

**A STUDY OF CHILD-REARING PRACTICES AND
BELIEFS AMONG AAMBALANTU AND AAMBANDJA OF
THE OMUSATI
REGION OF NAMIBIA**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE**

OF

MASTER OF EDUCATION

OF

THE UNIVERSITY OF NAMIBIA

BY

SEVERINA NEINGO

APRIL 2012

SUPERVISOR: PROF. R. F. ZIMBA

ABSTRACT

Limited data on child-rearing practices and beliefs exist in Namibia. The data that exist are outdated and covers a limited number of ethnic groups in the country. Because of this paucity of data, little research information on child-rearing practices is available to guide culturally sensitive intervention programmes for young children in many Namibian communities. To begin ameliorating this state of affairs, this study was conducted to investigate child-rearing practices and beliefs amongst the Aambalantu and Aambandja of the Omusati Region of Namibia.

Interviews and observations were carried out amongst residents of 7 Aambalantu and 7 Aambandja households that were purposefully selected. Some of the main findings of the study were as follows:

- In the family context, the majority of households (families) interviewed were found to be of the extended type, very large, many of them headed by the elderly and having very limited income. Furthermore, the households were constrained by the effects of flooding (for example, homesteads and crops were destroyed by water), unemployment and poverty.
- Both the Aambalantu and Aambandja believed that pregnant women should obey some taboos to protect themselves and their unborn children from harm.
- Some of the taboos identified were based on community experiential knowledge related to causes of child delivery, complications during delivery and miscarriage.

- Findings showed that both the Aambalantu and Aambandja used activities such as storytelling, songs, teaching children names of objects, as well as describing their features, to stimulate language development.
- The results also revealed that the majority of Aambalantu and Aambandja caregivers used corporal punishment for socializing their children into honest, well- behaved, self -disciplined and obedient people.
- The Aambalantu and Aambandja were aware of the most important needs of their young children. However, they needed assistance from the community, organizations and the government to successfully meet these needs.

These and other findings are discussed in the thesis. In addition, based on the findings, recommendations to inform theory and practice in early childhood development in the Omusati Region are given.

TABLE OF CONTENTS

	Page
Abstract	i
Table of Content	iii
List of figures	vi
List of Tables	vi
	vii
	Acknowledgement
Dedication	ix
Declarations	x
CHAPTER 1	1
Introduction to the study	1
1.1 Background to the study	1
1.2 Statement of the problem	4
1.3 Research questions	4
1.4 Significance of the study	5
1.5 Limitation of the study	5
1.6 Delimitation of the study	6
1.7 Definitions of terms	6
CHAPTER 2	9
Literature Review	9
2.1 Introduction	9

2.2	Theoretical frame work	9
2.3	Methodological challenges in sourcing indigenous knowledge	14
2.4	Demographic information of Aambalantu and Aambandja	16
2.5	Cultural and socio-economic circumstances of Aambalantu and Aambandja	16
2.6	Childrearing practices and beliefs	18
2.7	Culture and indigenous communities' research	19
2.8	Researcher sensitivity about context	20
2.9	Indigenous parenting belief and practices held by caregivers /parents During pregnancy	21
2.10	Indigenous parenting belief and practices held by caregivers /parents When the child is less than one year	22
2.11	Childrearing practices and beliefs in relation to the promotion of socialization and education 24	
2.12	Children's needs and rights	27
	CHAPTER 3	30
	Research Methodology	30
3.1	Introduction	30
3.2	Research design	30

3.3	The Context of the study	31
3.4	Sample	
	31	
3.5	Sampling procedures	35
3.6	Research Instruments	35
3.7	Pilot study	36
3.8	Access	36
3.9	Ethical considerations	37
3.10	Data analysis	38
CHAPTER 4		39
Presentation of data		39
4.1	Indigenous beliefs and practices held by caregivers/ parents during pregnancy	39
4.2	Indigenous beliefs and practices held by caregivers/parents when the child is less than one year	44
4.3	Childrearing practices and belief in relation to the promotion of socialization and education	50
4.4	<i>Data pertaining to children's rights and needs</i>	55
4.5	Summary of the results	59

CHAPTER 5	62
Discussion and Recommendations	62
5.1 Discussion of the results pertaining to indigenous beliefs and practices held by caregivers/parents during pregnancy	62
5.2 Discussion of the data pertaining to indigenous beliefs and practices held by caregivers/parents when the child is less than one year.	66
5.3 Discussions of the results related to the childrearing practices and belief in relation to the promotion of socialization and education.	69
5.4 <i>Discussing results pertaining to children's rights and needs</i>	74
5.5 Recommendations	77
5.6 Conclusions	80
References	81
Appendix	88

List of tables

Table 1: Description of the Sample

List of Figure

Figure 1: Subsystems of the developmental niche

Figure 2: Bronfenbrenner's ecological system

ACKNOWLEDGEMENTS

First, I must thank the Almighty God for giving me life and strength to go on even under difficult circumstances.

