properly in school? Are there any supports to help children who are falling behind in school or having trouble learning?
28. Aside from what we discussed so far, do parents and caregivers in this area do anything else do to help their child learn how to talk, read and write?
- Where do you think they learn to do this? Why do you think they do it?

Cognitive Competence

29. How is the concept of intelligence viewed by parents and caregivers in this area? Is intelligence generally seen as something that you are born with, or something that you develop through life?
30. In your view, what do parents and other caregivers in this area do to help their children become more intelligent or clever? (*Probe: could be related to schooling or other life skills, such as running errands, doing chores, making objects and things, etc.*)

Spiritual & Moral Development

31. According to you, what are the most important moral and spiritual values that children should learn? (*Probe: respect, love, etc.*)
32. In your opinion, how do children in this area learn what is right and wrong? In other words, how do they develop moral values?
- From whom do they learn these things? (*Probe: parents, caregivers, elders, traditional leaders, religious leaders, teachers*)
33. Are spirituality and religion important values for families in this area? Why or why not?
- In your experience, how do parents and caregivers instill religious values in their children? At what age do they start?
 - Do most people attend church in this area? Which denominations, and how often do they usually attend?
34. In your view, what is the role of religious institutions in childrearing in this area?

- a. Are religious institutions influential in how parents and caregivers raise children? How?
- b. Do religious institutions offer any parenting support services? Which?

Conclusion

Is there anything else you'd like to tell me about typical parenting practices in this area or your role as a [leader/service provider]?

Thank respondent for his/her time.

Protocol for Focus Group Discussion with Caregivers (Mothers, Fathers, and other Caregivers)

Enumerator: Please read the consent form and obtain consent from all participants before proceeding. Confirm that all participants have children/care for children between 0 and 8. Throughout the interview, make note of the **gender** and **age** of the children being referred to.

Introduction

We are conducting this study to understand how parents raise their children in this part of Zambia.

- 1) How old are your children/the children you care for? Are they boys or girls?
- 2) Who is primarily responsible for raising children in your family? (*Probe: mothers, fathers, siblings, grandmothers, neighbors, other caregivers*).
 - a. Who helps this person with raising children? (*Probe: mothers, fathers, siblings, grandmothers, neighbors, other caregivers*).
- 3) Who do you seek advice from in taking care of your children/grandchildren?
 - a. What kind of advice are you given? Is this advice sufficient or do you wish you had more/other sources of guidance?

General Care and Child Rearing Practices

- 4) Which activities do you usually perform in the daily care of your child/ren? (*Probe: feeding, bathing, putting to sleep, washing clothes*)
 - a. Do you feed your child? If so, how often? If not, who feeds them?
 - b. Do you bathe your child? If so, how often? If not, who bathes them?
 - i. Where/how do you bathe them? (newborn – 1 year old)? How about a toddler (1-3 years old)? How about a child aged 4-8 years?
 - ii. How often is it appropriate to bathe a baby (newborn – 1 year old)? How about a toddler (1-3 years old)? How about a child aged 4-8 years?
 - c. Do you put your child to sleep? If so, how often? If not, who puts them to sleep?
 - i. How do you put them to sleep?
 - d. Do you sleep with your child in the same bed? Why or why not?
 - i. If so, how often? *Confirm age of children when reporting answers.*

ii. Who sleeps with them if not you?

