



UNIVERSITY OF  
**KWAZULU-NATAL**

**Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshesthe ECD Centre in uMzingwane District, Zimbabwe.**

By

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# **COLLEGE OF HUMANITIES**

## **DECLARATION - PLAGIARISM**

I **Dorcas Ngwenya**, declare that

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Signed



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## **Dedication**

I dedicate this work to all the women who go through everything that is designed to tear them apart but they still soldier on.

## **Abstract**

Early Childhood Development (ECD) programmes have an impact on the lives of the communities and societies which they serve. It has been noted that ECD programmes also have an impact on both the guardian and the child. As a result, governments, schools, Non-Governmental Organisations (NGOs) and communities are working together to ensure that these programmes enhance the development of the child. Hence, the amalgamation of ECD services that include education, nutrition, hygiene and parental guidance. Women are generally closest to the child and often play the largest care-giving role. Thus, comprehensive ECD programmes need to consider the needs of women caregivers in their planning and implementation.

This study seeks to understand rural women's perceptions of ECD programmes that have been introduced in the Zimbabwean formal school system, that is, ECD A and ECD B. In so doing, gender issues and the socio-economic impact of ECD programmes on women is investigated. The study adopts a qualitative research approach. The data was collected through in-depth interviews, participant observation and a Focus Group Discussion (FGD).

The Matshetshe Primary School ECD centre, which is situated in a rural area in one of the marginalised provinces of Zimbabwe, that is, Matabeleland South Province was the case study. Findings of the study reveal that ECD programmes have an impact on the socio-economic lives of women and this shapes women's perceptions of ECD. In addition, the findings revealed that stakeholder collaboration and the social and cultural context of the community shapes the success of ECD programmes.

Therefore, the study recommends that needs assessment has to be done so that programme planners get to understand the socio-economic needs of the caregivers. Also, there is a need to conduct more awareness meetings with the communities about the ECD curriculum and the broader meaning of ECD.

## **Acronyms**

BEAM	Basic Education Assistance Module
CBCC	Community Based Care Centre
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
EFA	Education for All
FGD	Focus Group Discussion
FPE	Feminist Political Economy
KCDF	Kenya Community Development Foundation
MCDWA	Ministry of Community Development and Women Affairs
MDGs	Millennium Development Goals
MoESC	Ministry of Education, Sport and Culture
MoPSE	Ministry of Primary and Secondary Education (MoPSE)
NGOs	Non-Governmental Organisations
SDCs	School Development Committees
SDGs	Sustainable Development Goals
UCF	Uluntu Community Foundation
UNESCO	United Nations Educational Scientific Cultural Organisation
UNICEF	United Nations Children's Education Fund

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## **Chapter 1: Introduction**

### **1.1 Background of the Study**

Education is one of the key drivers of development and there has been a growing emphasis by governments the world over on the importance of Early Childhood Development (ECD) programmes for human and social development. Williams et al. (2001) define ECD as the level where there is provision of physical, emotional, social, spiritual and moral development for children aged between zero and nine years.

Furthermore, governments have sought to implement ECD services through various initiatives so as to foster holistic development for children. These initiatives are in line with the Education for All (EFA) goals and also show commitment to the social goals inscribed in the new Sustainable Development Goals (SDGs). For instance, SDG goal number four has a focus on ECD as a component of education so as “to ensure primary school readiness” (Osborn et al. 2015:13). Furthermore, in highlighting the importance of ECD in a child’s life, Matangi et al. (2013) state that ECD is the foundational stage of a child’s life. They add that its focus is not only on education of the child at a younger age but that it also prepares the child for adulthood through social, cognitive, physical, health and language development (*ibid*).

In Zimbabwe, the provision of early childhood education was made explicit through the Nziramasanga Commission of Inquiry into Education and Training (1999) which has since made it mandatory for parents to enrol their children in ECD programmes. There was a name change for early education in 2006 from Early Childhood Education and Care (ECEC) to ECD (*ibid*). This meant that ECD programmes had to be incorporated into the formal primary education system.

Muzenda (2011), points out that this change in education policy meant that primary learning would change from a 7 year primary level education to a 9 year primary level education system (Muzenda 2011 cited in Tshabalala and Mapolisa 2012). The first two years consist of ECD A, which is comprised of children aged between three to four years thereafter ECD B which is for children aged between four to five years. In addition, Dyanda et al. (2005) concurs that this stance is in line with the recommendations of the National ECD Policy

which requires that children between the ages of three to five years be integrated into primary school under the Statutory Instrument 106 of 2005.

This study has relevance for the local community under study, government and policy development in that it argues for a step towards gender equity in the design, implementation and evaluation of early childhood development programmes. In analysing gender roles and stereotyping, Code (2000) argues that the socialization of women into accepting patriarchal norms and value systems that assign women the role of nurturing marked the foundation of gender bias and oppression among women. This study argues that women's perceptions should therefore be included in the planning and implementation of ECD in Zimbabwe.

## **1.2 Statement of the Problem**

The research was conducted in Zimbabwe which according to statistics from ZimStats (2012) has a total population of about 13 million people, with approximately 67 percent of the population residing in the rural areas. The country is also divided into ten provinces (*ibid*). For the purpose of this research Matshetshe Primary School ECD Centre in Ward 3, uMzingwane District in Matabeleland South Province was the case study. The study area is rural and situated in one of the most marginalised provinces of Zimbabwe.

According to Dube et al. (2016), the district's livelihood strategy is mine work as the traditional livelihood strategy, farming, is hampered by erratic rainfall experienced in the region. The 2011 uMzingwane Constituency Profile Report highlights that the mining enterprise, How Mine, cannot accommodate all the job seekers in the area resulting in illegal gold mining activities. Furthermore, there are a number of non-governmental organisations (NGOs) that operate in the district offering various forms of support through livelihood, health and education programmes and capacity building programmes in the district but there are not many opportunities for jobs to supplement these forms of support (*ibid*). Also, Maphosa (2005) highlights that men in this part of the country migrate to South Africa in search of better pay, leading to female headed families. Furthermore, migration is viewed by male youths as a sign of maturity (*ibid*).

In addition, the 1998 Human Development Report highlights that Zimbabwe is a "highly unequal society" (UNFPA 2011). These inequalities are seen in the political, economic and

social structures (*ibid*). Due to the gender inequalities that exist in these structures, gender stereotypes have been reinforced. The participation of women in community development programmes such as the ECD programme is influenced by gender stereotypes that exist both in the public and private sphere. According to Taylor (1992) the private sphere relates to a socially constructed women's place which entails the housework and care work while the public sphere is deemed to be for men and it is where they exercise power, gain status and have access to paid work (Taylor 1992 cited in Samkange 2015). Morna (2004) also adds that due to the misconception defined by patriarchal societies that view women's space as being private rather than public, women have had little or no room in decision making.

In light of these socio-economic problems that face the marginalised rural people, it is women who bear the largest burden as they have to care for the family often on marginal incomes while the male figure is away or absent.

ECD programmes have the potential to impact positively on the challenges women face in this context. Despite this, little research and attention has actually focused on the perceptions and needs of rural female caregivers who could potentially benefit from the ECD programmes in Zimbabwe, how ECD programmes impact on their personal lives and what role they have played in the design and implementation of ECD services. This is even less so in the marginalised rural areas of Zimbabwe which are experiencing most of the effects of the socio-economic downturns. In light of this, this study aims to shed light on the reasons why some women caregivers take their children to ECD centres and why some do not.

Furthermore, it will serve to guide ECD programme managers on issues that they need to take into account when framing future programmes.

### **1.3 Research Questions and Research Objectives**

The study's research questions were as follows:

- What are the perceptions of rural women caregivers towards ECD in Zimbabwe?
- How do ECD programmes impact on the social and economic lives of rural women caregivers?
- What role have they played in the design and implementation of ECD programmes?

- What is the nature of the relationships between women caregivers and various ECD programme stakeholders?

The study's research objectives were as follows:

- To understand women caregivers' views on the outcomes of Early Childhood Development programmes.
- To assess the impact of early childhood development services on women caregivers who enrol their children in Early Childhood Development programmes.
- To assess the role played by women caregivers in the framing of Early Childhood Development policies and programmes.
- To evaluate the relationships between women caregivers and Early Childhood Development programme stakeholders.

#### **1.4 Theoretical Framework**

The study employed the bio-ecological systems theory propounded by psychologist Urie Bronfenbrenner (1977) as well as a Feminist Political Economy (FPE) framework in analysing the perceptions of women regarding ECD programmes. The bio-ecological systems theory was applied to the study as it assisted the study to analyse the social, economic and cultural environment that the child develops in and how it impacts on women and shapes their perceptions on ECD programmes. This was done through an analysis of the four subsystems highlighted by Berk (2000), that is, microsystem, mesosystem, exosystem and macrosystem.

The FPE framework assisted in the analysis of stakeholder relationships and the balance of power among these stakeholders. According to Graefe (2007), this framework adds value to the analysis of gender issues in policy frameworks and ideologies. Hence, in the study a FPE framework highlighted the power dynamics that take place in the design and implementation of ECD programmes.

#### **1.5 Research Methodology**

The study was qualitative in nature and in-depth individual interviews, participant observation and a focus group discussion were used to collect data. The study had a total sample size of 22 respondents.

## **1.6 Structure of the Dissertation**

The dissertation is comprised of six chapters.

### **Chapter 1: Introduction**

This chapter introduces the research by providing a background to the study, statement of the problem, main research questions and research objectives. It also introduces the theoretical framework and research methodology of the study.

### **Chapter 2: Literature Review**

This chapter focuses on the relevant literature relating to ECD and education programmes and the gendered nature of ECD programming. It also reviews literature on ECD programmes in developing countries which focus on women and childcare and how these programmes impact on the lives of women. The role of the public and private sector in ECD is also discussed.

### **Chapter 3: Theoretical Framework**

This chapter focuses on the relevance of the bio-ecological systems theory and the FPE framework to the study. Their criticisms are also discussed.

### **Chapter 4: Methodology**

This chapter outlines the methodology that was used in data collection, analysis and presentation. It also explains the use of qualitative methods in the gathering of data and details pertaining to the sampling procedures and data analysis. Qualitative data collection methods that include in-depth individual interviews, focus group discussion (FGD) and participant observation were used in the study.

### **Chapter 5: Results and Data Presentation**

This chapter presents the findings of the study.

### **Chapter 6: Analysis of Findings and Recommendations**

This chapter presents a discussion of the research findings and also provides recommendations for further study.

## **Chapter 2: Literature Review**

### **2.0 Introduction**

Efforts to improve care, growth and development of the child have proved to have an impact on the primary caregiver, who in most cases is a woman. According to a 2011 UNICEF report on how poor Roma women's status and situations influences children's survival, growth and development, the quality of care in the care environment depends on factors such as knowledge, perceptions, skills and motivation of the caregiver. Hence, quality childcare cannot take place without improving the wellbeing of the primary caregivers.

This chapter presents a compilation of various literature on policy frameworks and case studies on the implementation of ECD programmes. Firstly, it highlights how ECD is contextualized and also provides an analysis of some of the approaches taken by Zimbabwe and other developing countries in the provision of ECD services in schools. Secondly, the chapter will examine the history of ECD programmes in Zimbabwe's education sector and the changes in the education policy that took place after independence. This will assist in bringing to our attention to the growing need for governments to adhere to global and national policy frameworks. Lastly, since gender is a core part of this research, the chapter will review and explore perceptions of ECD through a gendered lens. Hence, it will explore whether it is beneficial to invest in ECD and the gender related benefits and challenges related to such programmes.

### **2.1 Meanings of ECD**

According to Soo-Hyang Choi (2006), ECD programmes have gained momentum as they are perceived as the building blocks for lifelong learning and a means to prepare a child for formal schooling. The concept of caring for the child during the early stages of growth has been given various terminologies and varies per country. Such terms include Early Childhood Education and Care (ECEC), Early Childhood Care and Development (ECCD) and ECD.

However, it should also be noted that these terms are often used interchangeably. For instance, Williams et al. (2001) define ECEC as the provision of physical, emotional, social, spiritual and moral development for children aged between zero and nine years. Furthermore, this broad definition includes the participation of the child's family in the caring and

nurturing of the child (*ibid*). Moreover, Ho (2009) purports that ECD encompasses care and education of children from birth up to the age of eight. This view is also supported by Gordon and Browne (2004) who define ECD as the early life of a child which is the period within the ages of zero to eight years. A 2007 UNESCO report on ECD further adds to this definition by highlighting the focus of ECD programmes, which include survival, growth, development and learning of the child from birth into primary school. Therefore, based on these various terms and meanings which are used to refer to ECD, it seems that early childhood development has different meanings to different people.

The need to ensure that early learning and growth is placed in the forefront also led to ECD discussions under various panels. As highlighted by the 2005 UNESCO report, one such panel was the 1990 Jomtien Conference where member states came to a conclusion that ECD consists of those services which are provided to the zero to eight year olds. Those services were said to include education and care (*ibid*). These deliberations are in agreement with the 2002 UNESCO report which highlights that learning and growth happens simultaneously in a child's life.

Chikutuma and Mawere (2013) talk of name changes of the terms used when referring to ECD. For instance, they state that the terms Preschool, Nursery school, Pre-primary, Grade zero as well as ECEC have been used in an evolutionary manner and refer to children from zero to six years (*ibid*). In reference to ECD in Zimbabwe, Chikutuma and Mawere (2013) also point out that before the enactment of the 2004 National ECD policy that saw the integration of early learning of children between the ages of three to six years, ECD classes were commonly referred to as the Grade zero class.

A point to note is that, the differences in age groups, terminology and stated definitions given to early learning and development are dependent on each country's educational policy. In this study, ECD refers to education and care services that cater for children between the ages of three to four years (ECD A) and four to five years (ECD B). Also, the study's focus will be on ECD centres that are situated in formal primary schools. Hence, our case study is Matshetshe Primary School ECD centre.

## **2.2 Provision of ECD Programmes in Developing Countries**

Childcare in most African societies is provided by mothers and the extended family. However, due to the breakdown of the family system as people migrate either for economic reasons, characterized by migration patterns mostly from rural to urban areas, informal and formal ECD centres emerged. In this regard, Naudeau et al. (2011) highlight that these ECD centres are classified under three distinct groups depending on their setting, that is, community based, centre based or formal pre-school educational. For the purpose of this research, attention will be paid to the formal pre-school education centres that are situated in primary schools.

In addition, non-governmental organisations (NGOs) in developing contexts are also playing a developmental role by working with communities in coming up with sustainable ECD programmes through partnering with communities in community development and capacity building programmes. To illustrate this is the case of an ECD NGO called Little Elephant Training Centre for Early Education (LETCEE) operating in KwaZulu-Natal, South Africa (Rule 2005). Rule (2005) argues that LETCEE played its developmental role in 2002 by getting involved in the Izingane Zethu (Our Children) project through collaborating with caregivers and the communities of Kranskop and Ntunjambli. The Izingane Zethu project's aim was to improve the wellbeing of children infected and affected by HIV, with LETCEE focusing on the ECD component of the project.

Also, Kohne (2004) points out that in spearheading ECD initiatives in the project, LETCEE was involved in the training of family facilitators (Kohne 2004 cited in Rule 2005). These facilitators were capacitated to work together with caregivers to raise awareness on early education and care (*ibid*). This was done so as to create conditions conducive for healthy child development amongst vulnerable children identified in the community (*ibid*). Community projects that bring together various stakeholders help increase interaction between the different programme stakeholders and beneficiaries. Furthermore, they assist in raising public awareness of government policies and help to facilitate better access to ECD services, especially to the most vulnerable groups in the communities.

There have been some notable challenges that affect the delivering of ECD services to communities. Lack of financial resources hinders the smooth functioning of ECD

programmes and results in negative attitudes about the programmes. Still on the same vein, Chivore (1995) argues that it will be difficult for a learning facility to function without financial resources being channelled towards its programmes (Chivore 1995 cited in Moyo et al. 2012). This is because quality teaching and learning facilities are crucial in delivering effective and successful ECD programmes. For example, a study by Abdulai (2014) revealed that Ghana's ECD centres in the Winneba Municipality faced problems of infrastructure that included teaching and learning materials. This resulted in caregivers not feeling comfortable with their children attending school (*ibid*). Hence, Abdulai (2014) links this to the sentiments of a caregiver in the study who highlighted that she did not feel comfortable with her child learning in a classroom which has three different levels of pupils as this causes confusion. This means that the quality of the ECD centre and the services provided has a bearing on the perception of ECD amongst caregivers because they would feel better leaving their children in an environment that is conducive for care and learning.

Also, provision of nutrition is an important component of an ECD programme. According to Victora et al. (2008), an adequate and proper nutrition is a basic need in a child's life as it contributes to the physical development, brain development, cognitive and learning abilities. Furthermore, they add that lack of proper nutrition can result in malnutrition; retardation and can lead to the impairment of a child's cognitive and motor skills (*ibid*). This is particularly pertinent in many African countries where there is a prevalence of food insecurity. The case study due to its geographical location, that is, uMzingwane area, requires more collaboration among the different stakeholders so that the children are provided with at least a meal while at the centre.

Thus, for an ECD centre to deliver quality education to children there is need for all stakeholders to mobilise financial resources that will help foster proper implementation of the programme. For instance, such collaboration among stakeholders is revealed in a study conducted by Lokshin et al. (2004) on the impact of ECD programmes on women's labour force participation in Kenya. The study revealed that communities got involved in the ECD programmes at the initial stage through provision of land, funds for construction, furniture, labour and food towards the development of the child at ECD centres (*ibid*). The study also highlighted that the government mostly came in to provide technical support and a minimal financial contribution (*ibid*). In this regard, community ownership of development

programmes is crucial as it leads to the success of programmes through mobilization of resources.

Adding on to challenges faced by ECD service providers and communities, in their study of the challenges facing the ECD sector in South Africa, Atmore et al. (2012) identified poverty and distance as a challenge to caregivers accessing ECD services. Furthermore, Atmore et al. (2012) highlighted that disadvantaged families fail to send their children to the centre as they cannot afford to enrol their children in the facilities (*ibid*). In the Zimbabwean context, given the fact that ECD learning is compulsory and has been integrated into formal primary schools (Dyanda et al. 2005), there is a need to analyse the impact of the ECD policy on the financial resources of the caregivers. Moreover, the issue of distance as highlighted by Atmore et al. (2012) has an impact in the enrolment of children at ECD centres and on caregiver perceptions of ECD centres as it affects the caregiver's time and security and wellbeing of the child.

Given the challenges faced in delivering ECD, there is need to understand the benefits of ECD programmes to the child, caregiver and community.

### **2.3 ECD Outcomes in Developing Countries**

Various studies and research done on ECD has shown that investing in ECD has long term benefits for the child and the family. The foundational argument, based on developmental research conducted by the National Research Council and Institute of Medicine (2001) argues that early intervention will enhance a child's development intellectually, emotionally, socially, physically and morally.

The case of Ghana's ECD education sector which gained momentum in 2004 when the National ECD policy was adopted, illustrates this holistic development of the child. For instance, the 2011 UNICEF report on the evaluation of UNICEF's ECD programme in Ghana reveals that Ghana's 2004 ECD policy was framed so as to enhance ECD education and promote ECD through delivering of health, nutrition, proper sanitation and hygiene services. With regards to the outcomes of this policy, the report further revealed that enrolment grew by 12 percent during the period of 2005-2006 and further rose to 93 percent during 2009-2010 (*ibid*). In addition, the report indicated that the increase in enrolment was due to the free

and compulsory education policy for ECD and the involvement of the child guardians in ECD leadership roles (*ibid*).

The above evaluation is in line with the argument of Siddiqi et al. (2007) who stated that the success of ECD programmes depends on how the policies that govern it are implemented. Thus, the success of early childhood programmes is highly dependent on the nature of the environment and context (*ibid*).

Moreover, ECD programmes have not only sought to address accessibility to education but also focus on making sure that young children have a decent meal per day. For instance, a 2008 UNICEF report presents the case of Malawian Community Based Care Centres (CBCC). The report revealed that these CBCCs were established so as to improve brain growth and stimulation and provide food supplements to reduce the 50 percent stunting rate of children under-five in the country (*ibid*). Hence, the CBCCs provide meals once a day to children who are enrolled at the care centres (*ibid*). The services provided in the Malawian ECD programme are in line with the Sustainable Development Goals (SDGs) two and four which are “zero hunger and quality education,” respectively (Osborn et al. 2013:13).