I would like to express my heartfelt gratitude to the Honourable Governor of the Omusati Region, as well as the Councillors of Anamulenge and Okalongo Consistencies for allowing me to visit Aambalantu and Aambandja households to carry out this research. My sincere gratitude goes to the Aambalantu and Aambandja caregivers who took time to share their experiences and feelings with me.

I want to thank my supervisor Professor. R. F. Zimba for his professional guidance and endurance during the period of writing this thesis. I am also grateful to the administrative and academic staff in the Faculty of Education.

My profound gratitude goes to my husband Kleopas and son Sorry Lineekela for their unconditional love and assistance during the course of this study. I also would like to

thank my sisters Cecilia, Maria, Berhilde, Paulina, Ndapandula and brother Onesmus, as well as all my nieces and nephews for their love and support.

My sincere thanks go to Paskalia, Mandala Ndauvako, Konstancia, Frieda, Victorina, Ina Aukongo, Yvonne Dube, Martha Kashea, Filimine Elungu and Mr. P. Andowa for their thoughtful assistance during my pursuance of the Master of Education degree.

Lastly, I am indebted to my former classmates: Aune, Aina, Faustina and Fumi for their assistance. Thank you all; you made my life better.

DEDICATION

I dedicate this thesis to my father Erasmus Neingo, my mother Rosamonde Namutumbo, my sisters and my brother, my husband, Kleopas Ameya and my son Sorry Lineekela, who have always been my strength and inspiration. Without their love, care and support I would never have come this far.

DECLARATION

I, Severina Ndakongele Neingo, hereby declare hereby that this study is a true reflection of my own research, and that this work or part thereof, has not been submitted for a degree in any other institution of higher education.

No part of this thesis may be reproduced, stored in any retrieval system, or transmitted in any form or by any means (e.g. electronic, mechanical, photocopying, recording or otherwise) without the prior permission of the author or The University of Namibia.

I, Severina Ndakongele Neingo, grant The University of Namibia the right to reproduce this thesis in whole or in part, in any manner or format, which The University may deem fit, for any person or institution requiring it for study and research provided that the University of Namibia shall waive this right if the whole thesis has been or is being published in a manner satisfactory to The University of Namibia.

Chapter 1

Introduction

1.1 Background to the study

The rights of all children to survival, care, protection, development and participation are at the centre of all spheres in the school and its surroundings (Bernard, 1999; Ramji, 2009; UNICEF, 2000). Therefore, every stakeholder in education needs to understand the concepts of child development, child care and child protection very well. This understanding would enable them to create conducive environments that are healthy, safe, protective and gender-sensitive and provide adequate resources and facilities, to ensure quality education. In line with this, several studies found that positive early experiences and interactions are vital in the preparation of quality learners, (UNICEF, 1990; Coury, Opper& Nahayo, 2008; Pence & Evans, 2008; Ngaruiya, 2009).

Furthermore, a number of studies, including Myers (1992), Mwamwenda (2003) and Whalley (2004) found that a positive response was made to improve child care, child development and child protection. On this basis, many early intervention programmes to improve child care, child development and child protection were introduced and implemented. Based on the evaluation of the early childhood development project in

Namibia, some supporting programmes to improve children's educational status (UNICEF, 1990) have not yet been entirely successful due to the lack of capacity, funding, support and the availability of materials (Rommelzwaal, 2001). In addition to this, Whalley (2004) attributes a partial success of these programmes to their Western content which might have been unfamiliar and unnatural to African and Asian children. For instance Pnina (2001) describes an incident where a 5- year old Mexican American girl took a bread roll, part of her school cafeteria lunch, home to give to her little brother every day. The parents were proud of her for sharing. However, the school official made her throw the roll away because it was against the school rules to take food from the cafeteria. In another example, parents and caregivers from Sri Lanka and Ethiopia revealed that they did not want what was called a "Western type of pushy, self-centred, competitive, intelligent child". Instead, they wanted their educational objectives to promote a non-competitive, caring and sharing individual (Woolfork, 2007). Similarly, in the Southern Africa context, Dawes and Donald (2000) point out that, effective interventions that promote children's welfare are those which are in tune with local knowledge and practices.