Physical Development & Well-Being

- 5) Who cares for your children during the day or when they are not in school?
 - a) Can you give me examples of when you would typically leave your child/children in another's care? (*For instance, what do you do with your child when you go to the markets/fields/work?*)
 - b) Do you leave your child with older children? (*Probe for age of older child*)
 - c) What sorts of activities are other caregivers responsible for in caring for the child? (*Probe, feeding, bathing, putting to sleep, playing, taking to school*)
- 6) What do you do when you see your child falling ill?
 - a) When do you take your child to seek help? (*Probe: Do you go to a traditional healer, use traditional medicine, or take them for prayers?*) (*As in duration/intensity of illness*)
- 7) Where does your child receive general health services?
 - a) How often would you take your child/children to under 5 clinics? What services do they receive at under-5 (or at regular clinic visits if they are 5-8)? *Probe for growth monitoring, etc.*
 - b) Has your child received any vaccinations? If yes, which ones? If no, why not? (*Possibly include a list of vaccines by age to serve as reference for enumerators.*)
[Enumerators: skip to Q9 if speaking with fathers or other caregivers]
- 8) Do/did you breastfeed your child/children?
 - a) When did you start breastfeeding your child? (*Probe for age of child when they were first breastfed*). How often do/did they breastfeed? When did you stop? (*Probe for age of child when they stopped breastfeeding*)
 - b) What other foods or fluids can be given to the child from 0-6 months? (*Probe: does this include water?*)
 - c) How about from 6 months onwards, what foods and fluids can be given to the child?
 - i. Did you start to introduce additional foods while you were breastfeeding such as porridge, nshima or other foods? How old was your child when you started this?
- 9) What do your children do when they are not in school? If your children are not yet attending school, what do they do during the day?
 - a) What are your children's household responsibilities? *Probe for boys versus girls, age of child(ren).*
 - i) How about when you are not at home? What are your sons' and daughters' responsibilities?
 - b) Do your children (boys and girls) currently participate in work outside of the home to earn money? Please describe.
- 10) Do you recall a recent time when you disciplined your child? Please describe how and why you disciplined them. *Probe for age of child.*
 - a) How do other members of your household/family discipline your children?
- 11) How should parents discipline children when they are young (0-3)? And when they are a bit older (4-8)?
 - a) Does this change from boys to girls?

- 12) Have you heard of any sexual mistreatment of children in your community?
 - a) Do you worry about this in your community?
 - b) What steps do you take to ensure that your children are safe?
- 13) Aside from what we discussed so far, do you currently do anything else do to support your child's physical development & well-being? (*Making sure they are healthy and growing, making sure that they are safe, making sure that they learn to sit, crawl, grasp, walk/run, talk*)
 - a) Where did you learn to do this? Why do you do it?

Note: If respondent reports any sort of child abuse (physical, emotional, sexual) in their community, follow up encouraging the respondent to seek assistance from a health care provider or the district social services office. Further, offer contact information for the following services:

Serenity Harm Reduction Programme Zambia (SHARPZ) The Secretariat Plot #220 C Mutandwa Road Roma, Lusaka, Zambia PO Box 33705 Phone: +26 0976 246 927 E-mail: serenityh@ymail.com Hours of Business Monday - Friday: 08:00hrs - 17:00hrs

Zambian Police & Department of Social Welfare Child Protection Unit Phone: 0979300715/097742680

CHAMP on 990 (24 hour helpline), the child help line on 116 or the Child Protection Unit on 0979300715.

Social/Emotional Development

- 14) Does your child communicate their feelings to you, for instance, when they are happy, scared, upset, etc.? How to they communicate these feelings?
 - a) Does this change if they are a boy or a girl?
 - b) Do you think it is helpful or important to talk about feelings with your child?
- 15) For those of you who have young children (0-3 years), how do you react when they cry? (*Prompt: do you feed them, hold them, bounce them, comfort them, sing to them, tell them it's OK?*)
 - a) What do you do to comfort them?
 - b) Is there a difference in how you comfort boys and girls?
 - c) Do you think it's OK for a baby to cry sometimes? Why or why not?
- 16) For those who have older children (4-8 years), how do you react when they are upset? (*Prompt: do you ask what is wrong, tell them it's going to be OK, hug them, hold them, tell them to behave themselves*)
 - a) What do you do to comfort them?
 - b) Is there a difference in how you comfort boys and girls?
- 17) How do you show your child that they are loved? (*Prompt: telling them that they're loved, telling them they are a good boy/girl, hugging them, holding them, playing with them, providing for them, disciplining them, sending them, buying them presents*)

- a) Is it important for you to show your child that they are loved? *If yes: Why? If no: Why not?*
- 18) What does “good behavior” in children mean for you?
 - a) Who is the best behaved child you know in your community? How would you describe that child? (*Prompt: What characteristics does he or she have?*)
 - b) What should parents do to make sure that their children are well behaved?
- 19) Do you think it is important for your child to play with other children? Why or why not? How often does your child play with other children? (*Probe for how many different kids he/she regularly plays with, age of children he/she plays with*)
- 20) Do you talk about sharing with your child or try to model sharing for him/her? Is this important? Please describe.
- 21) Aside from what we discussed so far, do you currently do anything else do to support your child’s social and emotional development? (*Making sure they learn how to get along with others, cooperate and share, ensuring that they learn how to calm down after being angry or frustrated.*)
 - a) Where did you learn to do this? Why do you do it?

