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Ellis, Sue and Kholowa, Foster (2010) Growing up in rural Malawi: dilemmas of childhood. In: Early Childhoods In A Changing World. Trentham Books , Stoke-on-Trent, pp. 67-76. ISBN 9781858564739

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Status: Book Chapter

Reference:

Kholowa F and Ellis, S. (2010) 'Growing up in Rural Malawi: dilemmas of childhood' in Margaret M Clark & Stanley Tucker (eds) *Early Childhoods In A Changing World* Stoke-on-Trent: Trentham Books Chapter 7 p.67-76

ISBN: 9781858564739

Chapter 7: Growing up in rural Malawi: dilemmas of childhood

Foster Kholowa and Sue Ellis

Introduction and context

Rural Malawi is a place where families are generally poor socio-economically. In this chapter we discuss childhood development in a typical Malawian rural setting by focusing on the overall challenges facing families with young children, and we consider how families are coping. Such challenges involve social structures, community involvement, preparation for schooling, and home versus school literacy and numeracy development for children. We argue that unless these key issues are addressed, rural children will continue to face dilemmas in their development and in the long run, this will limit their future opportunities for personal development and participation in the social and economic development of Malawi.

Socio-economic status of Malawi

Predominantly agriculture-based, Malawi is among the sixteen poorest countries of the world, with 63.3 percent of the population living in dire poverty according to the 1998 Integrated Household Survey (GoM, 2002)* *reference not in list*. Generally, poverty is more prevalent in the rural than the urban areas, where about 91 percent of Malawi's population is said to live (NSO, 2002). Poverty is therefore a critical ingredient in understanding the situation of children and families, as well as the context of early childhood service provision in Malawi.

Malawi is among the countries most seriously affected by the HIV/AIDS pandemic. The official prevalence rate among adults (15-49 years) as reported by the Malawi National AIDS Commission (NAC) is at 12-17 percent. This means that about seven hundred thousand to one million Malawians in the economically productive age group were infected with HIV at the time of the sentinel surveillance of 2003. An increase in the number of orphans in Malawi is one of the most serious consequences of AIDS deaths of men and women in their prime child-bearing ages. It is estimated that there are over 800,000 orphans in Malawi, 40 percent due to death of their parents through AIDS. Also another 30,000 children are vulnerable mainly because of the sickness of one or both of their parents, who are therefore not able to care for them properly. (NAC, 2003)

Malawi uses an 8-4-4 system, that is, eight years of primary, four years of secondary and four years of tertiary education. The official age range for primary schooling is 6 to 13 years. Preschooling and adult education are considered to be part of non-formal education. The Malawi DHS Education data survey of 2002 indicates that less than ten percent of primary school going children (6-14 years) attended preschool before starting primary school, spending an average of 1.7 years in preschool. In urban areas, 39 percent of such children attended nursery school before starting primary school while only six percent of the children in rural areas did so (NSO, 2003). This raises important questions on the extent to which children growing up in Malawi, and especially in rural areas, are being given a fair start in life both at home and school, in view of the difficult circumstances in which they grow and develop, including the adverse poverty levels and limited educational opportunities before formal schooling.

Context of childhood development in Malawi

Malawi's approach to policy and implementation emphasises holistic development of the child and therefore the involvement of a wide range of stakeholders according to the 2003 national policy on Early Childhood Development (ECD). This is premised on the fact that such an approach has countless socio-economic benefits for children, adults, communities, and the society in general (Pence, 2004). Early Childhood Development stakeholders in Malawi include Government Ministries, development partners such as UNICEF, and local non governmental organisations or institutions. However, there are still daunting challenges to coordinate the various implementing stakeholders to achieve a synergised implementation process for holistic development of children (Chalamanda, 2004).

Overall goals of early childhood development in Malawi

The overall goal for ECD in Malawi is to enhance the provision of quality early learning and stimulation services to all children in Malawi (MoWCD, 2006). Strategically, this involves issues of access, school readiness and transition to school, linkages, advocacy on ECD, parents' education, monitoring and evaluation.