Moreover, Marais and Meirs (2007) concur with Pnina (2001) and Trawick-Smith (2006) when they say that the most successful early intervention programmes are those where parent's needs and views on child-rearing practices are linked to, and accommodated in the support programmes. In addition, Mwamwenda (2003) and Soudée (2009) emphasised the importance of studying the child-rearing practices and beliefs of every ethnic group, which can help early childhood development planners to select positive

aspects to be emphasised and negative aspects to be de-emphasised. Christopher (2005) argued that programmes and educational materials that are developed to be used by one tribe cannot be used for delivery across vastly different tribes because different tribes have completely different views, notions of personhood and views on of education, health and healing. Other related studies emphasised that it is very important to recognise, understand and respect local child-rearing practices and to build on existing strengths (Arnold, 2002; Brock, 2009; Mvula, 2009). Consistent with this, Zimba, et al. (1995) and Soudèe (2009) strongly state that unless the differences on child-rearing practices and beliefs among ethnic groups are identified, understood and taken into account in programming, activities planned to improve early childhood care and development may be inappropriate, unsuccessful and even negative in their consequences.

This statement remains a call to all developing countries to study child-rearing practices and beliefs, as it could help them to improve the early intervention programmes in existence, as well as those which are going to be introduced/implemented in the future. Namibia responded positively to this call, through studies in child-rearing practices and beliefs among ethnic groups such as the Aakwaluudhi (Zimba & Otaala, 1993), Mondesa and Omatjete (Zimba, et al. 1995), as well as the Nama (Zimba & Otaala 1995). However, these ethnic groups represent a small percentage of the ethnic groups of Namibia. Furthermore, all these studies were carried out more than 16 years ago which make them dated. Though child-rearing practices in most countries were reported to be done exclusively by women (Hinitz & Lascarides, 2000), the studies in Namibia were carried out almost exclusively by men. In addition, there is no study done among ethnic

groups, speaking the same language with different dialects. Namibia needs recent information on child-rearing practices to improve the quality of pre-primary programmes in rural communities (Ministry of Education, 2005).

1.2 The statement of the problem

The importance of studying child-rearing practices and beliefs has been emphasised in the preceding section. As can be discerned from the background provided, there is a paucity of research on child-rearing practices used by many communities in Namibia. The little research data that are available are out of date and limited in scope. To begin ameliorating this situation, this study sought to investigate child-rearing practices and beliefs among the Aambalantu and Aambandja of the Omusati Region of Namibia.

1.3 Research questions

The study was guided by the following questions:

1. What are the indigenous and current parenting beliefs and practices held by the Aambalantu and Aambandja caregivers/ parents on unborn children?
2. What are the indigenous and current parenting beliefs and practices held by the Aambalantu and Aambandja caregivers/ parents on children before the age of 1 year?

3. What child-rearing practices and beliefs are held by the Aambalantu and Aambandja communities to promote socialization and education among children aged 0-8 years?
4. What do the Aambalantu and Aambandja caregivers see as the most important needs of young children? In the caregivers' opinion, what should be done to meet these needs?

1.4 Significance of the study

1. The knowledge of child-rearing practices would make pre-primary and lower primary teachers sensitive to and aware of the values that shape thinking and practices about the development of some Namibian children.
2. An understanding of child-rearing practices and beliefs could enable Early Childhood Development and Care planners/programmers to design and implement early intervention programmes which are sustainable, relevant and sensitive to locally perceived community needs.

1.5 Limitations of the study

This study was faced with a number of limitations. These included the following:

- ◆ In Namibia, not much research has been carried out in the field of ethnic communities' 'child-rearing practices'. As a result, there is limited literature on the subject to review.
- ◆ Some households' unwillingness to take part in the study was another

limitation.

- ◆ Since sexuality-related issues cannot be openly discussed in some cultures, the researcher might not have obtained all the necessary information related to practices and beliefs surrounding pregnancy and childbirth.
- ◆ Though validity and reliability were ensured through the pretesting of the research instruments, errors might still have been committed during the translation process.