Approaches to Learning

- 22) Do you think it is important for your child to be curious and/or creative? Why or why not?
 - a) Do you try to encourage/develop your child’s curiosity/creativity in any way? How?
 - b) Where did you learn this? Why do you do it?
- 23) When you try to teach your child how to do something (*e.g. cooking, play a game, wear clothes*), how do you usually go about it? (*Prompt: do you do it yourself or do you instruct your child verbally as they do it?*)
 - a) Do you ever see your child imitating your behaviors (*cooking, cleaning, other common activities*)? What do you think about this?

Language & Literacy

- 24) Do you think it’s important to speak to your children? Why or why not? At what age do you think it is appropriate to start speaking to your child?
 - a) For those who have young children (0-3 years), how often do you speak to your child?
 - b) For those who have older children (4-8 years), how often do you speak to your child?
- 25) Do you or any other caregivers tell stories or sing to your children?
 - a) When was the last time you remember singing or telling a story to your children?
 - b) Can you tell us what the story or song was?
- 26) Are any of your children reading yet?
 - a) At what age do you think children should start being able to read?
 - b) Do you think reading is important? If so, why?
- 27) Do you ever read to your child?
 - a. What books or any reading materials (magazines, picture books) do you have in your house to read to them?

- 28) Do you do anything to help your child do well in pre-school or primary school (*Probe: Helping with homework, talking to the teacher*)?
- 29) Aside from what we discussed so far, do you currently do anything else do to help your child learn how to talk, read and write?
- a) Where did you learn to do this? Why do you do it?

Cognitive Competence

- 30) How can you tell if a child is clever or intelligent? What characteristics or skills does a clever or intelligent child have?
- 31) Do you teach your children how to count? How?
- a) Is learning to count important? Why?
- 32) Apart from telling stories and reading, do you do any other activities with your child, such as games that support remembering, comparing, contrasting, counting, classifying/categorizing?
- a) How does your child play and what objects do they play with? (*Probe: toys, rocks, sticks, old tires, dolls, soccer ball*) Who provides these objects?
- 33) Do you describe/ show objects from the environment to your children? (For instance, that is a tree, the sky, the stars, etc.)? If so, how?
- 34) In your opinion, do games and playing teach children valuable skills as they grow? What are these games and skills?
- 35) Aside from what we discussed so far, do you currently do anything else do to help your child to become clever or intelligent?
- a) Where did you learn to do this? Why do you do it?

Spiritual & Moral Development

- 36) In your opinion, how do children learn what is right and wrong? (How do they develop moral values?) From whom? (*Probe: parents, caregivers, elders, traditional leaders, religious leaders*)
- a) How do you teach your children the difference between right and wrong?
- 37) In your view, what are the most important values that children should learn and why? (*Probe: respect, love, etc.*)
- a) How do you instill these values in your children?
- 38) Who do you pray to or worship?
- a) How do your children learn about these practices? Do they participate with you or observe?
- b) Is the way you raise your children guided by your beliefs? If so, how?

Conclusion

Is there anything else you'd like to tell me about taking care of your children and helping them grow? (*Probe: what other things do you do as you take care of your child?*)

Protocol for Focus Group Discussion with Siblings

Enumerator: Please read the consent form and obtain consent from all parents before proceeding. Also read the assent form and obtain assent from the children participants. Confirm that all participants are 9 years or older and have siblings between 0 and 8. Throughout the discussion, record the **age** and **gender** of the younger sibling being referred to.

Introduction

We are conducting this study to learn about how children are raised in this part of Zambia.

- 5) Who is primarily responsible for raising children in your family? (*Probe: mothers, fathers, you [siblings], grandmothers, neighbors, other caregivers*).
 - a. Who helps this person with raising children? (*Probe: mothers, fathers, you [siblings], grandmothers, neighbors, other caregivers*).
- 6) In your view, what is the role of older children such as yourself in raising younger siblings?