Malawi uses two approaches to providing early childhood development services: the first strategy is ECD Centres, which include preschools, nursery schools, crèches, day care centres, and playgroups. The second approach, *Community Based Childcare Centres (CBCC)*, is informal ECD or rural or village preschool care where communities take an active role in the initiation, establishment and implementation or management of the CBCC centres. Often, CBCCs are characterised by poor facilities and infrastructure, use of volunteer-caregivers with low education and training. Most financial and material support to ECD in Malawi is from international organisations, while government provides very little budgetary support for this, despite the existence of a policy and implementation strategy for ECD.

The concept of CBCC as an approach to early childhood development raises interesting issues about equity in the provision of preschool or ECD services between the urban and

rural contexts. Research has shown that even within the CBCC context of ECD provision, many children are left out as only a handful are able to attend even these low quality care centres (Munthali *et al*, 2007). Low education levels of caregivers raises the question of the extent to which they may consciously engage the children in experiences that would allow them to develop adequate key skills in early literacy and numeracy. Given that young children need more attention at this stage, caregivers might not effectively address all individual children's other needs as is assumed in the policy.

Current efforts and developments to promote ECD in Malawi

Despite these challenges there are however inroads being made in ECD through the development of a number of policy and supporting documents for the implementation of ECD in Malawi such as the five year National ECD Strategic and Implementation Plan ECD Training Manual, Community Based-Child Care (CBCC) guide, Parenting Education Manual, Advocacy and Communication Strategy for ECD, among others. While such documentation is commendable, there are still a lot of disparities between what is happening at national level in terms of policy and strategy on one hand, and the realities on the ground in terms of implementation of such plans on the other. This still leaves the child in a disadvantaged position in terms of care and development, with rural areas being the most affected.

Realities around childhoods from a case study of a rural family

In this section we discuss typical realities of the childhood environment in Malawi by using a case study of one of the families, the Lukani family, and their daughter, Chikondi from a rural community in Zomba. This community in Traditional Authority Mwambo, is about eight to ten km to the South East of Zomba town centre, and is generally poor socio-economically, with most of the community members living below the poverty line. A CBCC within the community, acts as a focal point for community development activities including provision of early childhood development services for children, water, voluntary counselling and testing **write out* (VCT), growth monitoring, among others. The impact of HIV and AIDS is critical in understanding the situation of families in this community.

The story of the Mrs Lukani and her family

We meet Mrs Lukani at the only CBCC in the community. She has a daughter, Chikondi, who attends the CBCC. However, Mrs Lukani has come to the CBCC on this day for a particular reason. She says she has been divorced for three years and is therefore heading a family of five, with her two daughters and two sons. She says she is HIV positive and often frequents the CBCC to get counselling, nutritious food and painkillers to alleviate her situation. We learn that Mrs Lukani is among the six to ten families that often come to the CBCC for these services. She told us her story with a great deal of emotion.

She says there are many divorces in this community. When she was expectant (Chikondi's pregnancy), she used to go to the nearest clinic in the area for antenatal services, where she was encouraged to undergo HIV testing as a pregnant mother. She accepted and the results were shocking to her: she was HIV-positive. She was in a dilemma about whether to disclose this to her husband. This she did, her husband was angry and decided to divorce her. His perception was that his wife must have been unfaithful over the years. He therefore went on to marry another woman outside the community. This was three years ago, and life has never been the same for Mrs Lukani and her four children. Sadly and to complicate matters, when Chikondi, her last born daughter was born, she was found HIV-positive too. Since then Mrs Lukani has moved on to accept the situation and head the family, to ensure that the children receive enough care from the remaining parent. She therefore spends most of the day looking for food and other basic needs to sustain the home. She says she has a small scale business – selling doughnuts to generate some income for the home, although this does not consistently raise enough money to satisfy the family's basic needs. She further explains that she has a small garden in which she grows some maize. However, with her ailing health, she does not work consistently in her garden, resulting in a poor yield; this of course does not last her for the whole year. This means she has to buy some food in the lean months (October to March) every year. She says it is very hard for her to look after the family with two of her children (Chikondi and her third born brother) HIV-positive.