1.6 Delimitation of the study

This study focused on Aambalantu and Aambandja households, with children aged 0-8 years, residing in the Anamulenge and Okalongo rural constituencies of the Omusati Region only.

1.7 Definitions of terms/phrases

Child-rearing practices at the family level: are considered to be activities that a caregiver / parent does to promote the care, optimal development, as well as the protection of young children (Zimba & Otaala, 1995).

Child-rearing practices at cultural or group level: These are generally accepted activities and practices that guide caregivers in responding to the needs for survival and development of children in the early months and years in a way that assures the survival, maintenance and development of the group or culture (Zimba & Otaala, 1995).

NIECDP: National Integrated Early Childhood Development Policy (Ministry of Gender Equality and Child Welfare, 2007).

Beliefs: An acceptance that something exists or is true, especially one without proof (Soanes & Stevenson, 2008).

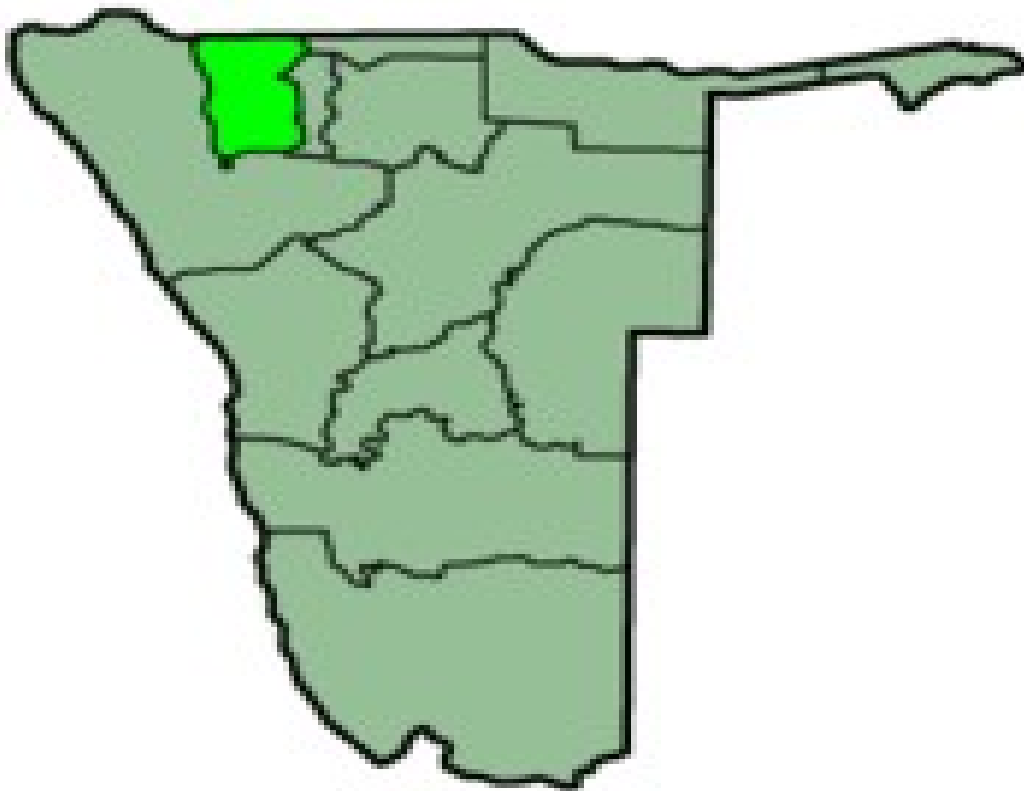
Taboo: A Social custom that prevents people from doing or talking about something.

Caregiver/Parent: Family member who regularly cares for children.

Aambalantu: This is one of the eight Owambo sub-tribes that reside in the Anamulenge Constituency of the Omusati Region of Namibia.

Aambandja: This is another sub-tribe of the Owambo people who reside in the Okalongo Constituency of the Omusati Region of Namibia.

Omusati



Note: The dark coloured region in the map represents the Omusati region of Namibia. This region is one of the 13 political regions of Namibia.