Physical Development & Well-Being

- 39) Do you ever watch your younger brothers and sisters when your **parents are not around**? *If yes*, in what situations do you watch over your younger brother or sister? How long do you normally watch them for? *If no*, who watches them instead?
 - a) What do you do with your brothers and sisters while you watch them? [*Pause*]
 - i) Do you ever cook for your sibling? How often?
 - ii) Do you ever feed your sibling? How often?
 - iii) Do you ever bathe your sibling? How often?
 - iv) Do you ever dress your sibling? How often?
 - v) Do you ever put your sibling to sleep? How do you do this? How often?
 - vi) Do you ever discipline for your sibling?
 - (1) If so, how? How often?
 - (2) Who else disciplines them when your parents are around? How?
 - vii) Do you ever comfort your sibling? How often?
 - viii) Do you ever toilet train your sibling? How often?
 - b) Who can you turn to if you need help with your younger brother or sister and your parents aren't around?
 - c) Do you ever watch your younger brothers and sisters when your parents **are** around? How are these practices different when your parents **are** around? Do you still cook/feed/bathe/dress your siblings when your parents **are** around?
- 40) Do you remember a time when you have hit your brother/sister?
 - i) What did your brother/sister do that led you to hit him/her?
- 41) Aside from what we discussed so far, do you currently do anything else do to make sure your siblings are healthy and growing, that they are safe, that they learn to sit, crawl, grasp, walk/run, talk?
 - a) Where did you learn to do this? Why do you do it?

Note: If respondent reports any sort of child abuse (physical, emotional, sexual) in their community, follow up encouraging the respondent to seek assistance from a health care provider or the district social services office. Further, offer contact information for the following services:

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CHAMP on 990 (24 hour helpline), the child help line on 116 or the Child Protection Unit on 0979300715.

Social/Emotional Development

- 6) If you think about your younger brothers and sisters [0-8 years old] and what they do during a typical day, who do they usually interact with? (*Probe: other family members, neighbors, classmates if enrolled in school*)
- 7) Do you play with your siblings? If yes, describe how you usually play with your younger siblings.
 - a) Where do you normally play? *Probe for: Home, grounds, near the river, in the fields etc.*
 - b) What games do you play and with what objects? Who provides these objects?
 - c) Who plays with you?
 - d) Do you teach your younger siblings to play? If so, how? If not, why?
 - e) Can you describe one game that you played with your younger brother or sister recently?
- 8) Do your younger brothers and sisters play with other kids their age? If yes, how often? If not, why? (*Probe for: how many different kids he/she regularly plays with*)
- 9) Do your younger brothers and sisters participate in routine activities such as chores (*e.g.: household- sweeping, washing dishes, clothes, etc.; field/ gardening work, herding livestock*) or going to church? If yes, how often? If no, why?
- 10) Do you talk about feelings (*probe: being sad, being happy, being scared, etc.*) with your younger siblings? If yes, can you give me an example? If no, do your parents/other caregivers talk to your younger siblings about their feelings? If yes, how often?
- 11) How do you tell if your younger brother or sister is upset?
 - a) What do you do when they are crying or upset? (*Comfort*)
- 12) Do you talk to your younger brothers/sisters about sharing?
 - a) Do your parents or other caregivers talk to them about sharing?
 - b) Do you think it's important for them to learn to share? Why or why not?
- 13) Aside from what we discussed so far, do you currently do anything else do to make sure your siblings learn to get along with others, how to cooperate and share, how to calm down after being angry or frustrated?
 - a) Where did you learn to do this? Why do you do it?

Approaches to Learning

14. Have you ever taught your sibling how to do something (*e.g.*: wash a plate, play a game)? If yes, how did you do it? (*Probe whether they teach how to do something by doing it themselves, or if they show in other ways, such as explaining verbally*).
15. Do you ever notice your younger brothers and sisters try to imitate your behaviors or your parents' behaviors? For example, cooking, cleaning, other common activities? What do you think about this?
16. Aside from what we discussed so far, do you currently do anything else do to help your siblings become curious and creative?
 - a. Where did you learn to do this? Why do you do it?
 - b. Do ever go exploring with your sibling? Where and how do you do this?

