

# What do we know about caregivers of young children in Monapo?



# SOME BACKGROUND ON NAMPULA PROVINCE AND MONAPO DISTRICT

- **NAMPULA PROVINCE:**

- Most populous in the country: 6 102 mln inhabitants; 75 inhabitants per m<sup>2</sup>
- Population living below poverty line (52.6%; 2003)
- Has highest rates of chronic (55%) malnutrition in the country
- High female illiteracy (81% in 2003) and fertility (6.2) compared with national data

- **MONAPO DISTRICT:** 300,000 inhabitants; about 60,000 children under 5

- 2 hours drive to provincial capital; 1h drive to the coast
- 16 health facilities (furthest one is 100 km from the center)
- 55% use open wells & 22% use rivers to get water (2007); 60% have no latrine (2007)
- 43% families own a radio (2007)
- 47% are Catholics; 24% are Muslim (2007)

# CAREGIVER SELECTION

35 caregivers with children 0-3 years selected by CHWs for conducting routine home visits took part in interviews.

Distance from district center	N caregivers
< 10 km	4
10-20 km	8
20-30 km	12
30-50 km	6
50-80 km	5



# RESULTS: FAMILY CHARACTERISTICS

- Who lives in this family:
  - Father, mother, children (32 families)
  - Mother and children (2)

*NOTE: No grandparents or other relatives were reported living together with families, although at least 3 families mentioned grandparents as source of help with children. Need to confirm this and check if this is common for the district.*

- Number of children (national average is 5.2):
  - 1-3 children: 12 families
  - 4-5 children: 10 families
  - 6 or more children: 11 families



# CAREGIVER EDUCATION

	NO EDUCATION	1-3rd GRADE	4-5th GRADE	6-7th GRADE
MOTHER	13	8	11	3
FATHER	6	5	13	6 3 (8th grade)

*NOTE: Twice as many mothers are illiterate, compared with men. Female illiteracy has strong links with poor child health and nutrition outcomes.*

# FAMILY SOURCES OF SUSTENANCE

SOURCE OF SUSTENANCE	N
MACHAMBA	35 <i>17 of these live exclusively off machamba</i>
MAKING & SELLING COAL	5
CUTTING WOOD	3
WELDING	3
SELLING PETROLEUM	2
SELLING SMALL ITEMS	2
SELLING ALCOHOL	1
SELLS DRY FISH	1
FACTORY WORK (CISAL)	2
CARPENTRY	1
PUBLIC WORK (LITERACY, NEIGHBOURHOOD LEAD)	3

# HEALTH STATUS OF THE YOUNGEST CHILD

- Signs of malnutrition:
  - 2 out of 33 children 0-3 years present were observed with signs of malnutrition
- Signs of developmental delays:
  - 3 out of 33 children showed signs of developmental delays (as monitored with the help of milestones on child's health card). **Two of these were the same children that presented with malnutrition.**
  - *NOTE: This represents 10% in our sample; however, less than 1% of children are currently identified with dev delays by district health services.*
- Mother concerned about the child:
  - 4 out of 32 mothers expressed concern about the child:
    - 3 cases of children having prolonged illness
    - 1 case of child with developmental delays

# DAILY FAMILY ROUTINE: 4/5am to 8/9pm

## Typical activities of the day:

1. Personal and baby hygiene (27)
2. Preparing breakfast (6); leaving it to older siblings to feed the baby (2)
3. Feeding baby (6)
4. Cleaning the house (8)
5. Going to machamba (all)
6. Bathing the baby (2); mother taking bath (4)
7. Preparing lunch (23)
8. Feeding the baby/family (1)
9. Cleaning the house / washing dishes (15); burning trash (1)
10. Fetching water for lunch or dinner (18)
11. Preparing dinner (17)
12. Resting (8), talking with husband (3) or neighbours (2), going for a walk (1)

MOST TYPICAL DAILY ACTIVITIES CAN SERVE AS A CONTEXT FOR PLAYING AND TALKING WITH THE BABY. GOING TO FETCH WATER MAY PROVIDE MOTHER WITH OPPORTUNITIES TO SOCIALIZE WITH OTHER MOTHERS.



# WHO TAKES CARE OF YOUNGEST CHILD?

- MOTHER IS WITH THE BABY

- When bathing the baby (21)
- When cooking (15)
- In the machamba (10); brings older siblings to play with the child (4)
- When breastfeeding or feeding (10); some mothers delegate feeding to older siblings
- When cleaning house (7): washing dishes etc.
- When going to fetch water (5)
- When relaxing (3); going for a walk (1)
- When putting child to bed (1)

THESE ACTIVITIES CAN SERVE AS A CONTEXT FOR PLAYING AND TALKING WITH THE BABY.