Chapter 2

Literature Review

2.1 Introduction

Looking for relevant literature on child-rearing practices and beliefs among ethnic groups, it became evident that a lot of research has been done internationally, but not much locally. To provide a general background and the rationale for this study, the findings of some of the studies on methodological challenges in sourcing indigenous knowledge; child-rearing practices and beliefs among ethnic groups; historical overview, as well as the socio-economic background of the Aambalantu and Aambandja; culture and how to conduct research in indigenous communities and the children's needs and rights are to be discussed. The first section looks at the theoretical framework and methodological challenges in sourcing indigenous knowledge and the second section focuses on the child-rearing practices and beliefs among ethnic groups. The third section reviews children's needs and rights.

2.2 Theoretical framework

This section presents a brief overview of two theories that shaped this study. These theories are Super and Harkness's developmental niche (2008) and Bronfenbrenner's ecological systems theory (1979). These theories enabled the researcher to comprehend how children's development is shaped by their material, social and cultural contexts (Zimba, 2008).

Super and Harkness' development niche

According to Myers (1995), the authors of this theory reject the idea of a “universal child” to whom universal programmes should be directed. This theory's emphasis is placed on interpreting differences rather than on seeking universals in values and actions.

The developmental niche is a theoretical framework that puts forward a way of thinking systematically about differences in children's environments (Harkness and Super, 2008).

The concept of a developmental niche is characterized by three integrated subsystems. These are the physical and social setting of daily life, customs and practices of child care and the psychology of caregivers. These subsystem are presented in figure 1.

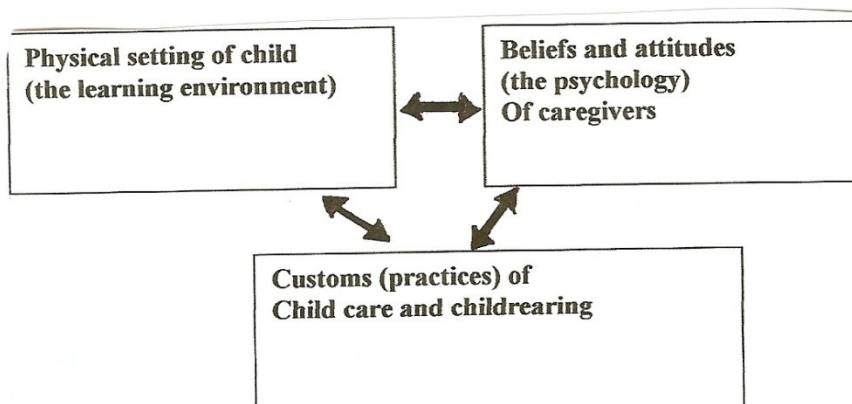


Figure 1: Subsystems of the developmental niche (Myers, 1992)

Physical and social settings refer to the environments in which the child resides supply a scaffold upon which daily life is built, including where, with whom and in what activities the child is engaged. This includes the importance of particular activities (for example, family meals) in the child's day. Children learn different psychosocial skills, which enable them to become competent members of their communities.

Customs and practices of care refer to all culturally-regulated customs and practices of childcare which are commonly used by members of the community. These customs and practices are embedded in the setting of the child's daily life.

Psychology of the caregivers refers to the parents' cultural belief systems or ethnotheories. These parental cultural belief systems enable parents to describe their children better to a person who does not know them. Parents everywhere use their ethnotheories to bring up their children to be happy, healthy, well-functioning and

successful members of their own culture. Therefore, Harkness and Super (2008) argue that understanding the parents' ethnotheories is crucial for interpreting the ways in which they behave with their children.

Super and Harkness's developmental niche enabled the researcher to understand and appreciate indigenous and current parenting beliefs and practices held by the Aambalantu and Aambandja caregivers/parents. In addition, this theoretical framework enabled the researcher to explain the importance of having children, as well as describing the differences and similarities in the parenting beliefs and practices of the Aambalantu and Aambandja.

Bronfenbrenners's ecological systems theory

Another key theory this work is grounded in is Bronfenbrenner's ecological systems theory. This theory provides an explanation on how environmental influences affect the child's behaviour and development. Bronfenbrenner (1979) argues that the understanding of human development requires more than the direct observation of behaviour on the part of one or two persons in the same place. His theory demands inspection of numerous person systems of interaction, not limited to a single setting, and takes into consideration features of the environment beyond the nearest situation containing the subject. Bronfenbrenner's ecological systems theory has a nested arrangement of concentric structures, each contained within the next. These structures are referred to as the microsystem, mesosystem, exosystem and macrosystem.