Mrs Lukani adds that many women in the community face similar challenges resulting from disclosure of their HIV status to their husbands. She reiterates that while many women in the community are willing to go for VCT, most men refuse to do the same. Consequently, there are so many divorces in the community, which eventually affect families. Mrs Lukani says she has accepted her situation and looks forward to the future although one of her greatest worries is the growth and development of her children whom she cherishes and who bring her consolation.

The issues raised in the case study

The key issues raised from the case study were reported by participants in the community, while some of the related information comes from recent research on childhood development and preschooling in Malawi.

(a) Poverty and general lack of food

From the story of the Lukani family, it is evident that poverty is a critical and often the main problem faced by families and children in rural areas. Various related studies and literature have clearly shown that most families in rural areas of Malawi and other parts of Africa can not afford three meals per day, one meal per day is the most common scenario in most rural areas (Fisher *et al*, 2009; Kholowa, 2007; Swadener *et al*, 2000). This situation means that children do not receive optimum support in terms of their health

and nutritional needs. Chikondi Lukani in our case study is in a typical scenario, which eventually threatens her future development.

(b) Difficulties in income generation for the family

In most cases families in Malawi do not have the support they need to empower them with skills and financial bases for their social-economic advancement, consequently, families fail to support themselves, their children as well as child-related services or structures in the community. Again this is evident in our case study family, whose situation is aggravated by their HIV status. This makes it all the more important that enough good food is available to the members of the family for their nutrition needs as HIV-positive individuals.

(c) Socio-cultural challenges

Our case study raises a number of issues with regard to social and cultural issues concerning childhood in Malawi. The HIV pandemic has brought about social imbalance in the community through disintegration of the family unit. In addition, the issue of expectations in terms of the roles of men and women in society is very important here: in fact this effectively raises the issue of social responsibility for children after the disintegration of the family at community level. For instance, one wonders whether it should be the responsibility of only the woman to look after children; rather it should be a shared responsibility between husband and wife. It is critical that as a country Malawi should put into place legal structures to ensure that children's rights and security are respected in times of such challenges.

(d) Weak social structures in support of the family and childhood in general

Literature shows that within the traditional extended family system in Africa, there are collective mechanisms for preparing and supporting children's physical, emotional, social and intellectual development through traditional games, stories, toys, songs, and ways of playing that are passed on from the older to the younger children (Evans, 1994). Thus despite the influence of westernization, urbanization and formal education, Africans have retained a reservoir of knowledge, practices and values for child development (Nsamenang, 2008; Prochner and Kabiru, 2008 in Garcia et al 2008).

While such structures may exist in Chikondi's context, they are weakened by the high poverty levels, which eventually push the individuals and families towards individualism. The extended family system in Malawi and Africa continues to be threatened by globalisation and economic challenges, forcing many communities to move slowly towards individual rather than communal orientation to living and therefore care of children (Swadener *et al*, 2000). Eventually, this has aggravated many children's already poor development opportunities especially in rural settings. The CBCC is one of the key social structures at community level that may provide critical psycho-social care to complement any childcare service at home and in the community. However, the CBCC has its own challenges such as inadequate resources such as food, play materials, teaching and learning resources, unqualified caregivers, poor infrastructure, all of which

have implications for the quality of care and education provided to the children in the respective communities.

The CBCC in Chikondi's community is in such a situation though children are fed at least one meal a day and have opportunity to play with the few locally made play structures at the CBCC. Despite these provisions, Chikondi faces other challenges at the CBCC as a consequence of her HIV status. For instance, she fails to concentrate in class because of the stigma. We were told that the other children come to know those who are infected, based on leaked information about their status within the community. Consequently, Chikondi, together with other six children in a similar situation at the CBCC are often mocked by fellow children about their status, and at one point some children did not want to associate with Chikondi until the caregivers at the CBCC intervened. Worse still, some of the parents who send their children to the CBCC were also concerned about their children associating with HIV-positive children and they protested. However, the CBCC staff called a community meeting to educate the parents and guardians on the spread of HIV and AIDS and dispel their fears.