On the economic side, ECD programmes are seen as a means of creating and improving the employment and economic benefits of the carer, who in most cases is a woman. According to Kabeer (2005), women’s participation in both the formal and informal labour market increases their chances of improving their socio-economic status and agency. Furthermore, as women bring extra income into the household, power relations at household level tend to improve (*ibid*). In addition, Pearson (2005) purports that the prospects of ECD programmes being a pathway for women’s entrance into the labour market by providing them with the opportunity to conduct economic activities has been perceived to be a positive move by development agencies. This is because it not only has an effect on the social lives of women but it also impacts on their economic lives and might further lead to the change of perceptions around gender issues (*ibid*).

Also, Beneria and Roldan (1987) highlighted that in cases where women are the main income contributor, they have managed to earn respect from their family members (Beneria and Roldan 1987 cited in Kabeer 2005:13). Furthermore, women have used employment as a

vehicle for empowerment through mobility. Thus, Kabeer (2005) perceives these employment pull factors as challenging patriarchal and traditional values. Furthermore, in most traditional societies, women are the main caregivers of children. Hence, Williams (2001) articulates that ECD programmes are seen as a means of giving women the leverage to seek other lifestyles and careers beyond nurturing young children. For instance, during the time that the child is away at the ECD centre, the caregiver has the opportunity to conduct livelihood activities.

Having outlined the economic benefits of ECD programmes to the woman caregiver, research on ECD has also been inclined to analysing the cost-benefit of these programmes. According to van der Gaag and Tan (1998), a cost-benefit analysis assists policy makers in making informed decisions about the social and economic costs of a program. Hence, in this regard, ECD programmes require policy makers to ascertain whether education programmes such as these will create benefits in the future. This view is buttressed by Masse and Barnett (2002) who argue that education is both a consumption and investment good that is likely to bring out social and personal benefits to the individual and society in the future.

In addition, in as much as ECD services are slowly being made available, one cannot ignore the divide between the rich and the poor that still exists. For instance, referring to the case of Brazil's social assistance programme, So-Hyang Choi (2006) highlighted that in as much as children have gained access to pre-schools through these social assistance programmes, the problem of equality and equity still exists. He further stated that families of children who reside in disadvantaged areas are more likely to have inadequate learning materials and unqualified teachers. With this point in mind, the success of an ECD programme should not only be measured by the number of children who enrol but factors such as quality should also be paramount.

Having considered the benefits of ECD programmes, the next section will examine the development of ECD programmes in Zimbabwe.

## **2.4 Uptake of ECD Policy in Zimbabwe**

Prior to independence, the education sector in Zimbabwe -as was the case with most African countries during the colonial period was divided along lines of class, race and gender. Thus,

Gordon (1994) highlighted that during this period state educational policies favoured the interests of the white colonial settlers as they enjoyed the privileges of having free and compulsory education. According to Mlahleki (1995), educational policies such as the one that allowed only 12.5 percent of black children to progress to secondary education further challenged the situation for the black child. In addition, the Nziramasanga Report (1999) points out that early learning was not spared from this, as ECD education was well defined for white children but not at all for black children.

According to Mlahleki (2005), such marginalization of the black child during the colonial era was done so as to keep the blacks at the mercy of the white man because without education, blacks could not claim or fight for better jobs or wages. Furthermore, Mlahleki (1995) also alludes that the girl child was most affected. He adds that not only did colonial segregation keep the girl child out of school but patriarchal norms and values worsened her plight by defining her role and place in society (*ibid*). The impact of this to the black girl child was that even if she did proceed to secondary education, there would be under representation of the girl child because the boy child would have first preference (*ibid*).

Soon after independence the new government of Zimbabwe sought to address the above stated inequalities that were instigated by the colonial regime. Mackenzie (1988) points out that this was done through adoption of a socialist stance where there was provision of free and compulsory education for all citizens. Furthermore, he goes on to highlight that all primary school tuition fees were abolished by the Zimbabwe African National Union-Patriotic Front (ZANU-PF) government in 1980 as the party claimed to be adhering to the national constitution which recognized education as a basic human right (*ibid*). On the other hand, Moyo (2014) alludes that this stance was more of a passing phase as the government soon adopted neoliberal Economic Structural Adjustment Programmes ideas and policies. This exacerbated the plight of the underprivileged social groups in Zimbabwe since education ceased to be free (*ibid*). Furthermore, tuition fees had been accumulating overtime (*ibid*). Zimbabwe's economic downfall has led to a fluctuating inflation rate which was reported to be at -0.95 percent in October 2016 ([www.tradingeconomic.com](http://www.tradingeconomic.com)).

Despite the above economic hardships that affect underprivileged groups the most, the government of Zimbabwe still has the mandate to adhere to global policies, legislations and

strategies aimed at delivering equitable and quality educational services to all. For instance, Donohue and Bornman (2014) indicate that at global level, Zimbabwe is guided by the Education for All (EFA) initiative whose goals include provision and expansion of ECEC, provision of free and compulsory education for all children of school-going age and elimination of gender inequality.

It should be noted that it is through policy that there has been a shift from private to public provision of ECD services (UNICEF 2006) where the Ministry of Primary and Secondary Education (MoPSE) called for the inclusion of ECD services in public schools. This was a response to numerous research findings such as that of the 2003 UNESCO report on gender and education for all (UNESCO 2003). According to the report's findings, children who started their education early were very much more advanced and equipped for primary education (*ibid*).

When tracing the history of the uptake of ECD programmes and policy formation in Zimbabwe since 1980, Sibanda (2014) highlighted that this drive for child centred development started off with the establishment of Early Childhood Education and Care (ECEC) centres which were under the Ministry of Community Development and Women's Affairs. Later on, they were transferred to the Ministry of Education, Sport and Culture (MoESC) and now they are under the MoPSE (*ibid*). In the case of ECEC centres situated in rural areas, a report by the MoESC (1999) highlights that these ECEC centres were operating under trees and they were being manned by unqualified personnel. Furthermore, Ayasi (2003) purports that these public ECD centres functioned as play and feeding points for children as the new government of Zimbabwe was trying to respond to socio-economic challenges.

Given these escalating conditions that most centres in underprivileged communities were operating under, the government of Zimbabwe made efforts to address this. Sibanda (2014) highlights that Zimbabwe's commitment to educational goals inscribed in the Millennium Development Goals (MDGs) has spearheaded the thrust towards achieving universal ECD education for all children in primary schools under the MoPSE in an effort to increase the provision of education services especially to social groups that have so far been disadvantaged. The Nziramasanga Report (1999) concurs with this point when it highlights that the government found that disadvantaged children in rural impoverished areas did not

have access to ECD services and those parents of children under ECD A and ECD B could not afford privately-owned preschools and nursery schools.

Hence, the government of Zimbabwe took strides to integrate ECD into educational structures rather than for the programmes to run parallel. Thus, as revealed by Dyanda et al. (2005), the National ECD policy which requires that children between the ages of three to five years be integrated into primary school under the Statutory Instrument 106 of 2005 was put in place. This marked the integration of ECD learning into formal primary schools which was a way to increase the accessibility of ECD services (*ibid*). In light of this move, Zimbabwe's 2012 MDGs progress report points out that since the mainstreaming of ECE and development in primary schools, approximately 98 percent of all primary schools have established ECD B classes and about 60 percent have established ECD A classes.

In reference to the ECD policy, Mhangami (2005) purports that the requirements of the Statutory Instrument 106 of 2005 are in tandem with the Zimbabwean Education policy framework because emphasis on early childhood development is on numeracy, literacy and oral expression as well as development of the child as a whole. For instance, Dyanda et al. (2005) indicated that Item 10 (2) of the Statutory Instrument indicates that the ECD curriculum should cater for the physical, mental, and social development of children who are not yet in formal school and hence should not include writing, reading or number work. This implies that the content taught at ECD A and ECD B level is foundational skills learning and differs from the actual teaching done at formal school.

Furthermore, Britto et al. (2011) point out that ECD programmes are cross-cutting. Hence, various government ministries that include the MoPSE and the Ministry of Health and Social Development have been involved in ECD policy formulation and programming so as to push forward the holistic development of the child. According to the MoESAC (2011), Zimbabwe's ECD syllabus is child-centred and is more inclined to advocating for the child to develop on his or her own pace. This is viewed as an opposition to traditional modes of caring and educating the child because it is perceived as being aligned to liberal feminist's view of equality and the right to freedom and autonomy. Mawere et al. (2011) buttresses this point when he states that the child centred teaching method has resulted in more gender-

sensitive teaching methods in classroom activities (Mawere et al. 2011 cited in Samkange 2015).

Nonetheless, the school is just one socializing agent amongst others. In as much as the education policies advocate for gender sensitive teaching methods, there is still a need to address this at household and community level, especially in patriarchal societies. In support of this point, Spillane, Reiser, and Reimer (2002) assert that this is because implementers often lack the capacity, the knowledge, skills, personnel, and other resources necessary to work in ways that are consistent with policy.

To illustrate the above view, a 2006 UNICEF report points out that accessibility and equity in ECD service provision in Zimbabwe is a major problem. Furthermore, it is stated in the report that stakeholders' expectations were not met with regards to provision of quality ECD education and care (UNICEF 2006). Moreover, the ECD policy fails to explicitly highlight the need for parental involvement. This is in comparison with South Africa's Children's Act (South Africa 2005) which clearly stipulates that it is the primary responsibility of the parent to meet the needs of the child. Involvement of caregivers in the programme will make it easier for views and opinions to be shared concerning the wellbeing of the child.

Furthermore, as will be highlighted by the bio-ecological systems theory, involving caregivers in the ECD programme design, implementation and evaluation can help change negative attitudes on ECD because the caregivers will be working together with the other stakeholders. Hence, there is need for collaboration between parents and stakeholders such as government, teachers and the community to be involved in the care and education of the child because it is after all in the best interest of the child.

Given the context of ECD in developing countries and in Zimbabwe as has been highlighted in the literature, this study will use the terminology ECD programmes to refer to ECDC services. This is because in the Zimbabwean context, ECD refers to these early stages of pre-primary learning and it has come to encompass both development and care of the child through services that are offered either in crèches or in primary schools.

In Zimbabwe, the ECD centres situated in primary school settings aim to provide safe learning and growth environment for children between the ages of three to four years (ECD A) and four to five years (ECD B). The study's focus will be on ECD A and ECD B children who are engaged in pre-formal learning activities at Matshetshe ECD centre in preparation for a smooth transition to Grade one either within the school or in other primary. In this regard, the study will seek to evaluate whether the caregivers understand the National ECD policy and their perceptions on early learning and care.

## **2.5 Women and Childcare**

According to McFadden (2003), gender refers to socially constructed roles, activities and responsibilities that are assigned to men and women on the basis of their sex. Furthermore, gender is based on socially constructed roles while sex refers to biological differences that make up a male and female (*ibid*). Shaba and Mahuku (2003) outline that this allocation of roles has tended to have an effect on how resources and power are distributed. Hence, this study focused on gender on the basis that childcare has been socially defined to be the duty of a woman.

ECD programmes have an effect on how women divide their time so as to participate in the labour market and in child care. Despite this, ZimStat (2012) alludes that in Zimbabwe female labour force participation is lower than males regardless of the fact that women constitute 52 percent of the total population. Naude and Serumaga-Zake (2011) also provide an argument for this scenario basing their analysis on the human capital theory by attributing women's participation in the labour market to their level of schooling. Benefo and Pillai (2003) further add that when a women's level of schooling increases, her non-participation in family work also increases.

Based on these view points, research on ECD should also highlight the effects of these childcare programmes not only to the child but also on women. In support of this view, Malhotra et al. (2002) alludes that viewing development programmes such as these with a gendered lens would aid development agencies and governments to find better and sustainable ways of alleviating poverty and promoting growth and better governance. Therefore, a gender focus on development programmes has to focus on policies that govern the gender interactions that take place in the social, economic and political spheres.

In this regard, ECD programmes affect women in the socio-economic and political spheres. Also, there is a need to assess how women are integrated into the programmes through policymaking and in decision-making processes. This will constitute empowerment which according to Bennett (2002) is defined as “the enhancement of assets and capabilities of diverse individuals and groups to engage, influence and hold accountable the institutions which affect them” (Bennett 2002 cited in Malhotra et al. 2002:4). Hence, based on this definition, women are mostly affected by ECD policies and programmes, which in this case constitute functionings that affect the way women can further their own development. This means that in order for these functionings to cater for the wellbeing of women, they should consider the context or culture of the society in which these policies and /or programmes occur. In support of this view, Chen (1992) also outlines that “development programmes should take into account engines of empowerment that include perceptions, resources, social relationships and power” (Chen 1992 cited in Malhotra et al. 2002: 8). He adds that these engines need to be looked into so as to critically address issues of gender equity in programme design and implementation (*ibid*).

Furthermore, in an effort to better the lives of women and include them in ECD activities, some ECD programmes have amalgamated skills training and capacity building programs. Such a case is highlighted in UNICEF’s 2006 report of the parents’ education program in Egypt. According to the report, mothers that took part in this parents’ education program cited that they were capacitated well in childcare as they can now take better care of their children’s wellbeing with regards to cleanliness and preparing healthy low cost meals (*ibid*). Furthermore, an offshoot of the training included developing their entrepreneurial skills such as sewing skills, which have enabled some of the mothers to earn extra income for themselves (*ibid*).

In as much as governments and non-governmental organizations have attempted to come up with programmes that seek to better the status of women through using various engines of empowerment, Malhotra et al. (2002) highlight that empowerment is an individual choice and should start with the individual. In as much as ECD programmes have been strategized to give women time to conduct other activities during the time that the child is away at the centre, the question that needs to be asked is whether these women or child caregivers are in fact empowered. Hence, ECD policymakers and programme planners should take into

account how women perceive ECD centres and the services that they offer. Such views and perceptions would help stakeholders to further the main purpose of ECD programmes while at the same time reducing the risk of disempowering the person closest to the child, that is, the caregiver.

Moreover, Campello and Neri (2014) highlight that the issue of women having more time to seek employment and to conduct other entrepreneurial activities while the children are being taken care of at an ECD centre is a double-edged sword. This is mainly because women are now expected to play both the reproductive and productive roles (*ibid*).

Moving on, the next chapter reveals that a deep analysis of ECD programmes does not necessarily equate to empowerment of women because ECD itself is not a gender neutral site. For instance, this might lead to women having more workload and little or less time on their hands to cater for themselves. Hence, developmental programmes have to be designed with the socio-cultural context of the target group in mind. Similarly, ECD policymakers have to take into account that it is not just about bettering the lives of children at the expense of their caregivers, the mothers.

## **2.6 Conclusion**

This chapter provided a brief context on ECD in Zimbabwe and other countries. It highlighted the development of the education sector in Zimbabwe before and after independence. Socio-economic benefits of ECD programmes were also highlighted and most of these were aligned to women, whom this research is based on. Secondly, the chapter also highlighted that in spite of these benefits, policy sometimes overlooks the need to address the gendered nature of ECD programmes leading to the impediment of women's empowerment.

From the literature, it has been noted that this is because more work on ECD has focused mostly on the development of the child, with women only seen as the providers of care. However, the literature has highlighted that little has been done to understand how their perceptions of these programmes can better assist policy formation and programme design and implementation.

## **Chapter 3: Theoretical Framework**

### **3.0 Introduction**

There are a number of broad approaches that seek to address the ECD field. According to Burns and Grove (2005) a theory consists of an integrated set of defined concepts, existence statements, and relational statements that represent a view of phenomenon and can be used to describe explain, predict and control that phenomenon. Furthermore, they add that a framework is an abstract logical structure of meaning that guides the development of a study and enables the researcher to link the findings of the nursing body of knowledge (*ibid*).

In linking the benefits of ECD, policy making and its impact on women, this chapter will review the bio-ecological theory and the Feminist Political Economy (FPE) framework. Berk (2000) purports that the bio-ecological systems theory propounded by Bronfenbrenner (1977), takes into account that individuals and environmental factors have an effect on a child's development through an analysis of the four layers (microsystem, mesosystem, exosystem and macrosystem). In addition, InterPares (2004) alluded that a critical FPE framework adds on to the bio-ecological theory by embracing gender in the forefront as it analyses human needs and well-being. A gender perspective is crucial in the research because gender dynamics at home and in society will have an impact on the caregiver's perceptions of ECD programmes.

These two theories add value to the study on the basis that they provide a gender sensitive analysis of the care environment and other environments that are in touch with the child and the primary caregivers. Furthermore, both theories acknowledge the various stakeholders and the dynamic nature of the social and economic relationships involved in the caring of the child. Hence, the combination of the two theories makes a sound theoretical approach for this study.

### **3.1 The Bio-ecological Systems Theory**

Successful ECD programmes require that various stakeholders that include the caregivers, the teachers and the policymakers work together to foster holistic development of the child. This is in line with Berk's (2000) assertion that human beings develop in relation to the family, home, school, and the society and these environments are conceptualised as nested systems.

In order to understand the importance of child development and the involvement of these various stakeholders, there is a need to borrow ideas from Bronfenbrenner's bio-ecological theory.

In addition, as highlighted by Haddad (2002), Bronfenbrenner's bio-ecological theory purports that, the integration of care and education should be seen as the result of on-going interaction involving direct and indirect forces affecting children in their most meaningful environments. In this study this is in reference to the school and family settings.

In analysing the bio-ecological systems theory, the study focuses on four subsystems or layers that support and guide child development. These are outlined by Berk (2000) as comprised of the micro, meso, exo and macrosystem. According to Alderman and Brown (2010), analysing these nested subsystems is crucial in the analysis of the relations and the link between the various stakeholders, individuals and activities which are involved in human development. This link is supported by Haddad (2002) who highlighted that these systems should not be considered individually but together with other relevant variables. Therefore, the study attempts to use a holistic approach by analysing the social, cultural and economic factors that may shape women's perceptions of ECD programmes.

### **3.1.1 The Microsystem**

The first subsystem in the bio-ecological systems theory is the microsystem. Haddad (2002) highlights that this layer seeks to analyse the various activities, relationships and roles that affect the child directly. Furthermore, Evans (2004) adds that through these social and interpersonal relations there are some socio-economic or physical forces that can inhibit or permit progressive engagement in the subsystem. An analysis of the home and school environment will help fulfil the following objectives of the research:

1. To assess the impact of early childhood development services on women caregivers who enrol their children in ECD programmes.
2. To evaluate the relationship between women child caregivers and ECD programme stakeholders.

In other words, the home and school environment can have a positive or negative impact on the child's development. This point is buttressed by Bassey (1999) who alludes that the various micro systems which the child is in contact with can have profound impact on the child's development and this impact can vary. In this study, the micro systems are the home and the ECD centres. Such an analysis fits in with the study on the basis that the interactions that take place at home and at school have an impact on women's perceptions of ECD programmes. In this regard, the lived experiences of women and their interactions with the school personnel contribute to the holistic development of the child, both at school and at home.

Also, analysing the caregiver's involvement in the child's learning through interactions with the teachers at the centre can result in a better understanding of the impact of ECD, not only to the child, but also to the caregiver. For instance, in a study conducted by Ackerman and Barnett (2009), parents who were more involved in the ECD centre activities such as workshops and volunteer services had a positive relationship with the school. On the other hand, parents who failed to participate in their child's activities at the school somehow did not have a better understanding of the child's social, emotional, physical and cognitive needs (*ibid*). Hence, Young (2003) argues that such lack of understanding and interaction between the parents and school in the microsystem may affect the child's growth and learning process.

Furthermore, Addison (1992) asserts that the breakdown of the microsystem can have a dire impact on the child. To illustrate this, in a study of parental involvement in Head Start programmes, Ackerman and Barnett (2009), found that the structure of the home environment is correlated to the child's behaviour at school. This is to say that children from unstructured home environments lack discipline and their learning at school is also affected (*ibid*). Based on these findings, the theory therefore fits the study as it emphasizes the need for the home and school to be in harmony so that a solid foundation and conducive environment is created for the child to develop and learn positively.