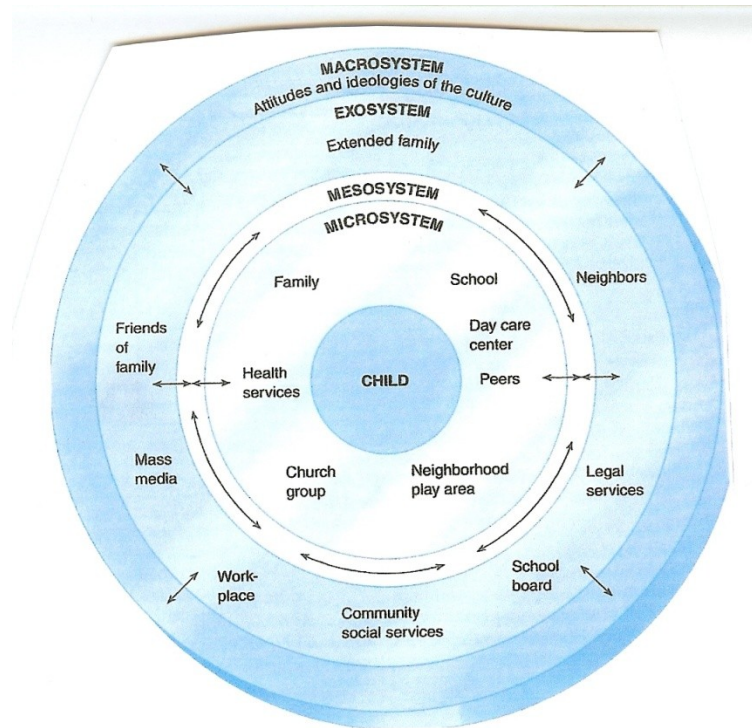


Figure 2: Bronfenbrenner's ecological systems (Trawick-Smith, 2006)

According to Bronfenbrenner (1979), the microsystem is a pattern of activities, roles and interpersonal relations experienced by the developing child in settings such as homes, the playground and day care centers. Donald, Lazarus and Lolwana (2002) interpreted the microsystems as systems in which children are closely involved in continuous face-to-face interactions with other familiar people. In line with the above, Trawick-Smith (2006) described the microsystem as comprised of all institutions, experiences and influences within the child's immediate environment. These encompass the family, pediatric services, social services, the school, teachers or child care providers and peers. Consistent with this, Mvula (2009) believes that children are raised by being acclimatized into family and community values which give them a strong sense of belonging from where they gain confidence, feel secure and develop trust.

The mesosystem comprises the interconnections among two or more settings in which the developing person actively participates, such as the relations among home, school, neighbourhood and peer group. One example of possible interconnections is multi-setting participation, which occurs when the same person engages in activities in more than one setting such as, a child spending time both at home and at the day care centre (Bronfenbrenner, 1979; Mvula, 2009). In other words, at the mesosystems level, the peer-group, school and family systems interact with one another. What happens at home or in the peer group can influence how children respond to school and vice versa (Donald, Lazarus and Lolwana, 2002).

The exosystem refers to one or more settings that do not actually touch children's lives but indirectly affect their experiences. In the case of the young child, the exosystem might include the parents' place of work, the parents' network of friends, the activities of the local school board, legal services and their extended family (Bronfenbrenner, 1979).

Bronfenbrenner (1979) defines the macrosystem as the layer of environmental influences on development that contains the overarching values, ideologies, laws, world views and customs of a particular culture or society. An example of the macrosystem is a public policy, which determines the specific properties of the exosystem, mesosystem and microsystem that occur at the level of everyday life, and steers the course of behaviour and development. In Namibia, the National Integrated Early Childhood Development Policy is an example of a such system.

Brofenbrenner's ecological system theory enabled the researcher to understand how the Aambalantu and Aambandja practices and beliefs relate to the promotion of health, feeding and nutrition, socialization and education.

2.3 Methodological Challenges in sourcing indigenous Knowledge

According to the South Africa, Department of Science and Technology (2004), many scholars have been reluctant to engage in calls for research on indigenous knowledge. Ingold (2000) stressed that to engage in indigenous knowledge research, you need a careful and critical scholarship to enable you to disentangle the goals of the Indigenous Knowledge from the model of culture in which it has become embroiled. In addition, the insider's view of reality (emic) and the outsider's perspective (etic) are fundamental to ethnographic research. Therefore, the balance between the two perspectives places special demands on the researcher.