Thus, much as the CBCC may be considered beneficial to the children and the community as a whole, the extent to which the environment within the CBCC is conducive to children living in further difficult circumstances apart from poverty, raises many questions. Kabiru and Njenga (2007) point out the need for special support, care and protection for children living under appalling situations to assist them cope and develop better, whether in the home or at a centre. Special needs in care centres (especially CBCCs) are sensitively handled, but have so far received limited attention in Malawi. Partly this is due to the huge lack of professional staff or caregivers and basic resources in ECD centres. It is therefore critical that while the nation focuses on issues of access to ECD services, special attention should also be given to this aspect to ensure that such children are not left out.

(e) Community involvement in the promotion of childhoods

Recent research in Malawi has shown that most communities appreciate the benefits of CBCCs to children, parents and the community as a whole. For instance, the child is well prepared for primary school; parents are able to do other work at home while children are at CBCC. Community development is also facilitated through infrastructure improvement and the attraction of other related services for children (Fisher *et al*, 2009: Chibwana, 2007).

Consequently many parents are willing to contribute material resources to sustain the CBCC. However, community involvement is only limited to mobilization of material resources rather than helping with some of the core learning activities at the CBCC (Kholowa, 2007). This has implications for children's development. Chikondi has limited opportunity for optimum development both in the home and CBCC, presenting her with many dilemmas and insecurity not only for her future, but also her contribution to the socio-economic development of her family, the rural community and Malawi as a whole. This consequence is highlighted when we further consider the actual learning opportunities in terms of literacy and numeracy development at the CBCC.

(f) Home versus school literacy and numeracy development for Chikondi

Literacy is critical for determining personal growth, quality of life, self-image and the ability to function in the world, at national or societal level, and is therefore central to the smooth functioning and economic prosperity of a society through the development of a well educated, flexible and highly skilled workforce (McGaw *et al*, 1989 cited in Browne, 1999). In an oral society such as Malawi, there is potential for oral activities within the community including the home, to facilitate literacy development in children. However, the assumption is often made that people without a tradition of literacy are therefore without the 'typically literate capacity'. (Finnegan, 1988)

In the light of the many challenges families face in the rural areas, there is likely to be less deliberate attempt to facilitate children's literacy and numeracy potential in the home despite the indigenous resources available in the rural communities, such as folk tales, songs, puns, among others (Phiri, 2004). This is worsened by the fact that the majority of the homes cannot afford to buy books or related print materials to help children develop their literacy skills. Although currently there is no research in home literacy and numeracy practices in Malawi to use as evidence, we argue that at home, parents and guardians are likely to be more worried about and focus their attention on sustaining the home than children's literacy and numeracy development. Therefore most children from rural families are likely to be less prepared by their homes for centre based learning. Research evidence on provision of learning experiences, especially early literacy and numeracy in rural preschools shows that such experiences are provided *accidentally* as most caregivers do not deliberately plan for literacy development activities, and worse still, caregivers do not even know they are providing early literacy experiences (Kholowa, 2007). In those preschools where caregivers make attempts to provide these, there is little exploitation of many of the activities that could help children to make strides in early literacy or numeracy development.

Conclusion

Families and children in rural areas of Malawi face a myriad of challenges, which eventually have a great impact on children's growth and development. These range from huge lack of basic needs in the home especially food, clothes, water, etc and poor social facilities for children. HIV and AIDS have worsened the predicament for families and children. There is therefore a great need for policy and implementation strategies to be more realistic in addressing childhood needs, especially in the rural areas. Government and other stakeholders' urgent and strong commitment are needed now more than ever to rescue many children from the cycle of poverty and limited future participation in the social and economic development of Malawi.

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