- MOTHER LEAVES BABY WITH OLDER SIBLINGS:

- Part of the day (18)
- Most of the day day (7)

MOTHER CAN MODEL FOR OLDER SIBLINGS GAMES TO DO WITH THE BABY.

- MOTHER LEAVES WITH BABY WITH OTHER PEOPLE:

- GRANDMOTHER (3)
- HUSBAND (2) – when going to fetch water from the well
- NEIGHBOUR (1) - when going to fetch water from the well
- NANNY (1)
- AUNTY (1)

FATHER ENGAGEMENT SEEMS VERY LIMITED CURRENTLY.

# KNOWLEDGE OF MILESTONES

- AGE AT WHICH THE CHILD SHOULD TAKE FIRST STEPS:

- 7-10 months (TOO EARLY): 15
  - 11-12 months (CORRECT): 13
  - 18-24 months (TOO LATE): 5
  - Does not know (2)
- \* However, this may be true for many Moz children who generally start walking early.*

- AGE AT WHICH THE CHILD SHOULD SAY FIRST WORDS:

- 7-10 months (TOO EARLY): 10
- 11-12 months (CORRECT): 15
- 18-24 months (TOO LATE): 7
- Does not know (1)

MANY CAREGIVERS EXPECT DEVELOPMENTAL MILESTONES TOO EARLY OR TOO LATE.

# KNOWLEDGE OF MILESTONES (CONT.)

- AGE AT WHICH THE CHILD CAN COMPLETE SIMPLE REQUESTS
  - 12-17 months (TOO EARLY): 7
  - 18-24 months (CORRECT): 19
  - 36 months (TOO LATE): 8



# REASONS FOR DEVELOPMENTAL DELAYS, ACCORDING TO CAREGIVERS

- Illness (21)
- Illness and/or witchcraft (12)
- Witchcraft (1)

DELAYS AND DISABILITIES ARE STILL WIDELY ASSOCIATED WITH WITCHCRAFT (WHICH CAN LEAD TO STIGMA), ALTHOUGH MANY ACKNOWLEDGE ILLNESS AS ALTERNATIVE EXPLANATION.

# ASPIRATIONS FOR CHILDREN'S FUTURE

32 caregivers who responded, wanted their child to become:

- A nurse (23), “to help them and sick people in the community”
- A teacher (18), “to teach children and people to read and write” (7)
- An accountant (1)
- An administrator (1), “because he will make me proud, and when I visit him, he will say: “My father has come.”
- A driver (1), “to help us at home”
- “It depends on the child’s destiny” (1).

ASPIRATIONS FOR CHILDREN SEEM FOCUSED ON MOST COMMON ROLE MODELS /OCCUPATIONS IN THE COMMUNITY. NOT CLEAR IF THESE ARE ROTE RESPONSES OR REAL ASPIRATIONS, MAY NEED TO EXPLORE MORE. TEST USING THESE IN SOME OF THE SPOTS.

# WHAT PARENTS ARE DOING NOW TO GUARANTEE GOOD FUTURE FOR THE CHILD

## 31 caregivers described doing the following:

- Providing food (19); doing machamba/working to feed my children (2)
- Caring for the child's health (15)
- Sending to school (11); demanding that they study (1)
- Educating child at home (11) and at mosque (1)
  - Explaining what is right to do; how to be careful in life
  - Teaching about good ways; to be a good person; to respect people; to behave well; to play well with brothers
  - Teaching basic things about home
- Caring for child's clothes (5)
- Caring for child's needs in general (5); for hygiene (1)
- Making toys for child to play (1); playing during free time (1)

ONLY 2 PARENTS MENTIONED PLAY. USE "EDUCATING CHILD AT HOME" BEHAVIOR AS A WAY TO REINFORCE RESPONSIVE CARE, PLAY & COMMUNICATION.

# ATTITUDES TO MEN PLAYING WITH BABY

- All caregivers concurred that if a man plays with the baby, this is very positive.
- A man who plays with the baby:
  - Is a good person (17)
  - Likes / loves the child (13)
  - Is a good parent (2)
  - Has patience with the child (2)
  - Is concerned with child's growth (1)
- Playing with the baby is good because:
  - It helps the child grow (1)
  - It will help the baby to learn things early (1) / it teaches the child (1)
  - It will help the child to be a happy child (1)



# ATTITUDES TO MEN TALKING WITH BABY

- All caregivers concurred that **if a man talks with the baby**, this is very positive.
- Talking with the baby is good because:
  - It helps the child learn (18); "shows the child the ways [of life]" (5)
    - It helps the child learn how to talk (4)
  - It helps the child to get to know family members / to relate well (5)
  - It helps to see how the child is developing / that the child is well (5)
  - It helps the child to grow well (1)

USE THESE EXPLANATIONS TO REINFORCE PRACTICE OF BOTH PARENTS TALKING TO BABY FROM BIRTH.



THANK YOU!