Moreover, Riemer (2011) who shared her own journey through an unfamiliar ethnographic method territory found that uncertainty was a fundamental part of the ethnographic method.

The aim of the ethnographer is cultural interpretation, which involves the ability to describe what the researcher has heard and seen within the framework of the social group's view of reality. Moreover, the translation of qualitative research data has been found by Riemer (2011) to be a challenge, especially to novice researchers. There is still a debate in the translation context of qualitative research regarding the extent to which

the same meaning and relevance can exist in two different cultures. In line with the above, Elsevier (2009) emphasizes that researchers attempting cross-language studies need to address the methodological issues surrounding language barriers between researchers and participants more systematically. However, language barriers between researchers and participants were not a problem in this study. On the other hand, the researcher used the model of translation which involves recruiting at least two bilingual people to translate the qualitative research text (Riemer, 2011). Careful consideration of the process of translation and transliteration can widen the academic audience for a piece of research without jeopardizing its validity.

2.4 Demographic information of the Aambalantu and Aambandja

Since the Aambalantu and Aambandja are Owambo people, it would be worthwhile to give a synopsis of the Owambo people. Geographically, Owamboland as it was formally known before independence is situated in northern Namibia covers an area of approximately 42 square kilometers. In present day Namibia, the former Owamboland is made up of four regions. These are the Omusati, Oshana, Ohangwena and the Oshikoto regions (Hishongwa, 1992). Whereas the Aambalantu reside in the Anamulange constituency of the Omusati region, the Aambandja reside in the Okalongo constituency of the same region.

Owamboland is divided into seven districts namely; Oukwanyama, Ondonga, Uukwambi, Ongandjera, Uukwaluudhi, Ombalantu and Uukolonkadhi. Although every district has its own dialect, the dialects spoken by Owambo people are inter-intelligible. The Aambandja people's unique dialect, which is understood by other Owambo people, is not included in owamboland's records (Hishongwa, 1992).

2.5 Cultural history and socio-economic circumstances of the Aambalantu and Aambandja

These two communities belong to the Owambo society which has always been male-dominated, with activities being divided according to gender. The men are usually the heads of the family, with the responsibility of providing for and protecting the family, and responsible for decision-making and cattle-rearing. Women are homemakers and are responsible for working in the field and rearing the children. The Owambo society has been impacted by colonialism and the migrant/contract labour system, a system that left the community without able-bodied men and many women/wives without husbands. After independence, many women decided to practice their freedom of movement by going to urban centres in search of employment opportunities and leaving their children with grandparents. Haihambo, Mushaandja and Hengari (2006) found that the majority of children in Omusati were living with their grandparents because of various factors such as migration, employment, cultural believes and death.

Owambo (Aambalantu and Aambandja) culture has also been impacted by Christianity which came with its own norms and values of what a family or matrimony should be about. The matrimonial life of the Owambo people was based on a polygamous system. This changed with the introduction of Christianity and the adoption of modern ways of living. Traditionally, the domestic economic life of the Owambo people was and is still predominantly characterized by subsistence agriculture, which mainly consists of crop production and pastoral farming (Malan, 1995). Owambo people are independent small householders who own as much land as they can cultivate themselves. Although some of the Aambalantu and Aambadja are agriculturalists, with their staple food being millet and sorghum, some are pastoralists who rely on dairy products such as meat and milk (Hishongwa, 1992). Meat is highly desired and eaten on special occasions by both the Aambalantu and Aambandja. Fish consumption is slowly increasing, with the Government's promotion of Namibian fish products. Important occasions, such as ceremonies among the Aambalantu and Aambandja, are marked by the slaughter of cattle or goats and the consumption of meat, home-brewed beer and other foods. Leftover meat is sent home with guests. It is in this social-cultural milieu that the Aambalantu and the Aambandja raise their children (Hishongwa, 1992; Malan, 1995).

2.6 Child-rearing practices and beliefs

Families in all societies grapple with how to raise their children in a way that prepares them for the complexities of life and equip them with parenting skills (Yorburg, 2002). The family adopts a set of practices and beliefs from those made available to them

through their culture to meet universal parenting goals. Some researchers (Zimba & Otaala, 1995; Whalley, 2004) list these universal parenting goals as follows:

1. Ensuring the survival and health of the child;
2. Developing the child's capacity for economic self-maintenance;
3. Socializing the child into the culture of his/her society.