### **3.1.2 The Mesosystem**

The second subsystem in the bio-ecological systems theory is the mesosystem. According to Bassey (2002), the mesosystem consists of two or more microsystems which interact with each other for a certain purpose. Addison (1992) also buttresses this further when he

highlights that these microsystems could be individuals who are interacting for the sake of the child. In this regard, the mesosystem is linked to the relationship between the child's school, that is, the ECD centre in this case, and the family. This means that the parent-teacher relationship is crucial in the development of the child. Hence, Ornstein and Ornstein (2011) stress that cementing these relations will help the teachers to better provide the best care and education for the child that will be in line with the family values of the child.

Also, in support of the parent-teacher relations, the MoPSE in Zimbabwe through the Director's Circular Number 15 of 2005, stresses the importance of School Development Committees (SDCs) which create a platform for the exchange of information and ideas among the caregivers and teachers. These committees act as a voice between the parents of the child and the school itself. Hence, communication becomes crucial as active parents can help create a better and quality education for the children at school.

Furthermore, Hyde and Kabiru (2003) highlight that the main reason why parents send their children to ECD centres is to prepare them for formal school. Moreover, parents and teachers have to be at par with the teachers who are presumed to be having the expertise to make sure that the child is indeed ready for formal schooling. In support of this view, Ackerman and Barnett (2009) highlight that the involvement of parents in school activities either as volunteers or through mobilizing resources for the ECD, can lead to quality ECD programmes.

On the other hand, Naughton (2003) argues that despite the efforts of trying to build strong and positive relationships between the caregivers of the child and the teachers, this is not an easy task. He goes on to elaborate that there always exists some level of mistrust among caregivers regarding the extent to which teachers can care for their children (*ibid*). Whereas, teachers believe that the approach they use to care and teach is in the best interest of the child (*ibid*). Consequently, such tensions can lead to knowledge-power struggles that can lead to non-involvement of the parents in the development of the child at the ECD centre.

With the above view point in mind, the research is of the view that the perceptions that the women caregivers have about ECD programmes can either strengthen or weaken the ties that should be there in the mesosystem. Also, Samuels (2002) defines perception as deriving from

the selection, organisation and interpretation of information by people about their work and their environment. Hence, perceptions have an impact on the progress of the programme. For instance, in their study of the inclusion of ECD in Zimbabwe, Chikutuma and Mawere (2013) found that the outdoor and indoor environment was not conducive due to lack of appropriate playing and learning materials. As a result, the study reveals that there were negative attitudes towards the introduction of ECD A and ECD B in schools (*ibid*).

Also, in order to curb such negative attitudes, it is crucial that policy makers work together with the caregivers and the teachers in making sure that proper care and education will be given to children while at school. This is to say that caregivers are particular about where and with whom they leave their child. As highlighted by Berk (2000) the school and the home should work together in making sure that the child receives the best care so that positive results can be achieved. This means that in order for policy makers to understand women caregivers' perceptions on ECD programmes, they need to understand the views, attitudes and insights that the caregivers have on ECD programmes.

Moreover, understanding and involving caregivers in the design and implementation of the ECD programme is crucial for better deliverance of the programmes and in maintaining these parent-teacher relations. Berk (2000) buttresses this point when he points out that parents make an irreplaceable contribution to the child's development and their involvement greatly increases the likelihood of child's success in later life.

### **3.1.3 The Exosystem**

The extent of stakeholder collaboration is crucial in this study as it ascertains the different roles and efforts that the caregivers, community, NGOs and the government ministries put into ECD programmes. Berk (2000) points out that these partnerships and collaborations form the third layer which is the exosystem. It is envisaged that positive collaboration among all these stakeholders can lead to quality and sustainable ECD programmes (*ibid*). On the other hand, Ackerman and Brown (2010) point out that despite the fact that children do not directly participate at this level, there is need for it to be analysed because it is connected to the microsystem.

For instance, a case to note that shows the effects of collective efforts by different stakeholders is the case of ECD programmes that were supported by the Kenya Community Development Foundation (KCDF) and its partners in the Eastern and Coast Regions of Kenya. After seeing the effects of the poor socio-economic conditions that were affecting the Kenyan communities, the report highlighted that KCDF and its various partners initiated a school feeding programme (KCDF 2010). This was done so as to address lack of proper nutrition that was affecting children's concentration at school, development and growth. Hence, through the school feeding programme, KCDF, child guardians and donors played a huge part by supporting the ECD centre (*ibid*). Also, in the same case study, parents provided firewood and prepared food for the children (*ibid*). Such support goes a long way in the holistic development of the child and also increases child enrolment and retention.

In addition, Haddad (2002) gives clarity to what encompasses an exosystem in the ECD field when he points out that it encompasses legislation, policies and forces that regulate and structure the ECEC system. Furthermore, the caregiver's professional world and social networks of the caregivers also make up the exosystem (*ibid*). This means that the introduction of ECD A and ECD B in Zimbabwean primary schools as per government policy through the Statutory Instrument 106 of 2005 of the Government of Zimbabwe may not have an effect on the child directly, but it can have an effect on the primary caregiver of the child.

To illustrate the above view point, Dyanda et al. (2005) in their study on the uptake of ECD A and ECD B in Zimbabwean schools found that there were mixed feelings about the programme. Heads of schools felt that they were not properly staffed, while on the other hand caregivers felt the programme was providing equity and access (*ibid*). This goes to show that perceptions may vary according to the community, the individual and the stakeholders depending on what they believe is necessary for child development. Therefore, since the National ECD policy in Zimbabwe requires that every child should undergo ECD A and ECD B, it is crucial to understand both the positive and negative impacts of this policy to the caregiver.

Furthermore, a study conducted by Shumba, Rembe and Pumla (2014) on Parental Perceptions on ECD Provisioning in Mdantsane District, Eastern Cape, South Africa revealed that some guardians would rather wait for duties to be delegated to them. The study reveals

that this was because the guardians felt that because the project was started by the centre manager (*ibid*). In this case, equity in the programme did not apply. The low self-esteem portrayed by these parents is somehow not addressed by policy. In this regard, there is a need to boost stakeholder collaboration by involving everyone in the programme design, implementation and evaluation so as to avoid such constraints in ECD service delivery.

The case studies cited above reveal that an analysis of the exosystem is crucial for this study as it ascertains whether policy makers and the school staff understand the needs of the caregivers. Consequently, it is essential to understand the daily lives of the caregivers so as to better understand what they go through in making sure that their children access these services. Also, it will go a long way in addressing the issues that make some women forgo accessing these services. In order for the ECD programme to be effectively and successfully implemented, all the systems around the child should work collaboratively.

### **3.1.4 The Macrosystem**

Finally, Bronfenbrenner (1993) identified the macrosystem as the fourth layer. He highlighted that this layer encompasses the culture or social structure of a group whose members share common beliefs or value systems, life styles and resources. This layer is also crucial for this study as Bronfenbrenner (1993) points out that it affects other layers. To illustrate this, culturally, parents have the sole responsibility of raising their children. Therefore, if all the responsibilities are left upon the parents, then the other layers are implicated on the basis that resources will be scarce for parents to fully provide holistic development for their children without any outside support.

Furthermore, the macrosystem helps us to keep in mind that the roles played by the family should not be ignored because it is at household level that the child's future is shaped. Moreover, this is the place where most of the socialization takes place. In this light, Yoshikawa and Hsueh (2001) point out that intra-household dynamics should neither be under-nor overestimated as family research has come to show that home environments and parenting style have a huge impact on the growth of the child. It is also at this level that the female caregiver has been assigned the role of raising the child.

In reference to developing countries, Peralta (2008) expanded further on the macrosystem layer when he stated that quality education is dependent on factors that include culture, family, ownership of programme, and maximum use of local resources. The 2008 Global Fund for Children (GFC) report presents the case of Monduli Pastoralist Development Initiative (MPDI), an NGO supported by the GFC and based in Tanzania. The report highlighted that modern education can be amalgamated into the culture of that particular community (*ibid*). For example, it states that the ECD centres under MPDI resemble the traditional Maasai home, traditional songs and dances are being uplifted (*ibid*). Furthermore, teaching methods such as counting are carried out with the use of Maasai beads (*ibid*). All this shows an effort by the teachers, NGOs and the Maasai community to broaden the knowledge of their children without foregoing their culture and values.

In addition, in his analysis of the impact of the macrosystem on ECD policies and programmes, Cochran (1993) brings out the point that there are causal factors and mediating influences that can impact on the ECD programme. In this instance, the causal factors in this study can be the social, cultural, economic and demographic factors. With reference to women caregivers in the case study, uMzingwane District, these could be looked at in relation to poverty, patriarchy norms and values and livelihood strategies for these women. Furthermore, regarding mediating influences, Cochran (1993) identified these as socio-cultural values, beliefs and norms traditionally held by the family and religion as well as social-political and economic ideologies. In addition, he purports that these mediating forces act as filters that seek to screen policy or programme alternatives that are incompatible with them (*ibid*). In this study, these filters can be the perceptions that the caregivers might have regarding ECD programmes and these can be guided by the socio-cultural environment that women are in contact with.

Based on the above analysis of the macrosystem, it is crucial that in coming up with a developmental programme such as the ECD programme, policymakers and stakeholders that include non-governmental organisations and government ministries have to consider the social and economic dynamics that take place in the family and community. It is paramount to also acknowledge the gendered face of the care environment. Hence, this study seeks to understand how the socio-cultural and economic forces may impact on women and how they perceive and participate in ECD programmes.

### **3.2 The Feminist Political Economy Approach**

A critical gender analysis is crucial for the study because as highlighted by McLoughlin (2009), a political economy analysis serves to unravel the relationships, distribution and contestation of power between different groups and individuals in development interventions. This point is buttressed by Griffin (2007) who highlights that making women visible in the development field goes further in bringing into analysis the political and economic processes of development programmes. This means that in as much as ECD programmes benefit women, there is need for more analysis in terms of intra-household labour and power relations between women caregivers and other ECD stakeholders in order to address the gendered inequalities.

#### **3.2.1 Power Dynamics**

A FPE framework also seeks to analyse the power dynamics that are at play between various relationships and institutions. Furthermore, an Interpares report supports this stance when it states that a FPE approach reveals and clarifies how gender determines or influences the social and political relationships and structures of power and the differential economic effects that flow from these relationships and structures (Interpares 2004). In this regard, the FPE approach befits the study as it is in accordance with the study's following research objectives:

1. To assess the role played by women child caregivers in the framing of ECD policies and programmes.
2. To evaluate the relationship between women child caregivers and ECD programme stakeholders.

For instance, applying a FPE approach in analysing research objective one above would help us unravel whether women caregivers have a voice and are active participants in the framing of the ECD programme. Antrobus (2004) argues that there exists unequal power dynamics between women and men. Therefore, this approach will assist the study in analysing if and how women are involved in the development of ECD policies and the power relations that exist between the caregivers, policymakers and the school.

Furthermore, by analysing the power dynamics, a FPE approach will help us understand the relationship between the caregivers and various stakeholders such as the NGOs and the MoPSE. In scrutinising this relationship, Riley (2008) highlights that a FPE approach serves

to help us understand that woman's struggle for their self-independence is linked to the embedded power dynamics that exist between men and women in a patriarchal society. This also means that policymakers and NGOs need to take into account that since women are the main caregivers of the children, they should be seen as agents, not simply as recipients in development programmes such as the ECD programme. Hence, a FPE approach calls into question gender, relations and the development process.

For instance, migration trends have shown that due to the case study's district's proximity to neighbouring South Africa and Botswana, men are leaving their families to seek employment, leaving female-headed households to rely on insufficient and unstable allowances. This results in the feminisation of poverty as women have less power over access to employment and production of resources. In trying to create an understanding of the feminisation of poverty concept, Medeiros and Costa (2008) make a distinction between the terms 'poverty' and 'feminisation.' They argue that poverty is lack of resources, capabilities or freedoms, while feminization is a term used to explain gender biases in these aforementioned poverty dimensions (*ibid*). Also, Kanji (1994) attempts to illustrate the concept of feminization of poverty, when he reveals that many of the female heads in Zimbabwe are vulnerable because they have no job security since they work in the informal sector. With male breadwinners having migrated or absent, women are forced to work overtime to manage both the household expenditure and the household chores, further pushing them into the cycle of poverty (*ibid*).

Based on the above mentioned trends, a FPE approach befits the study as it takes into account the division of labour. An understanding of the division of labour is crucial in analysing ECD programmes because a woman's day is affected by the schedule of preparing the child for school, taking the child to school, participating in school activities, while at the same time trying to raise income for the family. Thus, Hunt (1989) highlights that without changing the existing division of labour and access to resources, there is no possibility of changing the status quo and improving the status of women so that they can attain their economic, social and cultural rights.

### **3.2.2 ECD and Gender**

Furthermore, the gendered nature of ECD programmes reveals two divergent views. As highlighted by Shehadeh (2008), one view is that ECD has been seen to have a positive

impact on the lives of girls and women by increasing social and economic equity and addressing gender imbalances in nutrition, healthcare and education. In as much as there are ECD programmes such as the parents' education program in Egypt which capacitated the women caregivers with entrepreneurial skills (UNICEF 2006), there is limited research that seeks to determine whether women themselves perceive these programs as a female empowerment strategy. This is because empowerment is multifaceted and as stated by Malhotra et al (2002), it should involve the making of decisions and having access and control over resources and personal wellbeing. Furthermore, Narayan (2002) articulates that for equity and empowerment to be achieved there is a need for change with regards cultural norms and value systems so as to give women the space to make choices about their lives and in turn better themselves.

The second prevailing view emerges in the critical analysis of ECD programmes by Campello and Neri (2014). In their critique, Campello and Neri (2014) purport that centre-based childcare is a capitalist tactic that is being used to gain access to cheap labour as more women enter the labour market. This is common in societies where women are seen as subordinate to men (*ibid*). Moreover, Pence and Nsamenang (2008) add that in caring for the child the family and culture have to be considered. For instance, the case study district uMzingwane has low education levels especially among women and also, the community strongly adheres to culture. In such instances, ignoring the gendered face of ECD service delivery, programming, implementation and gender impact would be disastrous. Hence, ECE and development is not a gender neutral site as institutions such as the family, society and the market are involved.

The need for a critical feminist perspective on the care environment has led to the growing need to research not only the social benefits of these programmes to women and girls but also the economic benefits (DFID 2009). Therefore, state policies have to be aware of the needs of women both in the framing and implementation of the ECD programmes. To buttress this, Chopra (2013) highlights that socially constructed gender roles which have conditioned women and girls as care providers undermines their rights, limits their opportunities, choices and capabilities. This leads to the impediment of women's empowerment (*ibid*).

The gendered nature of the care environment can also be noted from the point of view of fathers as revealed in a study of the 'Better Parents' (BP) programme in Jordan. With

reference to the BP study, Sultan (2009) reveals that fathers that were interviewed about the programme perceived showing emotions to be a sign of weakness and part of the feminine trait. Hence, most of them did not find it crucial to attend the training course (*ibid*). As a result, such social constructs concerning the care environment can have dire effects on women because even though ECD services are designed to support them, they still have to be full time workers in the care environment. Furthermore, without proper gender focused conscientisation efforts, women will still remain the main focal people who drop-off and collect the child from the ECD centre and also make sure the child is cared for at home. In this regard, there is need for further analysis of this situation, especially in rural areas where the common mode of transport from the home to the ECD centre is by foot.

### **3.3 Conclusion**

Lastly, it examined the two approaches bio-ecological theory and the feminist political economy theory (FPE). The chapter engaged these theories in providing a detailed analysis of the care environment and its links to social, economic and cultural factors.

## **Chapter 4: Methodology**

### **4.0 Introduction**

This chapter deals with the research design and methodology that was employed in the study. According to Guy et al. (1987), a research methodology is a plan of procedures for data collection and analysis that are undertaken to evaluate a particular theoretical perspective. Firstly, this chapter provides an overview of the research method employed in the study. Secondly, a brief description of the geographical area where the study was conducted is described. Thirdly, sampling methods, data collection instruments, data analysis and the strategies of maintaining validity and reliability are described. Lastly, I address the challenges that I faced during data collection.

### **4.1 Research Design - Qualitative Research**

The study employed a qualitative research method to understand the perceptions of ECD programmes amongst rural women. According to Ulin et al. (2005), a qualitative research design helps to create rich and detailed material that can be used in analysis.

I used qualitative data collection methods that include fourteen in-depth individual interviews, a focus group discussion and four days of participant observation. This was done so as to get a clear understanding of the respondents' behaviors and reasons of such behaviors making it possible for me to draw conclusions about the study. Qualitative research allowed me to obtain more in-depth information about women caregiver's perceptions regarding ECD programmes at Matshetshe Primary School ECD centre in uMzingwane district.

### **4.2 Study Area**

The research used a case study approach which is defined by Robson (1993) as the situation, individual, group, organisation or whatever it is that we are interested in. Furthermore, Robson (1993) also points out that a case study helps the researcher to have an understanding of the group under study. I purposively chose Matshetshe Primary School ECD centre as a study, based on its geographic location. Matshetshe ECD centre is situated in a rural area in one of the most marginalised provinces of Zimbabwe, that is, Matabeleland South Province. Furthermore, the centre is located along the busy main road popularly known as Gwanda Road.

Matshetshe ECD centre caters for the ECD A and ECD B classes as outlined in Zimbabwe's 2004 National ECD policy. The majority of the caregivers who use the services of the school are from Ward 3 in the Matshetshe area.

The case study approach's merit is that the results gathered from it have a stronger impact on the general public than statistical surveys. This point is buttressed by Yin (2003) who purports that a case study approach helps to answer responses to the 'why' and the 'how' part of the study. Also, Hodkinson and Hodkinson (2001) highlight that case studies are crucial as they capture reality and the lived experiences of the case under study. In this instance, the case study, Matshetshe ECD centre, enabled me to observe how women interact with the school staff, understand their daily activities as they drop and pick up the children from school. It also enabled me to understand more about the ECD programme and the various services that are available to the children and the caregivers. It was necessary to use this approach in the study so as to gain insight as to why women take their children to ECD centres and why some do not. This is because it is paramount to understand the perceptions that women caregivers have regarding ECD programmes as they have an impact in their lives.

The case study approach does have its drawbacks. For instance, Yin (1994) points out that one cannot determine how far the findings of a study of a social phenomenon can be applicable to other areas since one cannot generalise from a single case.

### **4.3 Sample of the Study**

As articulated by Burns and Grove (1993), population is defined as the individuals or objects that meet the study's sampling criteria. Overall, the study had a total sample size of 22 respondents.

#### **4.3.1 Caregivers**

The sixteen caregivers that were involved in the study represented the family structure of households in the area. These consisted of eight female caregivers with a child who attends the ECD centre and eight female caregivers whose children do not attend the ECD centre. The caregivers comprised of one widow, eight grandmothers, a single parent and six married women. Fourteen of these women rely on either informal trading or family members for their

income. The widower and the single parent caregivers fend for themselves. The table below illustrates the composition of the female caregivers.

<b>Respondent</b>	<b>Age</b>	<b>Relationship to the child</b>
N.N. <sup>1</sup>	32	Single mother
A.M.	63	Grandmother
S.N.	75	Grandmother
C.N.	36	Mother (married)
N.D.	47	Mother (married)
M.M	54	Grandmother
J. N.	43	Mother (married)
N.Z.	56	Grandmother
M.D.	65	Grandmother
W.D.	58	Grandmother
S.T.	46	Mother (married)
P.D.	35	Mother (married)
G.M.	64	Grandmother
M.G.	51	Grandmother
S.K.	30	Widower
M.T.	39	Mother (married)

#### **4.3.2 ECD Teachers**

The ECD A and ECD B classes are manned by four teachers, of which two of those are untrained. For the purpose of this research, two ECD female teachers were interviewed in the in-depth interviews. One of the teachers is trained and holds a Diploma in Education while the other one is a student teacher. The make-up of ECD teachers substantiates the characteristics of the ECD field which is dominated by female teachers.

#### **4.3.3 Key Informants**

Marshall (1996: 92) defines a key informant as “an expert source of information.” Four key informants were involved in the study. The first informant was from the MoPSE and is an ECD trainer for uMzingwane District under the MoPSE at the District Education Office. The second informant was the Programmes Officer for the Uluntu Community Foundation (UCF), an NGO specialising in community development work. The third informant was the community leader of Ward 3, Matshetshe area where the school is located. The last key informant was the Deputy Head of Matshetshe Primary School and has experience in the

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<sup>1</sup> Note that to ensure confidentiality of the respondents’ responses, initials have been used.

education field, both as a teacher and as a Head of the school. These key informants work closely together in education projects that take place at community level.