Language & Literacy

17. Do you tell stories or sing songs to your siblings? Please give me an example of a song you sung or a story you told recently to your younger siblings.
 - a. Where did you learn these songs or stories from?
18. Do you know how to read yet? How about your younger siblings?
 - a. Do you ever read to your sibling? If so, what do you read? How often? If not, who reads to them? What do others read to them? How often?
 - b. Do you ever help your sibling with school work? How often?
19. Aside from what we discussed so far, do you currently do anything else do to help your child learn how to talk, read and write?
 - a. Where did you learn to do this? Why do you do it?

Cognitive Competence

20. Do you teach your siblings how to count? How?
 - a. Do you think it's important to know how to count? Why or why not?
21. Do you take the time to describe the environment/ talk about what you see in the environment (*i.e.*: trees, plants, animals, rain) with your sibling?
 - a. If yes, what do you talk about? How often?
 - b. Do you think they understand what you are talking about?
22. Apart from telling stories and reading, do you do any other learning activities with your sibling, such as games that support remembering, comparing, contrasting, counting, or classifying/categorizing?

Spiritual & Moral Development

23. How did you learn how to tell right from wrong? (For instance, that stealing is wrong, whereas helping others is right). Who taught you and how were you taught? (*Probe: parents, other caregivers/family members, elders, religious leaders, traditional leaders*)

- a. Do you ever teach your sibling what is right and wrong? If yes, how? If no, who teaches them, and how?
24. At home do you pray?
 - a. If yes, who taught you? What did they teach? Who do you pray with?
 - b. Do your younger siblings also pray? If so, who taught them? If no, why not? Who do they pray with?
 - c. Do you ever teach your younger sibling about God? If yes, how? If no, why not?
25. Do you think praying is important for you and your siblings? Why or why not?
26. Where do you and your siblings pray? (*Probe: aside from home*)
27. Apart from what you've told me so far, are there other ways in which you try to show or teach your sibling the difference between right and wrong?

Conclusion

What other activities do you do with your siblings that you feel are important for us to know?

Prompt: For instance, do you take part in caring for them (i.e. feed them, bathe them, carry them on your back or put them to sleep)? Is there anything else you'd like to tell me about taking care of your younger brothers and sisters?

Annex B: Table of Traditional Practices and Beliefs by Province

In response to UNICEF and stakeholder's requests for more information about regional variation in traditional parenting practices, we consulted the data collection team to populate the table below indicating which traditional practices are found in which districts.

PROVINCES	EASTERN		NORTHERN		NORTHWESTERN		SOUTHERN		WESTERN	
	Katete	Lundazi	Kasama	Mbala	Mwinilunga	Solwezi	Sinazongw	Choma	Kalabo	Kaoma
Practice of tongue-cutting when children's speech is delayed										
Different names for this practice across provinces. Eastern: <i>Kalinda</i> or <i>Rizita</i> . NW: <i>Kantabula</i> . Southern: <i>Kalimba</i> , <i>Nsiko</i> , <i>Kalenda</i> or <i>Kalekela</i> . Northern: <i>Akalimba</i> , Western: <i>Kalaka</i>										
Burnt maize cob, salt, and a nail are used to cut the tongue and the cob-salt residue is used to scrub the tongue										
After tongue is cut, ashes from burnt firewood are placed beneath the tongue										
Bone marrow from an overboiled hollow meat bone is used to blow into the mouth of a child (<i>Mumpolyo</i>)										
Tonsil removal										
Reactions to crying in young children (ages 0-3)										
Belief that babies cry because they are rejecting their names; as a result, parents sometimes change the child's name.										
Belief that a baby cries because his or her ancestors are unhappy with the name of the child and their spirits are around the baby; or that a child is seeing his deceased mother.										
Belief that the child has seen a witch, hence the bark of a tree is crushed and applied on the baby's head to repel the witches. Other times, charcoal placed in a cup of sizzling water is moved around the child's head to repel bad spirits.										
Belief that when a baby cries, the spirits of deceased babies haunt the child, called as " <i>Tuyobela</i> ".										