#### **4.4 Sampling Procedure**

In defining sampling, Grinnell (1993) states that it is the selection of some units to represent the entire set from which the units were drawn and should represent the entire population. He further states that sampling tools help save time, money and energy and provide solutions to problems (*ibid*). In this study, purposive sampling was employed. According to Guest et al. (2012), purposeful sampling involves the choosing of participants who will provide rich information on the topic and assist in meeting the set objectives of the study. Moreover, in identifying my unit of study, I employed criterion sampling, snowball sampling and convenience sampling strategies which will be discussed in detail in the next session.

##### **4.4.1 Criterion Sampling**

According to Palinkas (2015), criterion sampling strategy can be used to identify and select cases that meet some predetermined criterion of importance. A criterion sampling strategy was used to select four female caregivers with a child at the ECD. The respondents who met this sampling criteria were identified at Matshetshe Primary School ECD centre and in the community of Ward 3 where the school is situated.

In the case of ECD teachers and school head, they were selected on the basis that they are among the staff of Matshetshe ECD centre and have knowledge on ECD programmes.

##### **4.4.2 Snowball Sampling Strategy**

The study employed a snowball sampling strategy to identify four female caregivers whose children do not attend Matshetshe Primary School ECD centre. Hence, since I do not reside in Ward 3, I had to go into the community households and speak to individuals who assisted me with the information of households which had respondents who fit the study. This meant that I would move from household and follow the lead and information that I was given in the previous household.

As highlighted by Palinkas (2015), this sampling strategy is also useful when a researcher needs to identify the cases of interest using information from people who have that

information. Therefore, in this study the women caregivers who do not take their child to the ECD centre had to have a child who is between the ages of three to six years and be residing in Ward 3.

I encountered challenges in some of the households that were pointed out by some of the people that I talked to as some household did not want to give off information about whether their child is attending the ECD centre or not. Furthermore, it was difficult to verify this because I had to be cautious and not impose myself on such a household.

#### **4.4.3 Key Informant Sampling Technique**

Marshall (1996) defines a key informant sampling technique as a technique that considers the respondent's role in the community and their knowledge on the subject being researched. The four key informants that were involved in the study work closely together in education projects that take place at community level.

### **4.5 Data Collection Methods**

The study employed in-depth interviews, focus group discussions and participant observation to collect data. These data collection instruments were used so as to ensure that the study's results are valid and reliable. The questions asked in the research were in line with the research objectives. The following section will analyse each data collection method in detail.

#### **4.5.1 In-depth Interviews**

According to Minichiello et al. (1995), in-depth interviews are open-ended interviews that obtain participants' comprehensive perspectives on a topic. Furthermore, Burton argues that in-depth interviews help shed light on the underlying attitudes and perceptions and beliefs of the person being interviewed on the subject being discussed.

In the study, I conducted in-depth the interviews with four women caregivers who take their child to the ECD centre, four women who do not take their child to the ECD centre, two ECD teachers, the school head, one community leader, a respondent from the UCF, an NGO and one from the MoPSE. This was done with the assistance of an interview guide that I had prepared beforehand (See Appendix B). Through the thirty minutes to an hour interviews

that were conducted, I managed to explore and gain insights relating to issues that include perceptions on ECD, gender, ECD planning processes and implementation.

The various respondents were included in the study because of the information they possess which assisted me in achieving the objectives of the study. Two in-depth interviews for caregivers who have children at the centre were conducted with caregivers who came to collect their children at the centre after school, whilst the other two caregivers were conveniently found at the community leader's house. The caregivers at the school were in a hurry; hence I made sure that the in-depth interviews did not last for more than an hour. Furthermore, in-depth interviews allowed me to record in detail the responses and give me the opportunity to go back to the respondent later for clarification if need be. In-depth interviews also enabled me to read nonverbal cues. The nonverbal cues gave me a better understanding of the feelings of the respondent towards a certain question and to also assess the validity of the responses.

In addition, White (2005) points out that the spontaneous answers in interviews leave the respondent with little time to reflect. Thus, it is envisaged that these responses will be more accurate than those that the respondent would have had time to reflect on. I encountered challenges during the interviews as some of the women respondents were shy. In order to gather as much information, I had to constantly try to make them feel comfortable and rephrase the question, repeat it or give them time to respond.

Also, I tried to create a conducive environment for the respondents and made sure that the class where the interview was taking place was only occupied by the two of us. Generally, the in-depth interviews were conducted well and most respondents were willing to participate. For instance, when I interviewed the respondent from the UCF and from the MoPSE, we lost track of time because both respondents knew about the appointment beforehand. Also, the fact that the interviews were conducted in their offices created a conducive environment where they felt comfortable.

According to Bell (1993), interviews have the disadvantage that they are sometimes lengthy. In the case of women caregivers and teacher interviews, I had to acquire the services of a research assistant. This made conducting the interviews less time consuming considering the

fact that the women and teachers value their time. On the contrary, Creswell (2007) points out that in as much as in-depth interviews provide the researcher with a lot of information, they are also time consuming. In this study, in as much as the in-depth interviews provided the study with information and an understanding of the topic under study, they also provided a large amount of information that took too much time to transcribe.

In an effort to minimise research bias, I employed other data collection methods such as participant observation and focus group discussion.

#### **4.5.2 Participant Observation**

I employed the participant observation method by spending four days at Matshepshe Primary School ECD centre. According to Schensul et al. (1999), participant observation is an ethnographic method of collecting data and involves learning about the lives of the subjects through exposure or by getting involved in the activities of participants in the research setting. Furthermore, Miles and Huberman (1994) point out that researchers who employ the participation observation method are able to observe how humans go about their daily routine. Therefore, it is paramount that researchers spend time with the participants in their natural environment or setting so as to gather enough data of the participants' daily lives.

In addition, Schurink (1998) points out that there are several roles that can be played by the researcher in participant observation. He identifies these as full participant, participant-as-observer, observer-as-participant and full observer (*ibid*). In this study, I acted as both a participant observer and observer-as-participant. For instance, I took the role of participant-as-observer when I was observing how parents and teachers relate to each other as parents drop and collect the child from school. Hence, this required my presence when caregivers were dropping off their children at around seven in the morning and as they pick them up again at twelve in the afternoon. Also, between seven in the morning and twelve in the afternoon, I took the role of participant-as-observer and would sit in the ECD classrooms.

Participation observation was guided by DeWalt and DeWalt's (2002) suggestion that a researcher should look at the interactions occurring in the setting and keep a running observation record. Hence, in order to gather enough data, I had to prepare an observation list that guided me in assessing the relationship between the school, that is, teachers and the

caregivers. This list entailed observation made on appearance, verbal behaviour and interactions and the length of time that caregivers spend when dropping or picking up the children. Adding on, Schensul et al. (1999) point out it is crucial for researchers to be objective in their study and not to impose their theoretical perspective on the community under study. Hence, to guard against this I made sure I observed, made notes on the observations and interpreted them as objectively as possible based on what I had observed and noted.

In addition, DeWalt and DeWalt (2002) point out that, participatory observation helps the researcher to learn more about the activities of the people in the setting. I also got to understand the ECD curriculum as I observed the teachers conduct their lessons. Out of ethical considerations, the ECD teachers were informed about the research purpose and this helped to create rapport between me and them. Therefore, whenever I needed clarity about the lesson, child behavior or preferences, they were open to explaining it to me.

I also explained to them that the children were not part of the study per se but I informed the teachers that in order for me to understand and gather enough data that supports or diverges with what the caregivers expect their children to be learning at the centre, I had to observe how they deliver their lessons and how they interact with the children. Observation in the classroom also helped me understand the relationship between the school and the community. For instance, the play corners had different play materials for the children, of which most of them were donations by the community.

On the other hand, participation observation has its demerits. For instance, Spradley (1980) points out that participation observation is time consuming. For example, since this study was not in my home area, it meant that I had to travel to and fro during the research days. Sometimes this meant that in the morning I would arrive when some of the caregivers had already brought their children to the centre. Nonetheless, since I would stay until the children were collected, I made up for the delay. Furthermore, to minimise on the loss of time, I combined participant observation with in-depth interviews of other respondents who were available during the time I was at the ECD centre.

#### **4.5.3 Focus Group Discussion (FGD)**

I also conducted one focus group discussion (FGD) which comprised of four caregivers who have children who attend Matshetshe ECD centre and four caregivers who have children who are supposed to be attending ECD but are actually not. In defining a focus group discussion Morgan and Spanish (1984) point out that it is a data collection method whereby several research participants are brought together to discuss a topic of mutual interest to them and the researcher. In addition, Schurink et al. (1998) describes a FGD as a purposive discussion that can comprise of eight to ten individuals with common interest. Hence, in this study I was concerned with acquiring an understanding of the perceptions around ECD programmes amongst the caregivers in Ward 3 (See FGD Guide Appendix C).

There are various characteristics of FGDs. For instance, Folch-Lyon and Trost (1981) point out that FGDs should be held at a convenient time and day for the participants. In this case, prior to holding the FGDs I had to talk to the school for help in identifying women who were able to spare their time after school dismisses at twelve in the afternoon. I encountered some problems in convincing the women who did not bring the children to school because it meant going back to the community as was the case with the in-depth interviews. I explained to them the importance of such a discussion not only to the child, but also to them as women. After all this ground work was conducted the group discussion was held at the school as it was the neutral place for the participants.

To make everyone feel at ease I first had to engage the participants in general conversations so as to make everyone feel free and at ease. This also helped me to master some of the participant's names. Through the conversations, I noted down those who seem to be reserved so that I could try to engage them further as the discussions take place. In order to be precise and write accurately, I informed the participants that the discussion would be recorded so that I could fully gather the various points of views without distortion. Just like participant observation, Folch-Lyon and Trost (1981) highlight that FGDs are commendable for assisting the researcher to observe the participants. Hence, from the observations I managed to gather participants' attitudes and perceptions about the topic under study.

#### **4.6 Data Analysis**

According to Braun and Clarke (2006) data analysis is the process whereby the researcher identifies themes and views of participants from the data that has been collected. Bogdan and Taylor (1975) highlight that this process is collected once all the fieldwork has been concluded so that the researcher concentrates on analysis and interpretation of the data.

However, Poggenpoel (1998) holds an opposite view to that articulated by Bogdan and Taylor (1975). Poggenpoel (1998) alluded that the process of data collection starts when data collection begins. This was also the case the case with this study. For instance, after conducting the first interviews, I listened through the recordings and transcribed the initial interviews. I did this so that I would be able to identify recurring themes from the data collected. Furthermore, going through the interviews provided me with an idea as to how to probe further in the forthcoming interviews. When data collection was concluded and transcribed, I reviewed the transcriptions.

For consistency, I decided to code without the help of an assistant so that I could ensure that I captured the exact views of the respondents. I followed data analysis guidelines as highlighted by Schurink (1998). Schurink (1998) highlights that the researcher should be attentive to words and phrases of the respondents and capture their meanings. Hence, after several readings and familiarization with the data, I highlighted the major words, participant's responses and categories and coded them according to their importance. After that I identified the themes from the coded transcripts and gathered information or codes to the relevant themes and sub-themes whilst looking for similarities within them. During this process, I kept on referring to notes from the observations and made sure that the codes related to the literature review and research questions.

#### **4.7 Validity**

According to Creswell and Miller (2000), it is crucial that a research presents a qualitative study that is credible. For the purpose of this research, I used triangulation as a validity measure to ensure that the data is valid and reliable. The triangulation method is supported by Patton (2001) who purports that it helps strengthen the study through a combination of several data collection methods. In this study, in-depth interviews, focus group discussion

and participant observation data collection methods were utilised so as to minimise bias and to ensure data validity.

Also, in order to create data credibility, the study engaged different respondents through a triangulation method. In understanding the perceptions of women on ECD programme, the case study involved the women, teachers, community leaders and the MoPSE so as to get multiple information from different sources. This stance is supported by Knafl and Breitmayer (1989) who highlight that the triangulation of data sources assists the researcher to collect and compare data so as to enhance its quality.

#### **4.8 Ethical Considerations**

According to DeWalt and DeWalt (1998), qualitative data collection methods present some ethical challenges that include subjecting the participants to risks, lack of participant's anonymity and possible violation of rights.

In order to avoid ethical challenges, I had to comply with the ethical conduct of research and to conform to the ethical requirements of the University of KwaZulu-Natal's Humanities and Social Science Research Ethics Committee. In compliance with the ethical conduct of research, no participant was coerced into the study. I developed an informed consent form which stated clearly the title of the study and its objectives (See Appendix B). Respondents willingly signed the consent form after I assured them of their safety and that if they wished to withdraw from the study they had every right to do so, though during data collection no respondent withdrew from the study.

Furthermore, I also assured the respondents that this was purely academic work and that recordings, research data, and documents related to the research would be stored in a secure cabinet with my supervisor for a period of five years at the University of KwaZulu-Natal and then destroyed accordingly. To ensure confidentiality of responses from the respondents, initials were used.

#### **4.9 Challenges**

As highlighted in the sections above, during data collection I faced a number of challenges. For instance, it was a challenge to interview some of the caregiver respondents due to time

constraints and reluctance to be interviewed. Furthermore, since I had to travel to Matshepshe ECD centre to conduct the interview, it was strenuous in terms of financial resources. Nonetheless, I managed to interview all the respondents that I had hoped to interview using the limited resources that I had and time awarded to me by the respondents by engaging a research assistant and sourcing funds from family.

#### **4.10 Conclusion**

This chapter outlined the methodology employed in carrying out the research. It provided a brief description of the socio-economic environment of the study area. Furthermore, sampling techniques and data collection tools employed in the study were discussed. These were helpful in capturing descriptive data that was analysed using thematic data analysis as highlighted in the chapter. The chapter also outlined how triangulation of data sources and through use of various data collection tool helped achieve data validity in the study. It also underlined the ethical considerations that I abided by during the data collection. Lastly, the challenges encountered during data collection were outlined.

## **Chapter 5: Results and Data Presentation**

### **5.0 Introduction**

This chapter presents and describes the data gathered from research participants in the study. It presents data on the findings that seek to understand the perceptions of ECD programmes amongst rural women. This chapter is informed by data collected from interviews, a focus group discussion and through participant observations. Furthermore, it links the research findings to the study's research questions and objectives. In addition, it presents the data gathered from the investigation with reference to the themes identified and proposed in the literature review and theoretical framework chapters.

During the data analysis process, the words of the participants and their actions are quoted without any distortion. In as much as women caregivers are the main focus of the study, inputs of other stakeholders such as the community leader, school staff, the MoPSE and the UCF also add value to the study.

### **5.1 Matshetshe Primary School ECD Centre**

The case study was Matshetshe ECD centre which operates at Matshetshe Primary School and is situated along Gwanda Road in Ward 3, uMzingwane District. The school services the Ward 3 community and enrolls ECD A up to Grade seven. Also, the school is fenced and has facilities that include a tuck-shop, a garden, bathrooms and an outdoor play area. The ECD A and ECD B classroom block is in a good condition as it was recently renovated through the help of the UCF.

### **5.2 Understanding the Term ECD**

The school staff, the respondents from the MoPSE and the UCF view ECD as a foundational means of making sure that the child receives proper care and foundational educational skills that will ensure psychological, emotional, mental and physical and cognitive growth. For instance, in explaining ECD the respondent from the MoPSE pointed out that ECD is the foundation block in a child's life. She stated:

“In fact the child is being prepared for formal learning as we believe in our culture that *zibanjwa zisemaphupho* (mould them while they are young). We need to develop

the skills in our children while they are still young” (MoPSE respondent, Interview, 30 May 2016).

Caregivers on the other hand limit their meaning of ECD to education and view it as a place where the child socialises with other children. In their response to the question ‘What do you perceive ECD to be?’ most caregivers who take their children to school had this to say about ECD:

“In my own understanding, ECD is education of children, it is the enhancing of a young child’s cognitive skills so that they get to know and understand what learning is about and also how to socialize with other children” (S.N., Interview, 21 March 2016).

“It is the early education which helps in the enhancing the child’s cognitive skills and this assists the child when starting Grade one” (N.N., Interview, 21 March 2016).

Findings reveal that most caregivers seem to focus on the academic and social side of the ECD programme. In as much as their responses are the same as that of the respondent from the MoPSE, the aspect of health and nutrition is overlooked in their responses. For instance, observation findings revealed that each lesson runs for 20 minutes. During the Art lesson, in the ECD B class, one child explained to the teacher that she cannot draw. The teacher responded by saying that she also did not know how to draw but over time had learnt with practise. This observation reveals that ECD provides a platform for learning and to develop the finer motor skills of the child. In addition, the socialisation aspect of ECD was revealed during free time where children are allowed to explore the ECD corners in the classroom. These corners include the science and discovery, music, movement and dance, art and craft corners. In these different corners, the children worked together in building blocks, dressing each other up and carrying out role play. Children seemed to work together well in these corners and engaged well with the activities on offer.

In the case of caregivers who do not take their children to school, some professed that they were not told about the ECD programme in as much as they now know about it. Others however feel that ECD encompasses play and socializing as highlighted by the following caregiver:

“...hmmm ah ECD it’s about the child getting used to socializing with other children”  
(N.Z., Interview, 21 March 2016).

Overall, most respondents agree that ECD enhances the child’s knowledge and prepares the child for formal learning. However, in the case of caregivers this meaning of ECD is mostly derived from the fact that Matshetshe ECD centre is situated at the school where formal learning takes place, hence focus is mostly on the academic and social side.

However, the ECD teachers, the MoPSE and UCF, have a broader view of ECD in comparison to caregivers. In the case of caregivers, the meaning that they attach to ECD is limited to grooming and education of the child for a smooth transition to Grade one. This lack of understanding on the broadness of ECD can lead to an inability of caregivers to monitor whether their children receive the best care and education at the ECD centres.

### **5.3 Impact of ECD on Caregivers**

Findings revealed that women are the main caregivers of children. Responses from respondents reveal that ECD programmes affect them variously in their economic and social lives.

#### **5.3.1 Economic**

Findings from this study reveal that the majority of caregivers mostly work in the fields where they realise little income for the family. This is because the little produce that they harvest is mostly used to feed their families while the surplus is sold to generate income. For instance, during the FGD a participant brought with her a grass weaved basket full of dried vegetables for sale. She stated:

“As you can see, I am selling dried vegetables so that I can raise money to send my grandchild to school” (M.D., FGD, 2 June 2016).

In this regard findings reveal that most of the caregivers are informal traders. In addition, findings reveal that due to the scarcity of jobs in the area, some caregivers resort to seeking job offers elsewhere during school holidays. This was revealed by a single mother, who narrated:

“I have a challenge acquiring money for school fees since I am a single mother and I do not work. Sometimes, for example, now when schools close I go with my child to Botswana to do piece jobs” (N.N., Interview, 21 March 2016).

This response suggests that the school term limits women’s mobility and their chances of participating in the labour market. Hence, most caregivers in the research are involved in activities that include community work, working in the family field or garden and conducting household chores around the house.

Findings also reveal that the stakeholders do acknowledge the difficulties that the caregivers face in paying fees for their children. This is highlighted in the statements made by the Deputy Head and the respondent from the MoPSE:

“Ah no for fees they don’t have uniforms some even fees. When schools opened, we were saying no if you are bringing a child you should bring fees. At least we were trying to raise something. At least some managed after that we realized that some can’t. Then we said no just come. Maybe through our income generating project we can manage to raise one or two we pay for one or two” (Deputy Head, Interview, 18 March 2016).

“On the payment of school fees it is very difficult to say children should not pay but we are trying to encourage the parents pay fees even though government has said no child should be sent out of school for non-payment of fees. We also believe in that but we also say parents should try and raise at least something so that the child is able to be at school, have a uniform and have all the necessary services” (MoPSE respondent, Interview, 30 May 2016).

However, key informants such as the UCF link the economic impact of ECD to the food supplements that the children receive at the ECD centre once a day. The children who attend the ECD centre are given ‘*mahewu*’<sup>2</sup>as a food supplement. This is viewed as having a positive economic impact on caregivers as it provides children with nutrition in the form of a

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<sup>2</sup> A traditional African drink made from the fermentation of mealie-meal, sorghum or millet with sugar.

daily meal lightening the caregiver's domestic budget. This view was highlighted by the UCF respondent who stated:

"They are also able to save one way or another because they know the child has got a meal at school so they are not worried about making sure the child has got provisions to eat later during the day at school. So they save some cash in a way because they are not worried about feeding the children at school because the food is provided there"

(UCF respondent, Interview, 9 May 2016).

Furthermore, the lightening of the domestic budget for caregivers due to the food supplements has led to more caregivers enrolling their children at the ECD centre. The Deputy Head gives an overview of the enrolment rates which she links to the food supplement programme:

"We are giving them '*mahewu*', enrolment is increasing. Previously, 2013 I think we had about forty something in 2013. In 2014, fifty something and this time it's sixty-six, almost seventy because of the feeding programme. So it seems aaah parents can see that the children are benefitting academically even feeding because there is no food at home" (Deputy Head, Interview, 18 March 2016).

These sentiments of the lightening of the family budget are in tandem with the sentiments of a caregiver, C.N., who takes her child to the ECD centre. She stated:

"Small items are being sold at the tuckshop. The profit from the tuck-shop is helping the school to provide food for our children and this helps us when we cannot do so. However, if a licence is acquired so that big items get sold such as mealie meal and bread then it will make huge a profit" (C.N., Interview, 21 March 2016).

### **5.3.2 Social**

Findings on the social impact of ECD reveal that ECD has an impact on women's division of labour and how they socialise with other members of the community.

#### **5.3.2.1 Division of Labour**

My findings reveal that the MoPSE, teachers and NGOs seem to believe that the ECD programme is beneficial to women as it makes it possible for caregivers to conduct their chores while the child is attending ECD. Therefore, in order to understand how ECD impacts

on the social lives of women, the caregivers were asked the question, ‘Describe your day in the absence of your child at school?’ In response to this question, the caregivers’ responses were more or less the same. In describing their day most caregivers’ narration of their day’s activities start from the time the child is being prepared for school. For instance, a caregiver with a child at the ECD centre describes her day like this:

“I wake up and make fire, put water, make porridge and then I wake up my grandchild and bath him. After that I dress him up, feed him and then we leave for school. I make sure that he arrives at school in class and that he is not late. It’s now a routine and you end up enjoying it. We are now used to it. I go back home and cook for those are home and continue with my duties. I go to the field, I go to fetch firewood and wait for knocking off time and that means I have to cook and leave *isitshwala*<sup>3</sup> warming up and I go pick him up. If he is being picked up by my neighbor on that day I remain working” (A.M., Interview, 21 March 2016).

This response is similar to that of another caregiver who stated:

“In the morning I wake up my grandchild, bath her, prepare her school stuff, food and then escort her to school. You have to check the time to see whether its knock off time or not. When they knock off they have to find you by the gate because some children can cross the road and others can approach the nearby bush. The good thing is that even as they cross the road the teachers are there to correct them and tell them not to or to help them cross the road” (S.N., Interview, 21 March 2016).

Caregivers also expressed that centre based care benefits them in that it allows them to do other chores while the child is being taken care of at the centre.

“At home I will have problems because the child will be following me around shouting ‘granny granny’. I won’t be able to teach him the way they are taught at school because I have noticed that these children are more intelligent when we compare them to the way our kids were at their age. ECD has made them to get used to school and they do not cry when you take them to ECD centre, instead they are very happy because of the care they receive at the centre. Also, at home it gives me

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<sup>3</sup> Cooked mealie-meal which is also the staple food of Zimbabwe. When cooked it appears as thickened porridge.

time to do other things. When he is around I won't be able to do the things that I do compared to when he is not around" (A.M., Interview, 21 March 2016).

Most of the responses from the female caregivers who have children enrolled at the ECD centre reveal that women's workload has increased and they have less time for themselves and also less time to engage in activities that benefit them as individuals. However, most of the women who take their child to the centre expressed that they would rather endure the workload as they believe that the ECD programme is beneficial to their children.

"The thing is my child, you get used to doing some things and it all depends on your motivation and we can never be the same. Furthermore, you would have aligned yourself to doing all that." (S.N., Interview, 21 March 2016).

In as much as the caregivers who take their children to the ECD centre are now used to their daily routine, for those who do not take their children to this centre, this task is one of the factors that enforces their negative perceptions about ECD programmes. For instance, one of the grandmothers stated the following:

"If I go there in the morning, will I stay there? Maybe they should open classes for us as well. Even the teachers did not go to ECD" (W.D., FGD, 2 June 2016).

### **5.3.2.2 Social Networks**

In response to the workload that the women have in accompanying and collecting the child from school, my findings reveal that women have come up with strategies of relieving themselves of this workload. During participatory observation, I noticed that some women would accompany two or more children to class and then collect them later when they knock off. At first I was puzzled because these children attend either ECD A or ECD B. However, findings from the in-depth interviews with caregivers revealed that this was a relief strategy that caregivers had devised. The caregivers have formed small groups where they take turns in dropping off and picking up the child at the ECD centre. These groups consist of neighbours whose households are close to each other so as to make it easy to pick up and drop off the child in the morning and afternoon, respectively. This indicates that the ECD programme has strengthened ties among women who had come together because the children under their care had ECD commitments. This was also highlighted by a caregiver:

“Also, as we women we have an understanding. For instance, on a certain week, when we both have children on ECD, we rotate to pick up and drop the kids weekly” (S.N., Interview, 18 March 2016).

## **5.4 Women’s Participation in ECD**

In order to understand how women perceive ECD programmes and how stakeholders involve women in the programme design, findings on women’s participation in the design and implementation stages of the programme were analysed.

### **5.4.1 ECD Programme Design**

The results from the study revealed that caregiver participation in the design of the programme was very low. Participants highlighted that they were not fully involved in the design of the ECD programme. Responses revealed that participants resorted to taking their children to the ECD centre because they either discovered the ECD centre in their community, saw other women taking their children or heard about it from other people in the community. According to S.T. (FGD, 2 June 2016) a caregiver, the reasons why some caregivers were not fully involved in the design of the programme is because they did not heed the call for a meeting at the school. She explained:

“Yes we (the community) were invited to the school. The problem is that some parents do not come but we were invited and this programme was explained to us.”

In the case of women who did not heed the call they did not participate because they felt that their children had not reached the stipulated age to be enrolled at the ECD centre. Hence, a caregiver who now has a child at the centre highlighted this:

“When we heard about the ECD programme we were very happy about it even though our children had not yet reached the stage for enrolling at the ECD centre” (S.N., Interview, 21 March 2016).

On the other hand, a grandmother caregiver when asked if she was informed about the integration of ECD in schools, she responded:

“No, we were not told about it” (M.M., Interview, 22 March 2016).

In response to the lack of knowledge about the ECD programme and lack of participation of some of the caregivers in the design stages of the programme, the findings highlight that the programme stakeholders have tried to make efforts to raise awareness at community level on the importance of ECD. According to the respondent from the MoPSE:

“Ahh the community actually has a positive attitude towards the ECD programme...aah after...ah after campaigns have been made because they could not understand that the education system had changed from seven years to nine years, they have seen the importance of the programme” (MoPSE respondent, Interview, 30 May 2016).

#### **5.4.2 ECD Programme Implementation**

In contrast with the design stage, findings from the research reveal a positive response in the implementation stage of the ECD programme. Caregiver responses from in-depth interviews and observations gathered from participant observation highlight the involvement of caregivers in various areas.

Caregiver participation at school involves the active participation of caregivers in school administration, assisting teachers with general upkeep of the classes and supporting income generating projects. Responses from the school staff, caregivers and key informants on how caregivers are involved in the implementation of the ECD programme at Matshetshe ECD centre included the following:

- Designing and making of indoor play material such as dolls
- Dropping off and picking up ECD learners at school
- Cleaning of ECD classrooms and removing weeds from the garden
- Preparing food for the children and feeding them
- Participating during sports day
- Putting in place outdoor play material and refurbishment of the bathrooms and the ECD classroom block

The findings revealed that in as much as women have limited time due to the tasks that they also have at home, they value the time that they are involved at the ECD centre and make time to be involved in the various activities at the ECD centre. For instance, a caregiver stated:

“We prune grass especially during the rainy season. Also, there are snakes in this area so we had to clear the school so that it becomes clean and safe. We find time to do this even if we don’t have it” (P.D., FGD, 2 June 2016).

To other caregivers, being involved in the child’s education at the ECD centre gives them a sense of pride. A caregiver narrated:

“We help the teachers by providing all the necessary things that are needed at the school and I make sure that my grandchild is looking presentable when he goes to school. This will make the teachers see that I am a grandmother who takes pride in education” (A.M., Interview, 21 March 2016).

Furthermore, the community leader highlights the social cohesion that has developed during the implementation stages of the programme. He stated:

“Yes, that’s how we live in the community, the school is ours. Even when you do not have a child we are not saying they should not participate. We need them because one day they will have a child at the centre who might be a relative’s or a grandchild. Everyone is welcome; we do not segregate when it comes to working for our children” (Community Leader, Interview, 21 March 2016).

However, in as much as there is participation of caregivers at the school, participation observation revealed that caregivers usually participate only when invited to do so by the school. For instance, findings revealed that caregivers drop their children outside the ECD classroom and rush back home. This is also the same case when picking them up. Little contact is made between the teacher and the caregiver inside the classroom where learning is taking place.

In light of this, findings further reveal that caregivers are entrusted to carry out dual roles of being both a carer and protector of the child and family. For instance, the respondent from the MoPSE stated:

“Aah females are the most people that are usually found in the homes and have the main role of parenting and making sure that the children are given their ah the basic requirements and also that their rights are upheld. The right to education ah the right to participation, survival and development. For example, the female caregivers are the

ones who wake up the children and take them school in the morning and go back in the afternoon and take them home, especially in Matshestshe where the school is at a highway close to the other side of the main road are supposed to be taken by their parents back home so that they are no traffic accidents" (MoPSE respondent, Interview, 30 May 2016).

Therefore, the findings on women's participation reveal that caregivers are more involved in the implementation stages of the ECD programme and much less so at the design stage. In the case of participating in school activities in the response to the follow up question 'There are activities that take place at the school such as cleaning, gardening and the tuck-shop, do you help in these?' A caregiver stated:

"Since the opening of schools we have not been called. But we do help because we did that last time by helping with the putting up of swings and toilets" (N.N., Interview, 21 March 2016).

## **5.5 Centre Based Care versus Home Based Care**

Despite the introduction of ECD A and ECD B for children aged between three to five years as stipulated in the National ECD policy under Statutory Instrument 106 of 2005 (Dyanda et al. 2005), findings reveal that this policy is not heeded. Evidence shows that caregivers who take their children to the ECD centre and those who do not take their children to the ECD centre have their own perceptions about the two forms of child care and education. These shape their perceptions about centre-based care and household care.

### **5.5.1 Perceptions Regarding ECD Centre Based Care**

Positive responses about centre-based child care were gathered mostly from caregivers who have a child enrolled at the ECD centre, policy makers and community leadership. They hold the perception that if a child goes through ECD the child becomes independent, clever and has their education foundation laid down for them. To justify this, in response to the question 'What are your expectations from the centre in the development of your child versus household care?' A.M., a grandmother responded:

"For me...by taking the child to the centre I look forward to what is important. For instance, in Zimbabwe, education is important. For example, here you are

interviewing us. It's because of education. The main objective of ECD is to prepare you for the future" (A.M., Interview, 21 March 2016).

This view was supported by the ECD teacher at the school who outlined the long-term benefits of ECD to the child and to the caregivers:

"...yah ECD programme I think it's worth it I can say because it helps children. We groom them when they are little and then we guide them and then at the end we ...I think at the end it will raise the pass rate of children" (ECD Teacher, Interview, 21 March 2016).

To support the ECD teacher's sentiments about grooming the child, findings from participatory observations showed that the children have respect for elders. For instance, when I entered the classroom the children stood up and greeted me with "Good morning Madam." In addition, when the children needed to leave the class to go to the bathroom they would ask for permission from their teacher first.

Also, findings from FGDs reveal that the reluctance to take the children to school was mostly related to inadequate funds to pay fees and perceptions most caregivers still have about the past education system which allowed the child to start primary level education at the age of seven. For instance, in response to the question 'Does age have an impact on you taking the child to the ECD centre?' the following responses were provided by caregivers who are grandparents:

"Back in the days a child would go to school at the age of seven but now tell me, a four year old is just small. I have to put him on my back and take him to school" (G.M., FGD, 2 June 2016).

"John's age is small because he still needs to go to Grade one and I don't have money" (M.G., FGD, 2 June 2016).

The findings reveal that the tuition fee at the ECD centre is U\$20.00 per term. There are three school terms per year in Zimbabwe, hence in a year caregivers need to pay US\$60.00. This cost seems to weigh heavily on most caregivers as the child would also need to start Grade

one after going through the two years in ECD A and B. Thus, a caregiver highlights this challenge:

“Since I mentioned the environment, the caregiver will be taking into account that in two years they will be paying US\$20 and then continue paying those when the child goes to Grade one. It becomes difficult and hence some end up not taking the child to school” (S.N., Interview, 21 March 2016).

### **5.5.2 Perceptions Regarding Household Care**

It was noted that caregivers who were in favour of household care rather than ECD programme care are mostly those who do not take their child to the ECD centre. As noted, some caregivers believe that taking a child to the ECD centre is a strain on financial resources which are already in short supply. Inspite of having knowledge about the ECD policy, W.D., a grandmother who does not take her grandchild to the ECD centre provided the following response:

“Even at home we teach them how to take care of themselves, for example, how to relieve themselves. As big as you are maybe you did not even go to ECD but you are ok. Our children come and dump their children on us and go away. The little that they send for food is not enough to cover fees” (W.D., FGD, 2 June 2016).

Another caregiver cited distance as a hindrance. She stated:

“We do want that ECD centre but the problem is that we have to carry them on our backs. Honestly, can you carry a child on your back all the time when taking her to school and coming back? On the other hand, you have to cook for the other ones and you still have to run back and collect another. The distance is too much, there are bushes and there is a river as well” (N.Z., Interview, 21 March 2016).

Hence, results on forms of caregiving highlight that in as much as most caregivers acknowledge that centre based care is beneficial to the child and to the caregiver; some caregivers believe that the change in the education system at primary level has worsened their plight as struggling caregivers. Findings also reveal that caregivers who are in favour of household care mostly face financial constraints. Furthermore, most of these caregivers who prefer household care are grandmothers who are protective of their grandchildren.

However, some caregivers have a positive perception about centre based care even though they acknowledge the added workload of dropping off and picking up the child. They feel that the positive impact of ECD outweighs the negative impact of the programme. This view is also buttressed by the views from a grandmother who does not take her three and a half year old granddaughter to the ECD centre. She stated the following about her preference for household care over centre-based care:

“In my case I prefer it for now because I cannot afford to take this one to ECD while my other grandchild is also going there. The situation that I am in does not allow me to take the child to school. I am getting old and we do not have enough money to send her to school as well. Maybe next year if we have enough money she can be able to go with the others and I also will not be forced to take her myself as she will be a bit older” (M.M., Interview, 22 March 2016).

Traditional leaders are respected stakeholders in the area. Findings from the in-depth interviews with the Ward 3 community leader revealed that he was well informed about the programme both in the design and implementation stages. In as much as he is a representative of culture, the traditional leader clearly outlines that centre-based care is beneficial to both the caregiver and the child compared to household based care. He indicated:

“Eehh at home there is not much that the child receives to prepare them for their next stage in life, it is little that they can learn from home. However, at the centre they receive the basics of what to expect later on in their lives” (Community Leader, Interview, 21 March 2016).

## **5.6 Stakeholder Collaboration**

Through the ECD programme, caregivers are inclined to have relationships with the other three main stakeholders of the ECD programme, that is, the teachers, the UCF and the MoPSE. The study revealed that the relationships between women and these stakeholders differ.

### **5.6.1 Caregiver and School Collaboration**

Findings from classroom observation revealed that caregivers are enthusiastic about their children’s education; hence they provide learning and play materials for their children. For instance, during participatory observation, I observed that the play corners had different play

materials that include dolls, toy cars, magazines, home-made musical instruments and other indoor play material. Most of these playing and learning materials were donated by the caregivers. Therefore, in order to understand this relationship, when asked how teachers relate with caregivers, the ECD teacher's response was:

"Aah so far I think I have worked with caregivers when I was doing community outreach programmes whereby I would invite people. Let's say we have a situation in our ECD centre, we want it to be maybe cleared or what so I consult the caregivers at home to come and help us. So I can say we are working hand in hand" (ECD teacher, Interview, 21 March 2016).

Furthermore, findings revealed that caregiver and teacher collaboration is seen when caregivers try to raise awareness about the importance of ECD programmes in the community. This was highlighted by a caregiver who is a member of that committee. She narrated the following:

"I am part of a committee that works together with women regarding education of their children. It is important that the child socializes and learns with others so that they will grow and gets used to going to school. We usually tell the women that lack of financial resources shouldn't be the reason why the child does not attend school. We advise them that they should go and talk to the teachers and to pay the little that they have so that the child can go to school. Eeh it seems they now understand because some of the children who were not attending school just started attending in the middle of the month" (A.M., Interview, 21 March 2016).

However, despite this collaboration between caregivers and the school, responses from most caregivers reveal that the teacher's qualifications affect how caregivers perceive the teachers and whether or not they should trust the teachers to take care of their children at the centre. This is revealed from the responses given by the caregivers who outlined that having untrained teachers to teach and care for their children is problematic. A caregiver who does not have a child at the ECD centre revealed this when she stated:

"What is lacking first of all is that teachers have to be trained teachers because the temporary teachers that are being hired do not know anything. Even in taking care of the children no no. What is more important to them is that they will get paid, but when someone is trained they know that they are trained for a certain job and they

know what they are supposed to do. This is the first problem" (A.M., Interview, 22 March 2016).

However, despite these findings that caregivers who have a child at the ECD have some concerns regarding the experience of the ECD teacher, the findings also reveal that caregivers and teachers do interact with each other regarding the care and education of their children. This is revealed in the comment made by a caregiver who has a child at the ECD centre:

"I have heard some caregivers saying the teachers called them asking why their child is not coming to school. They even write them letters" (N.N., Interview, 21 March 2016).

In this regard, results from the in-depth interviews highlight that teachers and caregivers have a good relationship but that relationship is tainted by the fact that 50 percent of the ECD teachers are either still undergoing training or are untrained. In the case of policymakers, the findings reveal that caregivers have no direct link with the MoPSE. Furthermore, they only talk about the MoPSE in relation to the troubles that they face in the payment of fees, access to the ECD centre and infrastructure development. This is highlighted by the response about challenges that caregivers face in accessing ECD services:

"I wish they can allow our children to learn for free. Our community leaders should take our problems further so that our children can be able to access ECD easily"

(M.D., FGD, 2 June 2016).

### **5.6.2 Caregiver and UCF collaboration**

Findings from interviews highlight that the UCF supports the school with the refurbishment of the ECD block, construction of the tuck-shop, provision of indoor and outdoor play materials and provision of seeds for the garden project. This was narrated by the respondent from UCF when highlighting the services that the organisation provided to the ECD centre. The respondent stated:

"As an organisation we are involved in the development of the infrastructure that is the classroom for ECD and the play equipment. Which means the in and outdoor play equipment. We are also involved in the training of the teachers even though government has already suspended this but we trained teachers to ensure that they provide quality services to the children" (UCF respondent, Interview, 9 May 2016).

This collaboration between UCF was further expanded on by the Deputy Head of Matshetshe Primary School. When asked about the relationship between the school and the UCF, she stated:

“I wanted to mention initially we had that block we didn’t have any ECD block anywhere we were using just a classroom with windows which are not suitable but we managed to aah we managed to build that one. It’s now suitable for ECD. They managed to improve our plays centre. Yes its Uluntu, it’s colourful. They donated so many things even our tuck-shop they are the ones who started it then they cannot do everything for the tuck-shop. So we really appreciate what Uluntu is doing for us. As I, have said they gave us seed maize seed to start planting to plough in the garden so yah we are doing well. We are here we are here so far so good because of Uluntu. We really appreciate what they did for us” (Deputy Head, Interview, 18 March 2016).