PROVINCES	EASTERN	NORTHERN	NORTHWESTERN	SOUTHERN	WESTERN
Other practices related to children’s social and emotional development					
<ul style="list-style-type: none"> ➤ The <i>Nyau</i> Initiation ceremony in Eastern Province or the <i>Mukanda</i>: in Western and Northwestern provinces is a traditional ceremony for young boys to be groomed into adults. Boys are taught how to perform the act of sex, are circumcised and told about coming of age. ➤ Similarly, girls have a ceremony in which they are taught how to take care of themselves hygienically, about pregnancies and sexual intercourse. This ceremony is called “<i>ku ngenesa mu nyumba</i>”; or “<i>Chinamwali</i>” in Eastern Province; “<i>ku Njizya mu ng’anda</i>” or “<i>nkolola</i>” in Southern Province, or “Sikenge” in Western Province. 	●	●	●	●	●
When a child is delayed in walking, a pit is dug and the child is buried for several hours in the nighttime.		●			
Traditional healing practices					
Tattoos are made on the baby and dried roots are applied inside the tattoo. These tattoos are called “ <i>Ndebo</i> ” in Eastern Province or “ <i>Inembo</i> ” in Southern Province	●	●	●	●	●
Practice where the father peels roots, chews them, mixes with his saliva and applies the mixture to the joints and armpits of the baby to prevent sickness	●				
<ul style="list-style-type: none"> ➤ Usage of herbs for healing such as “<i>musafwa</i>” herb in the NW province. ➤ Herbs for epilepsy in NW and in Southern province, they use “<i>kayaala</i>” or “<i>mululwe</i>” for spiritually influenced illnesses (called as <i>tonga</i> illnesses) such as epilepsy. ➤ Usage of herbs such as “<i>Tandamiyoba</i>” for an illness called as <i>Sokwe</i> (which is similar to malaria) in Southern province 	●		●	●	●
Display of traditional medicines on the necks of babies	●		●	●	●
Practice of mixing different herbs and leaves of trees with Vaseline and applied on a baby’s fontanel for protection of the “ <i>lukunga</i> ”			●		
<ul style="list-style-type: none"> ➤ Pounding of guava leaves and mango leaves to be made into a drink to prevent coughing in NW province and Western province ➤ Flowers boiled with salt is used in Southern province for coughs. 			●	●	●
“ <i>Mululwe</i> ” herb is used for malaria, cough and body pains in Southern province				●	●

PROVINCES	EASTERN		NORTHERN		NORTHWESTERN		SOUTHERN		WESTERN	
Dissolving chicken droppings in the water and making children step in it, to improve walking, crawling and sitting.						●				
Smearing of father's semen on the child's body for protection from pains in chest and other illnesses. This practice is called as "ku peleka ku Mphasa".	●	●			●	●				
Other practices related to physical development and well-being										
Belief that massaging a male baby with a mother's underwear or massaging a female child with a father's underwear improves physical development.	●									
Usage of grass or medicinal water to massage the limbs of the child so that the child can become stronger	●				●	●	●	●		●
Practice of using different herbs: <ul style="list-style-type: none"> ➤ Washing the baby in water with herbs such as wild spinach and fruit bearing cacti (<i>bondwe</i> and <i>mweye</i>) ➤ <i>Nzinza</i> for preventing a child from getting sick if a pregnant woman passed ➤ "<i>Bulungu</i>" which is made from the wild tree barks such as mango ➤ Mukuyum this is used as a diarrhea preventative measure ➤ Growth monitoring by tying it around the neck, hands, legs and waist of the child ➤ Bulungu is also tied around the woman's waist and it is used for family planning. 					●	●	●	●		
Tattoos on knees which is believed to improve walking. These tattoos are called as <i>Ndebo</i> and burnt ants are used to make this tattoo in Lundazi district, Eastern province.		●			●	●	●	●		
Usage of traditional medicines such as " <i>nziinzi</i> " and " <i>kapinga</i> " to protect babies from " <i>masoto</i> ", which is when a baby is touched by another pregnant woman.							●	●		
Display of tradition medicines, beads around children's necks and waists to make them walk fast and crawl fast		●			●	●				
Practice of not breastfeeding the baby with first milk, belief that the first milk contains sperm							●			