## **5.7 Decision Making**

Decision making in the ECD programme involves the making of decisions at family and at school level by caregivers.

### **5.7.1 Family Level**

Family level decision making processes refer to the decision of enrolling the child at the ECD centre. In this case, caregivers who take their child to the ECD centre were asked the question ‘Who made the decision to take the child to the centre?’ and these are some of the responses from the caregivers:

“When we heard about the ECD programme we were very happy about it even though our children had not yet reached the stage for enrolling at the ECD centre. We realised that with our neighbour’s children who were attending ECD, there seemed to be much difference in the child who did ECD and went to Grade one, in comparison to a child who did not attend ECD” (S.N., Interview, 21 March 2016).

“I am a single parent so I decided on my own” (N.N., Interview, 21 March 2016).

“It’s a decision that was made by the family because education is important” (A.M., Interview, 21 March 2016).

Findings from the responses of caregivers reveal that the decision to take the child to school is not entirely made by the caregiver. The process is correlated to the family structure. For instance, if the caregiver is not married she can make the decision. However, in a situation where there are other family members, it becomes a family decision and the caregiver concurs with that decision. Some choices are also made after seeing the benefits of the initiative from others.

For instance, a caregiver highlighted the benefit of the ECD programme in reference to the girl child as she sees this as a path way for the empowerment of the girl child. She alluded:

“This programme has really helped me, especially on the girl child. You know a girl child grows up faster and when she goes to ECD, what she learns will motivate her to study and go to school. This makes her not to think of nothing else besides school”  
(S.N., Interview, 21 March 2016).

### **5.7.2 School Level**

A top-down approach in the decision making processes about ECD programmes at the ECD centre exists between the caregivers and other stakeholders. For instance, when asked about how the ECD programme is monitored, the respondent from the MoPSE described the monitoring process as follows:

“Monitoring of the ECD programme starts at school level where the TIC monitors and the Head, then it also goes to the District level where the Inspectors and the ECD Trainer comes in as giving support and strengthening of the teacher on new developments and maybe on lesson delivery. The inspector also comes in to monitor whether the children are being exposed to age appropriate activities” (MoPSE respondent, Interview, 30 May 2016).

This shows that caregivers are not included in the policymaker’s decision making processes regardless of the fact that they are in touch with the school on an everyday basis and are the main guardians of the children.

However, in the case of NGOs there seems to have been a different approach to their entry to ECD activities. The respondent from UCF highlights that they work with schools through the School Development Committee and ECD committee which is made up of parents at the

school. Furthermore, he highlighted the gendered nature of the ECD committee when he stated:

“Yah when it comes to the welfare of children and the learning of children you find that women tend to develop more interest than men. Secondly, men will be engaged in several other activities like herding cattle, they could be at work. So, women are available to attend these meetings that’s why when choosing a committee you find that women are the majority” (UCF, Interview, 9 May 2016).

The above findings highlight that at school level, major decisions are made by the MoPSE and those who are under the Ministry such as the teachers and the school head. Also, women making up the ECD committee further reinstate patriarchal views on the role of women. Furthermore, from the responses of most caregivers regarding challenges that they face, none of the caregivers referred to the ECD Committee as their main channel for solving their problems. This could be because the committee is not fully active or is not involved enough in the major decision making processes of the programme. This is because, from the responses of the caregivers, findings reveal that most caregivers believe that the MoPSE and the community leaders should address their issues. For instance, a caregiver stated:

“The community leader should take into consideration that some of the children are orphans and should find ways of helping in paying fees so that our children can go to school like others” (M.G., Interview, 2 June 2016).

## **5.8 Benefits of Caregiver Involvement at the ECD Centre**

The caregivers agreed that their involvement at the ECD centre benefits them, the child and the teachers.

### **5.8.1 Benefits to the Caregiver**

When caregivers are involved in the activities at the ECD centre they tend to benefit as well in terms of furthering the development of the child in their care. Drawing from findings, caregivers reveal that by being involved at the school they get to know the needs of their children and build relationships with the child’s teachers. For instance, a caregiver highlights the importance of caregiver involvement in the child’s learning:

“Hmmm, so far when schools opened we were told that everyone should bring books for writing on. However, my child now doesn’t have a single book and so when I

came to school to find out how they are learning I found out that my child doesn't have a book. Right now I was asking the teacher if they have found her books but no one knows where they are. This means that others are writing but she is not writing" (N.N., Interview, 21 March 2016).

However, from the three days that participatory observation was carried out, the study found little communication and involvement of caregivers in the learning of their children at the centre. I also observed during the Art lesson that there were some children who were drawing on pieces of paper while others were drawing in their Art books. This could be attributed to the lack of involvement of the caregiver who might not even know that their child is not writing at school or it can also be attributed to lack of financial resources to buy the books.

Findings highlight that caregivers have the mandate to supply writing books for their children at the ECD centre. Furthermore, the Deputy Head highlights that the school has a challenge of accessing reading and picture books. This was also supported by findings from the participatory observation where the books and picture corner had a few books compared to the 33 children that were in the ECD B class. Hence, the findings reveal that in as much as the school is supposed to provide these reading books, it has some constraints. Thus, the caregivers and the community at large have to take strides in acquiring such books. With reference to the shortage of books, the Deputy Head stated:

"We need maybe library books, they need library books so that they enjoy reading and picture readings. Though we encourage teachers to be resourceful but they are trying anyway but aaah. They are saying now they have corners then technology they say don't use the old things use the real things but we don't have those" (Deputy Head, Interview, 18 March 2016).

The involvement of caregivers at the ECD centre makes it easier for a caregiver to approach the teachers about their child's performance and any issues that they might have regarding the child at the ECD centre.

### **5.8.2 Benefits to the Child**

Caregivers indicate that when they are involved in the education of their child it helps boost the child's confidence, the social standing of the caregiver is raised and it helps the child to

achieve. S.K, a widower narrates how her enthusiasm about ECD benefits her child so that the child does not lose out in learning:

“I have a problem getting money, my husband passed away. However, I do all that I can to make sure that my child goes to school because I want him to learn like other children so that it won’t show that he doesn’t have a father” (S.K., FGD, 2 June 2016).

The ECD teachers also agree that when caregivers are involved this benefits the child as they will be able to work together with the caregiver in the development of the child. According to the Deputy Head, ECD teachers work together with women in developing their language skills and grooming them. She narrated:

“Like I said, here at school we only take pupils from the age of three so women as the primary caregivers they are the mothers of these children. So if they are taught on how to care for their children at an early stage I think the earlier the better. They will give their children the right information. Like in the case of you know children they have to be developed maybe you have to develop their language so if a caregiver is given the right information at an early stage they will know how to develop their child at an early stage. Like ah women have a tendency of when the child starts talking they will be saying for example, “*Mama inatha mama*” (“Mother drink”). Some mothers have tendency of instilling that language and the child develops the wrong language. But if they women are taught at an early stage they will know that they are the ones who are responsible for the behavior of their children” (Deputy Head, Interview, 18 March, 2016).

This relationship has benefitted the child as findings reveal that caregivers are in support of teaching the child to be independent and to develop their life skills. Thus, a caregiver reveals how she plays her part in the care and grooming of her grandchild:

“When my grandchild arrives home I also teach her and say you see now you are at school when you are going to school you have to wash your underwear, when you knock off you have to wash your school socks. Even if you fail to rinse them well I will rinse them well for you. I am trying to teach her. When going to school, I ask her if she has a hanky with her and I tell her when at school you tell the teacher when you need to go to the toilet, you don’t have to mess yourself in class. You should respect

your teacher and listen to what the teacher says. The teacher is also your parent” (S.N., Interview, 21 March 2016).

These findings suggest that if caregivers are involved in the child’s life at the ECD centre, then they have better knowledge of how to work together with the teachers for the betterment of the child.

### **5.8.3 Benefits to the School**

ECD teachers feel that when caregivers are involved in the ECD centre they get to understand where the child comes from. As an ECD teacher stated:

“As teachers we want to understand the children and where they come from so that we can work together with the child’s guardians in the upbringing of the child. At ECD it is where the milestones of development take place and as teachers we try our best to ensure that the child is given the best care and education” (ECD teacher, Interview, 21 March 2016).

It is evident that when the teachers and caregivers are at par with the caregivers, the caregivers also tend to do their best in making sure that the child receives the best care both home and school. To support the findings of teachers highlighting that the way the child presents himself or herself in class helps them understand the child’s background, caregivers try their best to also show that they have their child’s best interest at heart. A caregiver also acknowledged this:

“We help the teachers by providing all the necessary things that are needed at the school and make sure that my grandchild is looking presentable when he goes to school. This will make the teachers know that I am a grandmother who takes pride in education” (A.M., Interview, 21 March 2016).

### **5.9 ECD Programme Challenges**

Responses from the respondents highlighted that there are some notable challenges in the ECD programme. These challenges include access to ECD services by the caregivers as well as financial challenges and service delivery of ECD by policymakers and teachers.

### **5.9.1 Distance between Home and School**

Findings from the in-depth interviews and the FGD revealed that 50 percent of the caregivers involved in the study were grandmothers and they cite distance as a major barrier to access ECD services. In her response to the challenges that she faces in accessing the ECD centre, a grandmother, N.Z. pointed out:

“The ECD centre is beautiful and it was a good move but the problem is that it is far. Firstly, there was a crèche there at eMkhayeni so I used to take my other grandchildren there. Hence, what I am saying is that carrying these on my back ahh my knees are now fragile” (N.Z., Interview, 21 March 2016).

The challenge of distance was also cited by a caregiver, M.T. (FGD, 2 June 2016) who stated:

“The problem is that the school is far. Maybe they should be scotch carts to take children to school. This will help a lot.”

However, due to misconceptions about ECD, in as much as distance influences their decision to not take the child to school, there is also belief that household care produces the same results as ECD care. For instance, in addition to old age as driving factor to not enrolling the child at the centre, G.M. holds the belief that her grandchild will make it in life even if he is not enrolled at the ECD centre as she proclaims:

“My knees do not allow me to walk but one thing that I know is that my grandchild is very clever and will achieve and do the same things as the children that attend the ECD centre” (G.M., FGD, 2 June 2016).

The two responses above summarise the views of grandmother caregivers.

Findings also revealed that caregivers have fears about their child’s safety due to the school’s setting. For instance, during participatory observation I noticed that caregivers arrived at the school gates earlier than the 12 o’clock knock off time. One caregiver reveals the reasons for this when she narrates how she spends her day:

“Firstly, I wake up and prepare her school things. Then I wake her up around half past five, I bath her, dress her up, feed her and then take her to school. I am more concerned about her crossing the road, so I take her to school every day. After that, I

go back home and do my household chores while keeping in mind her knocking off time” (N.N., Interview, 21 March 2016).

This concern was further buttressed by the respondent from the UCF. The respondent highlighted:

“There is a lot of time that is spent on the road for the female caregivers to deliver the child to school and to collect the child from school. So there is a lot of school run there so if we are able to resuscitate the community centres they will be reduction of this movement” (UCF, Interview, 9 May 2016).

As for the other caregivers, the school’s setting was cited as a factor when referencing it to the security of the child when going to school and coming back from school.

### **5.9.2 Lack of Financial Resources**

The economic hardships have not spared caregivers. Most caregivers are faced with financial constraints and find it hard to pay fees for their children. This results in some caregivers opting to either enroll their child to ECD B or just wait until they are old enough to be enrolled into Grade one. Thus, caregivers end up not adhering to the requirements of the National ECD policy in Zimbabwe which requires that every child should undergo ECD A and ECD B. This is explained by a caregiver who has a child at the ECD centre:

“Since I mentioned the environment, the caregiver will be taking into account that in two years they will be paying US\$20 and then continue paying those when the child goes to Grade one. It becomes difficult and hence some end up not taking the child to school. There are some programmes that cater for such cases” (S.N., Interview, 21 March 2016).

### **5.9.3 Lack of Infrastructure**

Lack of infrastructure that includes play material, chairs and school stationery was cited by caregivers as a hindering the delivery of quality ECD services. Findings highlight that the Ministry of Education has difficulty in capacitating the ECD centres due to lack of funding. Caregivers are faced with the hardship of making sure that they provide the necessary infrastructure and play material so that children can learn in a conducive environment. This is highlighted by the response from the school Deputy Head:

“At times we are mobilizing the community to make balls. Aaahhh wire cars aaah even to come and clean the ECD classrooms and the ECD centres. Even bringing the chairs because we do have the challenge, we do not have chairs. So the parents are supposed to buy the chairs for their pupils. So they were so cooperative. As it is almost every child is having a chair” (Deputy Head, Interview, 18 March 2016).

However, due to financial constraints, research findings revealed that some caregivers find it difficult to source resources or school material that require them to dig deep into their pockets. For instance, findings from the classroom observations revealed that there were some children who share a chair. In one scenario, two ECD children were sharing one chair. The way they were sitting made it hard for them to concentrate well during class because they were trying hard not to fall on the floor. This observation is further supported by a caregiver who narrated:

“Another problem is that some caregivers are unable to take their children to school. At school there are no chairs because when they start school they have to bring their own chair but some parents do not have the money to buy those chairs. Sourcing of furniture is also one of the things that is needed when the resources are available”  
(A.M., Interview, 21 May 2016).

Furthermore, drawing from the findings, there is also the possibility that the teacher-pupil ratio in the ECD classes is now more than the stipulated Ministry ratio of 1:20, thus creating a strain on resources. For instance, in the ECD B class the teacher-pupil ratio is 1:33. This results in a nonconductive learning environment for the children and can also lead to the inability of teachers to supervise and/ or deliver lessons properly.

The stakeholders seem to be resource strained. This is even worse for parents who have to make sure that they find the money so as to ensure that their children take part in the learning activities at school without any constraints. For instance, in response to the question on funding of the ECD programme, the respondent from the MoPSE narrated the following:

“Mainly it’s the parents. Currently we do not have specific funding from the government though our pupils are not covered by BEAM<sup>4</sup>. Though now we also have

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<sup>4</sup> A 2001 policy that was designed to provide quality education to orphaned and vulnerable children (OVC) through provision of tuition fees, school levies and examination levies (Gwirai 2010)

the seed funds that are also channelled into building infrastructure on ECD though it depends on the school on whether it's a priority that they have to build an ECD classroom”, (MoPSE, Interview, 30 May 2016).

The response of from the Ministry, highlights that some ECD centres are not benefitting from the Ministry’s School Improvement Grant Funds due to lack of funds. Therefore, the relationship between the MoPSE and NGOs like UCF becomes beneficial in the provision of ECD services to the communities. Hence, the respondents from the MoPSE and the UCF highlighted this collaboration when they stated the following:

“The NGOs are actually supporting the government to move forward the ECD programme. Yes the ECD programmes are there in our schools but we have had a lot of challenges like infrastructure, the toys, and the outdoor play material. So the NGOs are supporting the early childhood development programmes” (MoPSE, Interview, 30 May 2016).

“As an organisation we are involved in the development of the infrastructure that is the classroom for ECD and the play equipment. Which means the in and outdoor play equipment. We are also involved in the training of the teachers even though government has already suspended this but we trained teachers to ensure that they provide quality services to the children” (UCF, Interview, 9 May 2016).

## **5.10 Conclusion**

The key research themes presented in this chapter indicate that caregivers have positive and negative perceptions ECD programmes. The chapter revealed that caregivers understand what ECD entails. It is also evident that caregivers are strained by financial resources and the distances from home to school. This results in them not engaging fully with the teachers or lagging behind in the payment of fees.

Stakeholders seem to be having financial constraints as well, hence fail to address the needs of women that have risen as a result of the ECD programme. In this regard, there are notable challenges in ECD programmes and these have shaped women’s perceptions on whether or not to enroll the child under their care at the ECD centre or not. The next chapter will provide a deeper analysis of the findings and offer recommendations.

## **Chapter 6: Analysis of Findings and Recommendations**

### **6.0 Introduction**

This chapter provides an analysis of the findings presented in chapter five. The study's aim was to provide an understanding on the perceptions of Early Childhood Development (ECD) programmes amongst rural women. This research undertook a qualitative research design with Matshetshe Early Childhood Development (ECD) centre which is located in uMzingwane District, Zimbabwe as the case study.

This chapter will synthesise the key themes that were outlined in the previous chapter and also offer recommendations on how women can best benefit from ECD programmes. A conclusion to the study is also offered.

### **6.1 Overview of the Study**

The impact of ECD programmes on the lives of women has led to the application of a number of theories and approaches. These theories and approaches seek to understand and explore issues that pertain to women and childcare and how these influence the perceptions of women about these ECD programmes. This is because the participation of women in ECD programmes is closely linked to the home and school environments. Therefore, women's perceptions on ECD programmes are linked to their social and economic standing in society.

#### **6.1.1 Theoretical Framework**

The bio-ecological systems theory and a Feminist Political Economy (FPE) approach were used in the study. The bio-ecological systems theory provided the study with an analysis of the care environment. As highlighted by Berk (2000), it explores family, home, school and the social environments that human beings develop in. Hence, an analysis of the four subsystems (micro, meso, exo and macro) with reference to the research findings provided an understanding of the socio-economic and cultural factors that shape women's' perceptions on ECD programmes. On the other hand, the FPE approach was used to analyse the gender issues regarding relationships and the distribution of power across the ECD programme.

## **6.1 ECD in Zimbabwe**

According to Sibanda (2014), the provision of ECD services in Zimbabwe dates back to when ECD centres were privately owned and while some community centres were still operating under trees. Community ECD centres were mostly found in the rural areas where they were manned by paraprofessionals (*ibid*). Furthermore, the Nziramasanga report highlights that the socio-economic conditions prevailing in the country made it difficult for impoverished children to access privately owned ECD services (Nziramasanga 1999).

In light of this, Dyanda et al. (2005) purport that this led to the drawing up and uptake of the National ECD policy which requires that children between the ages of three to five years be integrated into primary school education under Statutory Instrument 106 of 2005. This move was done so as to increase the accessibility of ECD services among marginalised communities in Zimbabwe with the introduction of ECD A and ECD B classes (*ibid*).

### **6.1.3 The Research Design**

The literature review and theoretical framework chapters gave an overview of ECD programmes and their impact on the lives of women. In this qualitative study, Matshetshe ECD centre was selected as a case study because of its geographical location and socio-economic status. The ECD centre is under Matshetshe Primary School, uMzingwane District in Matabeleland South Province of Zimbabwe.

In-depth interviews, a FGD and participatory observation were carried out in the study. The in-depth the interviews were conducted with four women caregivers who take their child to the ECD centre, four women who do not take their child to the ECD centre, two ECD teachers, the school head, one community leader, a respondent from the UCF, an NGO and one from the MoPSE. These interviews were conducted so as to explore issues that include perceptions on ECD, gender, ECD design and implementation processes. A participatory observation method was utilized so as to gain first-hand information about the lives of the research participants in their setting. Lastly, a FGD which comprised of four caregivers who have children who attend Matshetshe ECD centre and four caregivers who have children who are supposed to be attending ECD but are actually not attending was conducted.

## **6.2 Meaning of ECD**

In the study, caregivers articulate that ECD involves the education, socialisation and grooming of the child in the ECD centres so as to ensure a smooth transition into Grade one. However, the school staff, MoPSE and the UCF have a broader meaning of ECD which is they also take into account the care given to the child while at the ECD centre. The latter view is in line with the conclusions made at the Jomtien Conference where member states concluded that ECD refers to the education and care of children aged between the ages of zero to eight years (UNESCO 2005).

The responses provided by caregivers on the meaning of ECD highlighted that most caregivers associated it with education, thereby overlooking the care side of the programme. This is despite the fact that teachers are like secondary mothers to the children while at the ECD centre. This could be attributed to the fact that the ECD centre is situated at the school where formal learning takes place. Hence, this might have created a perception that education is the most important component of ECD.

## **6.3 Centre Based Care versus Home Based Care**

My findings reveal that perceptions about the forms of childcare, that is, centre-based care and household based care differ among the caregivers interviewed. These perceptions are mostly guided by the age of the caregiver, social status and family structure. Caregivers who have children enrolled at the ECD centre have a positive attitude towards centre based care. My findings also reveal that these caregivers perceive centre-based care to be a relief strategy that allows them to conduct their chores while the child is at school.

Furthermore, these caregivers believe that the hustle of accompanying the child to and from school is counterbalanced by the benefits of the child being at the ECD centre. This follows the point made by Soo-Hyang Choi (2006) who argued that ECD programmes prepare the child for lifelong learning and formal schooling. Moreover, the cost-benefit analysis as articulated by van der Gaag and Tan (1998) is in tandem with the findings that caregivers perceive centre-based care to have long-term benefits not only to the child but to society at large.

In as much as the cost-benefit analysis portrays the views and the long-term positive impact of centre-based care to the child and society, it fails to take into account the culture and social structure of rural traditional communities as illustrated in this case study. For instance, my findings revealed that grandmothers who are caregivers are more likely to support household based care because it follows traditions of early child rearing where it was believed that very young children should be cared for at home. Most of these grandmothers take care of children while the parents of the children are absent or have migrated to seek jobs. Therefore, ignoring the make-up of the family unit, the social status of the family and the age of the caregivers when formulating development programmes, can have an effect on the uptake of the programmes.

Perceptions about centre versus home based care speak to the macrosystem, the fourth layer in the bio-ecological systems theory as it is in the macrosystem that an individual or family's lifestyle, belief systems, culture and social structure impact on the development of the child (Bronfenbrenner 1993). For instance, according to participants interviewed for this study, children who were being cared for by their grandmothers were less likely to attend ECD due to beliefs about child-rearing. This is due to the fact that most caregivers who are grandmothers believed that the child would be too young and hence, perceive home based care to be the best because that is how their own children were raised.

In contrast, children cared for by their mothers however were more likely to attend ECD as they are able to withstand the journey to and from the ECD centre. Also, social status played a key role in caregivers taking their children to the ECD centre. This is highlighted in the case of the caregiver who is a widow. She said she believed that by taking her child to the ECD centre, it will help the child to have the best start in life. She also added that her child would not be disadvantaged for not having a father.

In addition, as highlighted by the macrosystem, my findings also revealed that the family's lifestyle and structure has an effect on the child's development. For instance, this study revealed that half of the caregivers in the study were grandmothers. Furthermore, most of them were finding it difficult to walk their grandchildren to school as they lacked the physical strength to do so. This is further worsened by the fact that these caregivers are also under financial stress. The case of a grandmother who felt that her children had dumped their own

children on her without sending enough money for food and fees, highlights this ordeal. This is also the fate for children of most single mothers who are forced to play both the productive and reproductive roles.

In this case, the study does concur with the bio-ecological systems theory that the family structure and beliefs shape the caregiver's perceptions and in turn hinder or foster child development. Therefore, there is a need for an assessment of the social structure of the community so as to guard against negative perceptions about ECD programmes.

#### **6.4 Women's Participation in ECD**

My findings highlighted that women participate more in the implementation stages of the ECD programme than in the design stages of the programme. Furthermore, in the implementation stages women are more active in activities that include cleaning of classrooms, making of indoor play materials, ECD centre food preparation and as members of the ECD committee. In this regard, my findings reveal that parent-teacher relationships exist at the ECD centre.

This relationship is in tandem with what is expected to take place in the mesosystem as articulated in the bio-ecological systems theory. With reference to the mesosystem, Bassey (2002) highlighted that the mesosystem consists of the interactions between the family and school so as to create an environment that is conducive for child development. This view is similar to the activities of caregivers at the school and how they work together with the school to provide for the children's needs.

The participation of caregivers in preparing meals at the school assures that the child is able to focus in class activities as opposed to a child who is hungry and unable to concentrate. The participation of women in the feeding programme is in line with Victora et al.'s (2008) assertion that adequate and proper nutrition contribute to the physical development, brain development, cognitive and learning abilities of the child.

Likewise, the caregiver's involvement in the making of play material is vital in the ECD programme. The involvement of caregivers and teachers in the making of toy cars, dolls,

music instruments and balls is supported by Berk (2000) as contributing to the child's development and increases the chances of the child being successful later in life.

Furthermore, finding highlighted that the formation of the ECD committee is in line with the MoPSE's policy, Director's Circular Number 15 of 2005. The policy identifies the SDCs as the mediator between guardians and the teachers. For instance, the ECD committee is meant to represent the caregivers of the children in ECD and try to cement parent-teacher relationships. However, as my findings have revealed, caregivers seem to have little say in the running of the ECD programme. They only participate when they are asked to do so by the school. For instance, my findings revealed that most caregivers stated that they are usually invited to the school when they were asked how they are involved in the development of the child at school. Furthermore, their participation comprised mostly activities traditionally associated with women or the 'feminine' such as cleaning and preparing food.

This is similar to findings of a study conducted by Shumba, Rembe and Pumla (2014) on Parental Perceptions on ECD Provisioning in Mdantsane District, Eastern Cape, South Africa where guardians would wait for duties to be delegated to them before they would fully engage in the school activities.

In this regard, the bio-ecological systems theory calls for the engagement of the school and the caregivers in the upbringing of the child. As highlighted by Berk (2000), participation of caregivers in the design and implementation of ECD programmes increases the likelihood of a successful ECD programme, which would benefit the child.

In light of this, policymakers and the various ECD programme stakeholders should ensure that caregivers are at par with them and that their views are heard. For instance, as highlighted by the findings, M.G., a grandmother caregiver requested that programme stakeholders should consider children who are orphans and such children should be assisted accordingly. Her sentiments were also supported by another caregiver who proposed that caregivers should at least be allowed to pay half of the fees or rather be allowed to make a payment plan with the school.

The highlighted cases of caregivers indicate that caregivers need their problems to be addressed by policy makers and programme stakeholders. Thus, Malhotra et al. (2002) argue

that this will be a step towards the inclusion of women in the decision making processes and is one of the channels that can lead to the empowerment of women.

## **6.5 Stakeholder Collaboration**

My findings highlighted that the level of collaboration that exists between women and various ECD stakeholders differ. For instance, the school and caregivers seem to collaborate much better when it comes to supporting the development of the child. Thus, caregivers have even gone to the extent of assisting the school to raise awareness on the importance of ECD at community level. This is done through conducting of visits to households that have a child who is eligible to be enrolled in ECD but is not. Also, teachers and caregivers work together in organizing resources for play and learning. This shows willingness of both parties to work together for the sake of the child.

Such collaboration is also evident between the caregiver, school and the UCF. The NGO collaborated with the parents through the school. It worked with the community and school to start up the tuck-shop that assists in providing income for the administration of the ECD programme. Furthermore, the supplements that the children are given at school are purchased with proceeds from the tuck-shop. The MoPSE's role is linked to ensuring that quality education and care as articulated by the National ECD policy is adhered to.

These intertwined relations are explained in the bio-ecological systems theory as making up the third layer which is the exosystem. Thus, Berk (2000) posits that an analysis of stakeholder collaboration helps in arriving to a conclusion on the different roles and relationships of stakeholders. This case study reveals that stakeholder relationships exist between the caregivers and the school, the school and the UCF and the school and the MoPSE. These various relationships are there to ensure that the ECD programme runs effectively.

My findings highlighted that collective efforts of the stakeholders are the reason the ECD programme at Matshetshe is running effectively. These findings are similar to the findings of a case study of ECD programmes that are being supported by the Kenya Community Development Foundation (KCDF) and its partners in the Eastern and Coast Regions of Kenya (KCDF 2010). Results of the study showed that collaboration of stakeholders in the school

feeding programme resulted in an improvement in the children's nutrition and increased their concentration at school. In this regard, stakeholder collaboration in the ECD programme benefitted the caregivers and the children alike.

The FPE perspective was also applied in this study to consider power relations between these stakeholders, thus adding value to the analysis of the distribution of power in the mesosystem. My findings revealed that there is a communication gap between the Ministry and caregivers. Hence, caregivers who are failing to take their children to the ECD centre due to financial constraints feel that their plight for better access to ECD services is not addressed. My findings revealed that caregivers relate more with the teachers. Furthermore, in as much as the ECD Committee is supposed to liaise with the MoPSE at District level, the concerns of the caregivers do not seem to reach beyond school level. This is despite the fact that there is an ECD committee.

Applying a feminist perspective to the composition of the ECD committee suggests that since the committee is mostly made up of women, power imbalances seem to exist between the MoPSE and the ECD Committee. This concurs with Riley's (2008) assertion that power dynamics that exist between men and women in patriarchal society mostly leave women to be recipients, even in developmental programmes that affect them directly. Therefore, these power imbalances not only affect the child but also the caregivers as they sink deeper into poverty while trying to find means of ensuring that the child receives quality education and care.

## **6.6 Decision Making**

My findings on decision making processes about the child both at home and at school revealed that power dynamics are at play. At home, the decision to enrol the child at the ECD centre is influenced by the family structure. On the other hand, school decisions regarding the child are mostly made by the teachers who then inform the caregivers.

In the case of the decision to enrol the child, findings highlighted that single mothers had the upper hand in deciding whether to enrol the child at the ECD centre or not. In the case of married women and extended families, the decision was made as a family. In this instance, the first layer in the bio-ecological system theory best explains these relations. Hence, as

highlighted by Haddad (2002), referencing of the microsystem befits this study on the basis that it analyses the relationships and roles that affect the child.

According to a 2007 UNESCO report, ECD provides foundational learning to the child in preparation for formal learning. However, my findings highlighted that caregivers who decide not to enrol the child at school hold the belief that the child will catch up when they enrol for Grade one. Hence, Evans (2004) posits that the reluctance of caregivers to enrol the child due to misconceptions such as that the child will catch up when in Grade one, can delay the child's development process.

In the case of those who decided to enrol their children, the case study highlighted that family dynamics were at play. For instance, grandmothers only made the decision to take the child to school if the mother or father of the child was not staying with them. In the case of grandmothers who stayed with other family members, the decision was made as a family. On the other hand, single mothers made the decisions themselves while married women made the decision with other family members.

Analysing these power dynamics highlights that a patriarchal society only allows women to make the decision if there is no other decision maker to make that decision. In most cases, that decision maker will be a male. Therefore, the microsystem highlights how decisions taken by caregivers can affect the child directly.

In addition, the microsystem adds value to the study's findings as it acknowledges that socio-economic and physical factors can affect the decision of caregivers to take the child to ECD. In the study, socio-economic factors included inadequate financial means to pay the school fees. Most caregivers in the study highlighted that they find it difficult to pay US\$20.00 per term for a period of two years; hence some resort to enrolling their children in ECD B.

On the other hand, physical factors mostly affected grandmother caregivers who outlined that they are no longer physically able to carry their grandchildren on their backs to and from school. These cases from the findings highlight that age and the socio-economic status of women shape their decisions regarding ECD programmes.

## **6.7 Impact of the ECD Programme on Caregivers**

My findings highlighted that ECD programmes have an economic and social impact on women. Due to ECD programmes, women sometimes fail to be fully engaged in the labour market. Given the high unemployment rate in the research area, the findings indicate that it is difficult for women to find a good paying job that can sustain them while also accompanying their child to the ECD centre. This is in tandem with Campello and Neri's (2014) view that ECD programmes tend to restrict women in conducting their entrepreneurial activities. Furthermore, the findings oppose the view by Kabeer (2005) who contends that ECD programmes improve the economic benefits of the caregiver and improves their socio-economic status.

Thus, as the research results have revealed, women with ECD attending children have less opportunity to take up entrepreneurial activities or seek full time jobs. The case of a single mother caregiver highlights this view when she stated that since she has to take her child to school during the school term, she is forced to wait till the term ends to seek part time jobs in Botswana. Therefore, with limited mobility due to the daily routine of picking up and dropping off the children at the ECD centre, women's access and participation in the labour market is restricted.

Regarding the social impact of ECD programmes on women, the research findings highlighted that the programme has an impact on the women's division of labour and in the development of social networks. Chopra's (2013) inference on socially constructed gender roles as the main reason behind the increase of women's workload concurs with the findings of the study.

The above view is true when taking into consideration the operating hours of the ECD centres. For instance, most of these ECD centres open as from seven in the morning until twelve noon. In light of this, findings reveal that women still conduct a number of activities that include household chores and working in the fields and in community projects in between that time and after that time. Women who do not take their child to the centre argued that they would spend half of their day on the road if they enrol their child for ECD and that this would impact on the other tasks that they needed to perform in a day.

In addition, research findings reveal that the ECD programmes foster social networks amongst women as they help each other in taking the children to the ECD centre. However, in linking these social networks with the economic impact as highlighted beforehand, the research comes to the conclusion that the care environment is gendered and often leaves women burdened. This is similar to the meaning of feminization of poverty as articulated by Medeiros and Costa (2008). For instance, the authors argue that poverty is lack of resources, capabilities or freedoms, while feminization is a term used to explain gender biases in these aforementioned poverty dimensions (*ibid*).

Furthermore, the concept of feminization of poverty is revealed by the family structure of caregivers. The findings revealed that the caregivers comprised of one widow, eight grandmothers, a single parent and six married women. Approximately 80 percent of these caregivers depend on family members or informal trading for their income. However, 20 percent of the caregivers interviewed have to fend for themselves as they are single parents. In addition, most of the grandmother caregivers highlighted that their own children leave behind grandchildren while they look for work. However, they send little money that is not adequate to cover food and school fees. This is in agreement with the findings made by Kanji (1994) that most households have female heads as breadwinners while male breadwinners migrate or are absent. He added that this leaves women faced with the mandate of feeding the family and caring for it. This pushes women further into the cycle of poverty.

However, the findings also reveal that through the feeding programme at the ECD centre, ECD is seen as a poverty mitigation strategy. According to the UCF respondent, ECD has lightened the family budget as caregivers are now able to save for other things as they know that their children will be benefitting not only academically but also nutritionally due to the feeding programme (UCF 2016, Deputy Head 2016). This view also concurs with the response from a caregiver who outlined that through the provision of food at the school she is at ease even when her child leaves home without food because she knows that a meal will be provided to her child at the centre.

In addition, as highlighted by the findings, economic benefits for women cannot be realised only because the child is away at school. For economic benefits to be realized it will depend on whether the economic environment allows women to conduct entrepreneurial activities

while the child is at school. In addition, the amount of time that the child is at school and the fact that the women still need to go collect the child at school makes it difficult for economic gains to be realized. Furthermore, unlike the parents' education program in Egypt which capacitated women with entrepreneurial skills, the findings highlight that there is no on-going skills training programme that is directly linked to the ECD programme. Therefore, the findings seek to address the misconception that ECD programmes across all borders emancipate women economically.

### **6.8 ECD Programme Challenges**

The study findings showed that ECD programmes' success is potentially hampered by the geographical location of the school, socio-economic factors and a lack of infrastructure. These have an impact on how caregivers access ECD services and ECD service delivery.

I found that a lack of financial resources to enrol children at the ECD centre has contributed to some caregivers not adhering to the national ECD policy. Caregivers who have children enrolled at the centre also face financial constraints. Furthermore, the need to make sure that the children have school stationery and uniforms has also exacerbated this problem and further contributed to the number of children aged between three and five years either not attending early learning or learning without the necessary school requirements.

Moreover, my research findings also confirm that migration of the family breadwinners and the issue of absent fathers has pushed most families into poverty. The findings highlight that in most cases, it is the grandmother caregivers who suffer most. Therefore, when the breadwinners do not regularly send funds, as was mentioned by a caregiver in the study, the family finds it hard to budget enough money for food and school fees. This is one of the factors that contributed to the low uptake of the ECD programme.

In addition, the challenge that faces the uptake of ECD programmes is the belief that home-based care is superior. These beliefs are explained in the mesosystem as one of the factors that can hinder the acceptance of ECD programmes. For instance, some grandmothers in the study seemed to favour household care over centre based care because they felt that there is no need for a child to undergo nine years of primary learning. Also, some highlighted that

their children were too young. Hence, such beliefs can impede the child from developing holistically due to a divergence of views that exist between policy makers and caregivers.

The issue of distance between home and school also affects the caregivers as some are old and cannot carry their grandchildren and walk a journey that can be six kilometres or more daily. It seems the MoPSE had not fully conducted more awareness raising meetings with the caregivers and conscientised them on the importance of ECD programmes. Furthermore, in the designing of the programme, the needs of the main caregivers, that is, women were not taken into account.

These findings are in tandem with the results of the challenges facing the ECD sector in South Africa. According to Atmore et al. (2012), poverty and the issue of distance were identified as some of the challenges facing the sector. In this regard, in as much as policy makes it compulsory for children to be enrolled in an ECD programme, it failed to analyse the impact of this on the financial resources and the physical wellbeing of caregivers. Therefore, if education policies do not take into account the needs of the programme beneficiaries, it creates a barrier to the success of the programme. Thus, the lack of understanding between policymakers and caregivers as represented by the mesosystem can have dire effects on the child.

I also found that the MoPSE has not adequately funded ECD programmes. The programme was introduced in schools without adequate financial assistance. For instance, the ECD classroom block was renovated by UCF but the number of class rooms does not accommodate pupils and teaching. However, in as much as NGOs have stepped in to assist in these programmes they are also faced with their own problems of inconsistent funding (UCF respondent, Interview, 9 May 2016). This makes it difficult for them to reach these rural marginalised communities and to continue funding the programmes.

Due to the challenge of infrastructure, findings revealed that the teacher-pupil ratio is now at 1:33 compared to the stipulated 1:20. This causes a challenge for teachers as they fail to deliver the lessons properly and at the same time cater for the large number of children in class. This is further exacerbated by the fact that half of the ECD teachers are untrained or still undergoing training. This challenge of untrained teachers and failure to manage the large

class has also shaped the caregiver's perceptions about the teachers as findings revealed that caregivers are questioning the capabilities of teachers. These findings are similar to findings of a study conducted by Abdulai (2014) on Ghana's ECD centres in the Winneba Municipality. In this study it was revealed that caregivers were not feeling comfortable with their children going to ECD centres due to a lack of resources which made the environment less conducive to learning (*ibid*).

The respondents highlighted that the MoPSE should revive the community childcare centres so as to improve the socio-economic status of women and access to ECD centres. This is envisaged to assist grandparents who cannot walk long distances to access ECD services for their grandchildren. Also, this will minimise the time spent at the ECD centre and provide women with quality time to do other work and not worry about the distance that they need to travel daily. Other than that, the MoPSE and NGOs should work together in channelling what little funds they have in promoting income generating projects to support the general upkeep of the ECD centre. Furthermore, respondents argued that caregivers should be assisted with means of getting to and from school. For instance, a caregiver suggested that the provision of scotch carts will assist them to deliver their children to school.

These views resonate with the bio-ecological systems theory and the FPE approach. The bio-ecological theory purports that a conducive home and school environment promotes learning and development of the child. On the other hand, the FPE approach calls for the emancipation of women and the stripping of the downplaying of women and gender issues in development programmes. ,If the caregivers are catered for and equity is promoted, then the child benefits as all the stakeholders will be working towards the child's development without infringing on the rights of the other.

## **6.9 Recommendations**

The study identified a number of shortcomings. Firstly, the caregivers are not fully involved in the decision making processes of development programmes. This is a shortcoming on the part of the MoPSE as the caregivers do not fully own the ECD programme. In order to address this, there is need for more community outreach programmes and some needs assessment to be conducted. This will be done so as to address the needs of women as indicated in the study.

Secondly, the MoPSE needs to address the issue of staff development. Lack of trained teachers also has a bearing on how the ECD programme is perceived. This is because the lack of trust on the caregiver's side can lead to a mistrust of the programme as caregivers are particular about whom they leave their children with. Furthermore, the MoPSE needs to increase its association and collaboration with the child's guardians at community level so as to cultivate stronger relations.

Thirdly, caregivers need to be capacitated and informed about the broader meaning of ECD and its benefits to the child and caregiver. Clarity also needs to be given about what the ECD curriculum entails as outlined in the National ECD Policy and Statutory Instrument 106 of 2005. The MoPSE also needs to capacitate the schools on how they can best involve the parents in the decision making processes. The ECD Committee should be seen active and representing the caregivers at school and at Ministry level.

In this regard, there is need for more investigation on how best the link between the MoPSE and the caregivers can be strengthened in the best interest of the child. This investigation should also take into account issues such as the gender division of labour, family structure and women's livelihood strategy.