PROVINCES	EASTERN		NORTHERN		NORTHWESTERN		SOUTHERN		WESTERN	
Practice where the woman is made to drink the water with traditional medicines and which was used to soak the husband's socks and pants. This is believed to quicken labour (<i>Ndochi ya baalume</i>).						●				
Practice where traditional medicine is prepared by grandparents and the mother to be applied on the umbilical cord for healing.					●		●	●		
Practice where the pubic hair of mother and father is mixed, collected in a cloth and tied around the chest of the child. This is believed to prevent chest problems in the baby if the baby is lifted by a person who has engaged in premarital sex.					●					
Giving a baby's bath water to the baby to drink for protection against chest pains (<i>Dabale</i>).	●	●								

Annex C: Local Games and Forms of Play

#	English	Description	Bemba	Chewa	Kaonde	Lunda	Lozi	Tonga	Tumbuka
1	Playing house	This is basically playing houses, children pretend play by cooking using soil, sweeping and role playing as “mummy” or “daddy”.	Ukubuta	Vidimbo	Mansansa	Mangongo	Mangongo	Tusobano	Kudimbika
2	Tag	Is played by a number of children where one of them chases the other children around trying to touch them and which child is touched takes over the chase.	Akalambe	Kalambe	Kanshila	Touch	Kalambe	Kaalambe	Kalambe
3	N/A	<i>Agode</i> can be played indoors or outdoors on a flat surface. It played by a minimum of three players to a reasonable number of participants depending on the agreement by the participants or organizers of a given competition, sitting in a circular arrangement.	Ntole	Agode	N/A	N/A	Nakutambe kela	N/A	Agode
4	Skipping	<i>Chikwampa</i> was played using traditionally made ropes from tree bucks fibre but now mostly played using synthetic ropes. <i>Chikwampa</i> is played by a minimum of 3 participants with two of them being swingers and the other skipper/s.	Inkwampa	Chikwampa	Nkampa	Chigwampa a	Kutula	Cikwampa	Chikwam-pa
5	Rounders	A game played on a rectangular marked playing field, drawings on the ground are marked with circles at every corner. A player cannot be hit if she or he is in the circles.	Bonga	Bonga	Rounders	Rounders	Rounders	Zungulu zungulu	Bonga
6	Cat and Mouse	In this game children stand in a circle while two players chase one another in and out of the circle. The one who is chased is the <i>kwindi</i> (mouse) while the one chasing is the <i>chona</i> (cat).	Chona na Kwindi	Chona na Mbeba	Kamensha ne Mpuku	Kamensha ni Imfwa	Peba ni Kaze	Kit a mbeba	Chona na mbeba

#	English	Description	Bemba	Chewa	Kaonde	Lunda	Lozi	Tonga	Tumbuka
7	Hopscotch	In this game children draw boxes on the ground and hop from box to the other. They give each other turns when one player steps on the lines of the boxes.	Kaseko	Poda	Pada	Pada	Pade	Pade	Poda
8	Fire at the mountain	In this game children make two circles, one small one inside and a bigger one around the small one. The children in the outer circle run around the ones in the small circle and when the song leader instructs them to stop, each one should hold a child from the inner circle. The one without someone to hold is out of the game.	Mulilo ku lupili	Moto ku mapili	Mujilo ku mutumba	Kesi ku mpidi	Mulilo kwa lilundu	Mulilo kuchuulu	Moto kumaphiri
9	The little goat is bleating	This game is similar to the English “I sent a letter to my love”. Children sit in a circle while one child goes around the circle holding a rug (ball or piece of cloth) singing. Then she or he drops the rug behind one child and begins to run in an attempt to take that other child’s spot in the circle. If she or he succeeds then the new child takes over the singing and the game continues.	Kumbushi kalilalila	Kambuzi kameka meka	Mbuzhi ujila Mee	Mpembe wa dilanga Mee	Kapuli kalilalila	Mee- Mee	Kambuzi kameka meka
10	Five stones	This is a game of stones and it is mainly popular among girls and women. A circle is drawn on a flat surface and a good number of stones are placed inside. Then they use a slightly bigger object or stone to throw up in the air as they play (removing the stones from the circle and pushing them back in without dropping the bigger object).	Ichiyenga	chiyato	Kiyenga	Kuyata	Kuyata	Ciyato	Chiyato
11	Mancala	This game is quite common in Zambia both among children and adults. Holes are made in the ground and it is played using dried seeds or stones.	Isolo	Nsolo	Nsolo	Mulabalaba	Mulabalaba	Cisolo	Solo



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