## **6.10 Conclusion**

This study highlighted rural women's perceptions of ECD programmes while analysing their participation in decision making processes. The benefits of ECD programmes for marginalised communities such as these were revealed in this study. The study highlighted that rural women's perceptions on ECD programmes are influenced by their social and economic environment, as well as their physical wellbeing. However, a majority of caregivers perceive ECD development to be beneficial to the child as it guarantees returns in the future.

The school attempts to engage caregivers in the activities of child development at the ECD centre. As highlighted in the findings chapter, this involvement is selective to activities that are presumed to be 'feminine' such as cleaning and preparing food. Despite this, parents who have children at the centre are happy about being involved in the development of their

children, both at home and at school. Those who are unable to enrol their children at the centre attribute this to socio-economic factors such as a lack of financial resources.

It is also evident that there are some women that still believe that household care and centre-based care are no different. This is because they believe skills taught at ECD are similar to what is taught in the first year of primary school which means they do not see the need for ECD A and ECD B. Hence, there is need for policy makers to raise more awareness about the ECD curriculum and its potential benefits.

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## Appendices

### Appendix A: Letter of Permission from the Ethics Committee to Conduct Research



14 January 2016

Miss Dorcas Ngwenya 214583503  
School of Built Environment and Development Studies  
Howard College Campus

Dear Miss Ngwenya

Protocol reference number: HSS/1782/011M  
Project title: Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshetsho ECD Centre in uMngwane District, Zimbabwe

#### Full Approval – Expedited Application

In response to your application received 4 December 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

.....  
Dr Shensuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

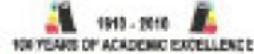
Cc Supervisor: Dr Shauna Mottier  
Cc Academic Leader Research: Dr Cathy Sutherland  
Cc School Administrator: Ms Lindile Danisa

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#### Humanities & Social Sciences Research Ethics Committee

Dr Shensuka Singh (Chair)  
Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X34001, Durban 4300

Telephone: +27 (0)31 260 3300/3301/3302 Faxline: +27 (0)31 260 4669 Email: [drshs@ukzn.ac.za](mailto:drshs@ukzn.ac.za) | [socsci@ukzn.ac.za](mailto:socsci@ukzn.ac.za) | [munira@ukzn.ac.za](mailto:munira@ukzn.ac.za)  
Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



Pondoland Campus ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

## **Appendix B: Consent to Participate in the Research**

### **Information Sheet and Consent to Participate in Research**

Date:

Dear Respondent

My name is **Dorcas Ngwenya** and I am a registered student in the school of Built Environment and Development Studies at Howard College Campus, University of KwaZulu-Natal, Private Bag X54001 Durban 4000, KwaZulu-Natal, South Africa. My email: [214583503@stu.ukzn.ac.za](mailto:214583503@stu.ukzn.ac.za) and cell number: +27(0) 834947793. My supervisor is Dr. Shauna Mottiar. Contact details: [mottiar@ukzn.ac.za](mailto:mottiar@ukzn.ac.za).

You are kindly being invited to consider participating in a study that involves research on the **“Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshetshe ECD Centre in uMzingwane District, Zimbabwe.”** The aim and purpose of this research is to understand the perceptions and needs of rural female caregivers who benefit from the ECD programmes in Zimbabwe, how ECD programmes impact on their personal lives and the role played by women caregivers in the design and implementation of ECD services.

The study is expected to enroll about twenty-two participants. The twenty-two participants comprise of fourteen respondents for in-depth interviews, that is, four female caregivers with children who attend the ECD centre and four female caregivers whose children do not attend the ECD centre, two ECD teachers, one school head, one community leader, a respondent from the Ministry of Education and a respondent from a Non-Governmental Organisation (NGO), Uluntu Community Foundation. The remaining eight participants comprising of four female caregivers who have a child in the centre and four female caregivers who do not have a child in the centre will be part of a Focus Group Discussion (FGD). The interview and FGD will be scheduled on a day and venue that is convenient to you and will last for about an hour. The responses will be audio recorded and transcribed. Apart from that, the study is not funded by any organisation; therefore, all costs relating to the study will be borne by the researcher.

The study will not involve any risk and it will not cause any harm to the respondent and should you experience any discomfort during the course of the interview, you have the right to refuse to respond to certain questions, to discontinue or to withdraw from the interview process.

I hope that the study through your participation may assist policy makers in increasing programme participation of women caregivers and also raise awareness on taking into account gender relations and culture when modeling child care and development programmes.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (Approval Number HSS/1782/011M).

In the event of any problems or concerns/questions you may contact the researcher, the supervisor or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

#### **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, South Africa

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

#### **Contact of the supervisor**

Dr. Shauna Mottiar

School of Built Environment and Development Studies

Department of Development studies, Howard College Campus,

University of KwaZulu-Natal,

Private Bag X54001 Durban 4000,

KwaZulu-Natal, South Africa.

Email: [mottiar@ukzn.ac.za](mailto:mottiar@ukzn.ac.za)

### **Contact of the researcher**

Dorcas Ngwenya

School of Built Environment and Development Studies

Department of Development studies

Howard College Campus, University of KwaZulu-Natal,

Private Bag X54001 Durban 4000, KwaZulu-Natal, South Africa.

Email: [214583503@stu.ukzn.ac.za](mailto:214583503@stu.ukzn.ac.za)

Cell number: +27(0) 834947793.

Your participation in this study is voluntary and you may choose to withdraw from the study at any point and you will not incur any penalty upon withdrawal from the study. No costs might be incurred by the respondent as a result of participation in the study and no incentives for participating in the study are provided.

The interview will be kept strictly confidential. Your identity will be protected and anonymity will be maintained throughout the interview. Audio recordings and transcribed materials will be kept safe by the researcher for use in the dissertation and your identity will remain anonymous. After completion of the dissertation, audio recordings and transcripts will be kept with my supervisor in a locked cabinet during this period. After five years upon completion of the study and the awarding of the degree, audiotapes and transcripts and used questionnaires will be destroyed.

**Respondent's declaration:**

I..... have been informed about the study entitled "**Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshetshe ECD Centre in uMzingwane District, Zimbabwe**" by Dorcas Ngwenya, a registered masters student in the school of Built Environment and Development Studies at Howard College Campus, University of KwaZulu-Natal.

I understand the purpose and procedures of the study 'to understand the perceptions and needs of rural female caregivers who benefit from the ECD programmes in Zimbabwe, how ECD programmes impact on their personal lives and what role have women caregivers played in the design and implementation of ECD services.'

The procedures are harmless and will only involve an individual in-depth interview or a FGD that will last an hour.

I have been given an opportunity to answer questions about the study and have answered to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without incurring a penalty.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher and her supervisor at the following contacts:

**Contact of the supervisor**

Dr. Shauna Mottiar

School of Built Environment and Development Studies  
Department of Development studies,  
Howard College Campus,  
University of KwaZulu-Natal,  
Private Bag X54001 Durban 4000,

KwaZulu-Natal, South Africa.

Email: mottiar@ukzn.ac.za

### **Contact of the researcher**

Dorcus Ngwenya

School of Built Environment and Development Studies

Department of Development studies

Howard College Campus, University of KwaZulu-Natal,

Private Bag X54001 Durban 4000,

KwaZulu-Natal, South Africa.

Email: 214583503@stu.ukzn.ac.za

Cell number: +27(0) 834947793.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

## HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban 4000

KwaZulu-Natal, South Africa

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I hereby provide consent to:

Audio-record my interview / FGD

YES / NO

## Use of my photographs for research purposes

**YES / NO**

### **Signature of Participant**

Date

---

**Signature of Witness**

**(Where applicable)**

---

**Date**

---

**Signature of Translator**

**(Where applicable)**

---

**Date**

## **Appendix C : Interview Schedule**

### **Interview Guide A: Rural women caregivers who take their child to the ECD centre**

1. Why did you choose to enroll your child at the ECD centre?
2. Who made the decision to take the child to the centre?
3. What do you perceive ECD to be?
4. How long has your child been attending the ECD centre?
5. What development changes have you noticed in your child since they started attending the ECD centre?
6. How are you involved in the development of your child at the centre?
7. What reasons do you have for continuing to take your child to the centre?
8. What are your views about household based child care?
9. What are your expectations from the centre in the development of your child versus household care?
10. How would you describe the quality of child development and care at the centre?
11. What challenges do you face with regards to accessing the ECD centre?
12. What do you do or what have you done to overcome these challenges?
13. Describe your day in the absence of your child at school?
14. How has ECD programme fulfilled your needs as a woman?
15. How has the ECD programme enhanced your child care methods?
16. What do you think has been overlooked in the delivery of ECD services?
17. What do you propose to be done for better improvement and delivery of a child focused ECD programme?
18. What do you perceive to be the role of a father or husband in child development?
19. In your opinion, what attitude do fathers or men have about ECD?
20. How is your spouse or the male figure in the household involved in ECD at home and at the ECD centre?

## **Interview Guide B: Rural women caregivers who do not take their child to the ECD centre**

1. What do you perceive ECD to be?
2. What influenced you not to take your child to the ECD centre?
3. What indigenous knowledge on child care and development do you use at home?
4. What are your perceptions about the ECD centre?
5. How would you describe child development and care at the home?
6. What, if any, challenges do you face with regards to home-based child care?
7. What do you do or what have you done to overcome these challenges?
8. Describe your day in the presence of your child at home?
9. What do you think has been overlooked in the delivery of ECD services at the ECD centre?
10. What do you propose to be done for better improvement and delivery of a child focused ECD programmes?
11. What do you perceive to be the role of a father or husband in child development?
12. In your opinion, what attitude do fathers or men have about ECD?
13. How is your spouse or the male figure in the household involved in ECD at home?

### **Interview Guide C: ECD Teacher**

1. What expertise and training on ECD do you have?
2. Who conducted this training?
3. How long was your training?
4. How, in your, opinion have these training been beneficial to you as you care and teach the child at the centre?
5. What can be done to make these trainings to be more beneficial to you?
6. What qualifications do you have?
7. What is the child to teacher ratio at the centre?
8. In your view, what kind of support can help improve the quality of services at the centre?
9. What skills do you require in order to improve your teaching skills?
10. How would you describe the ECD programme and curriculum?
11. How is your relationship with the women caregivers?
12. How do you involve the women caregivers in the development of their child while they are at the centre?
13. In your own opinion, what are the attitudes of men towards ECD?
14. How are the child's fathers or male guardians of the child involved in the development of the child while they are at the centre?
15. Why is ECD and care important to the child and to the women as primary caregivers?
16. What challenges do you face in caring for the child at the centre?
17. In your opinion, what needs to be done or has been done to overcome these challenges?

## **Interview Guide D: Ministry of Education**

### **Service delivery**

1. How would you describe an ECD programme?
2. What are the national standards of an ECD programme?
3. What types of ECD services are available in uMzingwane District?
4. What is the main reason for the roll out of ECD services in the district?
5. Who are the main actors in the ECD programme?
6. What is the relationship between government and NGOs on ECDs?
7. Who funds the ECD programmes?
8. What support does your institution give to the ECD centre?
9. What challenges does the Ministry face in delivering the ECD programme?
10. What strategy has the ministry put in place to overcome these challenges?
11. How are women involved in the design and implementation of the ECD programme?
12. How would you value the uptake of ECD program by the community?
13. How does the ECD model in place fit in with the local circumstances?
14. How is the ECD programme monitored?

### **Training in ECD**

1. What ECD training services does the Ministry offer?
2. What ECD training services are offered to caregivers?
3. What selection criterion is used in the hiring of ECD teachers?

### **Access**

1. How do you raise awareness on ECD at community level?
2. How do you increase access to ECD services?
3. How has the demand for ECD services evolved in the community since the inception of the ECD centre at the school?
4. What challenges does the community face in accessing ECD services at the centre?
5. What relationship does the ministry have with non-governmental organisations, the school and the community?
6. How are these relations maintained?

## **Gender**

1. What do you understand to be the role of the female caregiver in ECD?
2. What do you perceive to be the needs of women caregivers?
3. What, in your opinion, has been the impact of the ECD programme on the lives of the children and women?

## **Interview Guide E: Uluntu Community Foundation**

### **Service delivery**

1. How would you describe an ECD programme?
2. Who are the main actors in the ECD programme?
3. How are you involved in the ECD programme at the school?
4. What is the relationship between government and NGOs on ECD programmes?
5. Describe the ECD services that are offered by the programme
6. What support does your institution give to the ECD centre?
7. What challenges, in your opinion, are faced by the schools in the ECD programme?
8. How have you helped or are helping in addressing these challenges?
9. How would you value the uptake of ECD programme by the community?
10. How have women caregivers responded to the ECD programme?
11. How are women involved in the framing of the programme?
12. How has the ECD programme assisted women caregivers and the child?
13. How has the ECD programme responded to the needs of the community?
14. How do you monitor the ECD programme?

### **Training in ECD**

1. What ECD training services have you provided to the teachers and the community?
2. What, in your opinion, has been the impact of the ECD programme on the lives of the children and women?

### **Access**

1. How do you raise awareness on ECD?
2. How do you increase access to ECD services?
3. What challenges does the community face in accessing ECD services at the centre?
4. What relationship does your organisation have with the Ministry of Education, the school and the community?
5. How do you maintain these relations?

### **Gender**

1. What do you understand to be the role of the female caregiver in ECD?
2. What do you perceive to be the needs of women caregivers?

3. How do you enhance the capacity of women caregivers on ECD issues?

## **Interview Guide F: Headmaster**

1. How long has the ECD programme been running at the school?
2. How has the demand for ECD services evolved in the community since the inception of the ECD centre at the school?
3. What are the key priorities of the ECD programme?
4. What benefits have you seen as a result of the ECD programme?
5. In your view, what kind of support can help improve the quality of ECD services?
6. How has the community responded to the ECD programme?
7. How is the ECD programme in line with the national standards of ECD?
8. How do you seek the feedback from the caregivers on issues relating to ECD services that they receive at the school?
9. What measures have been put in place to monitor ECD teacher's performance?
10. What is the fee structure of the ECD programme?

### **Interview Guide G: Traditional Leader**

1. What do you think about the ECD programme in your community?
2. How, in your opinion, has the community received it?
3. What has been its impact on the lives of women caregivers?
4. What are your views about household based child care?
5. How have women been involved in the planning and implementation of the ECD programme?
6. How has the ECD programme responded to the needs of the community?
7. How is the community involved in the shaping of the ECD programme?
8. What, in your opinion, is the role of men in child development and care?

## **Focus Group Discussion Guide**

1. How do you perceive ECD programmes?
2. How did you learn about the ECD programmes?
3. What do you perceive to be quality early childhood education and care?
4. What types of early learning practices do you think are important for the child to development holistically?
5. What do you perceive to be the best way to support child development programmes?
6. How involved are you in the development of your child and what barriers have you faced?
7. Does the ECD programme consider the mother and child relationship in the life stages of child development?
8. What strengths, gaps and weaknesses have you identified in the provisioning of ECD services?
9. In the designing of ECD programmes, do you think age and child development requirements should be taken into account?
10. How are women caregivers involved in the planning, designing and implementation of the ECD programme?
11. How relevant are indigenous methods/ cultural methods of bringing up children?
12. In what ways, if any, has the ECD programme benefitted woman caregivers?
13. What do you believe to be the role of male guardians or fathers in child development and care?
14. In what ways, if any, are male guardians or your spouses involved in child, both at home and at the centre?

## **Appendix D: Gatekeepers Letters**



DATE

**TO WHOM IT MAY CONCERN**

I am a Masters student in the School of Built Environment and Development Studies. I am currently working on my Masters dissertation titled: "**Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshetsho ECD Centre in uMzingwane District, Zimbabwe.**"

The aim and purpose of the study is to understand the perceptions and needs of rural female caregivers who benefit from the ECD programmes in Zimbabwe, how ECD programmes impact on their personal lives and the role played by women caregivers in the design and implementation of ECD services.

I hereby formally request permission to interview female caregivers in Ward 3, uMzingwane District. The identities of the research participants will be kept confidential. The dissertation will acknowledge the community and will be shared with the community if requested.

If you are able to help me, kindly sign in the space provided at the bottom of this letter.

Thank you and Kind regards,

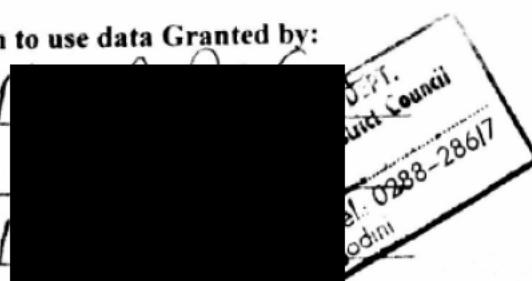
Dorcas Ngwenya  
Email: [214583503@stu.ukzn.ac.za](mailto:214583503@stu.ukzn.ac.za) / [chillydee07@yahoo.com](mailto:chillydee07@yahoo.com)  
Tel number: +27(0)834947793

**Permission to use data Granted by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NAME OF DEPARTMENT:**

**NAME OF INSTITUTION:**



UNIVERSITY OF  
KWAZULU-NATAL  
INYUVESI  
YAKWAZULU-NATALI

DATE

**TO WHOM IT MAY CONCERN**

I am a Masters student in the School of Built Environment and Development Studies. I am currently working on my Masters dissertation titled: "Perceptions of Early Childhood Development (ECD) programmes amongst rural women: A case study of the Matshesthe ECD Centre in uMzingwane District, Zimbabwe."

The aim and purpose of the study is to understand the perceptions and needs of rural female caregivers who benefit from the ECD programmes in Zimbabwe, how ECD programmes impact on their personal lives and the role played by women caregivers in the design and implementation of ECD services.

I hereby formally request permission to interview the school staff members at Matshesthe ECD centre. I would also like to use the Matshesthe ECD centre as a potential place to meet the women caregivers to be interviewed. The identities of the research participants will be kept confidential. The dissertation will acknowledge the Ministry of Education and will be shared with the institution if requested.

If you are able to help me, kindly sign in the space provided at the bottom of this letter.

Thank you and Kind regards,

Dorcas Ngwenya  
Email: [214583503@stu.ukzn.ac.za](mailto:214583503@stu.ukzn.ac.za) / [chillydee07@yahoo.com](mailto:chillydee07@yahoo.com)  
Tel number: +27(0)834947793

**Permission to use data Granted by:**

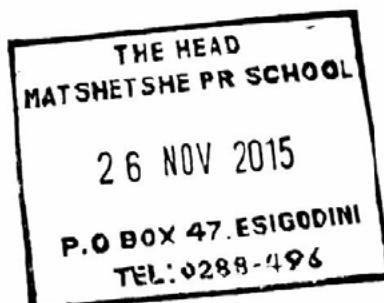
Name: P AM ECIC

Signature: \_\_\_\_\_

Date: 26, \_\_\_\_\_

**NAME OF DEPARTMENT:**

**NAME OF INSTITUTION:** MATSHESTHE PRIMARY SCHOOL



All communications should be addressed to: The  
Provincial Education Director, Ministry of  
Primary and Secondary Education.  
Telephone: 0284 23009 11  
Fax: 0284 23383



**The Provincial Education Director**  
**Ministry of Primary and Secondary**  
**Education**  
**P. Bag 5824**  
**Gwanda**  
**Zimbabwe**

27 May 2016

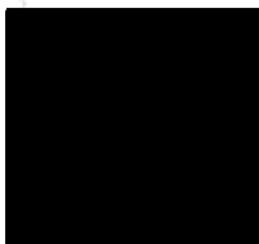
**DORCAS NGWENYA**  
**UNIVERSITY OF KWAZULU NATAL**

**RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT ON PERCEPTIONS OF EARLY CHILDHOOD DEVELOPMENT (ECD) PROGRAMMES AMONGST RURAL WOMEN: A CASE STUDY OF THE MATSHETSHI ECD CENTRE IN UMZINGWANE DISTRICT**

The above matter refers:

You have been granted authority to carry out a research project on perceptions of Early Childhood Development (ECD) Programmes amongst rural women at Matshetshe in Umzingwane District.

At the end of your research you will be requested to submit a copy of your findings to the Ministry of Primary and Secondary Education (Umzingwane District) so that it can be useful and of benefit to the Ministry.



**L. ZANAMWE**  
**A/PROVINCIAL EDUCATION DIRECTOR-MATABELELAND SOUTH**