Zimba and Otaala (1995) provide various definitions of the family. According to them, the family could comprise of the father, the mother and children. It could be a nuclear family, grandparent-led, extended family, mother-led, or a number of mothers living communally, sharing their children or child-led family, as a result of diseases such as HIV and AIDS. In the past, a Namibian child stayed with his/her parents/grandparents within an extended family set-up where there were many people around to help with child care (Haihambo, Mushaandja and Hengari, 2006). However, the structure of the Namibian family has changed due to factors such as divorce, migration, sickness and death (UNICEF, 2008).

2.7 Culture and indigenous communities' research

Culture describes the many ways in which human beings express themselves for the purposes of uniting with others, forming a group, defining an identity and even for distinguishing themselves. The Namibian Ministry of Education and UNICEF (2008) describe culture as the complex web of human relationships, beliefs, and values of society. On a social level, culture involves activities which include child-rearing, making

and enforcing laws, providing material support for children and producing food. On the psychological level, culture involves the understanding of self, emotions, perceptions and motivations. Culture is acquired through the process of socialisation (Trawick-Smith, 2006).

Scarr (1993) stressed that cultures define what is important for children to know, believe and be able to do based on what is needed for the group to survive. In fact, families of different cultural backgrounds have distinct beliefs about children and adopt child-rearing practices that are unique to their communities (Trawick-Smith, 2006). In some families, such as the Native American ones, child care is a collective family and community affair (Trackwick-Smith, 2006). This involves friends and neighbours sharing child-rearing chores and solving family problems. Such families value interdependence and discourage independence in their children. This helps some families to cope with the stresses of raising children (P. Beckman, 1991).

Moreover families' beliefs may be shaped by conditions such as poverty and oppression. An adaptive strategy for surviving the challenge of poverty is in the form of informal social networks.

2.8 Researcher sensitivity about context

Christopher (2005) emphasized that researchers should know that different tribes often have completely different world views, notions of personhood and views of child-rearing.

She urged researchers to consider the following when conducting research among indigenous communities:

- Researchers must have the knowledge of the issues specific to tribes being studied and avoid the common mistake of grouping all tribes together.
- Researchers must make sure that native communities have access to data collected.
- Researchers must also make sure that native communities receive benefits from the research that involves them.

In this study, the researcher was familiar with the world views of the two ethnic groups, and understood the context in which children were raised.

2.9 Indigenous parenting beliefs and practices held by caregivers/parents during pregnancy

The Ministry of Gender Equality and Child Welfare's NIECD policy concurred with Hinitz and Lascarides (2000) who held that the training of the child begins with prenatal taboos. They further indicate that some tribes believed that the brain formation of the child began before birth. One of the examples provided states that an expectant mother had to be careful not to quarrel with anyone because the child understood everything and might decide not to be born into a family that quarrels (Mwamwenda, 2003).

Moreover, recent studies (Trawick-Smith, 2006; Woolfork, 2007; Zimba, 2008) describe many taboos as efficaciously valid because most of them are consistent with modern

hygienic and health practices. For instance, pregnant mothers were prohibited from eating fatty and salty food, bad meat, drinking alcohol, smoking, overworking and exposing themselves to emotional distress (Mwamwenda, 2003; Evans and Myers, 1994; Zimba, 2008; Soudèe, 2009). These prohibitions were based on community experiential knowledge of difficult and delayed labour, and miscarriage (Mwamwenda, 2003; Zimba & Otaala, 1995; Zimba, 2008). In line with the above, Zimba's research support that of Evans and Myers (1994) that the main perceived purpose of the taboos is to ensure the safe delivery of healthy babies. The concern of this study was on whether the Aambandja and Aambalantu have the same beliefs surrounding the expectant mother.

Furthermore, many families received news about pregnancy with joy, happiness, love, gratefulness, excitement and pride (Mwamwenda, 2003; Zimba & Otaala, 1995). In line with the above, Zimba (2008) concurs with Hinitz and Lascarides (2000) that the childbirth is received with a happy atmosphere in the family and gifts of various kinds are presented to the child by relatives and friends of the parents. These studies demonstrate an example of Bronfenbrenner's ecological systems interaction; relatives and friends (from exosystem) send gifts to the child through parents who are in the microsystem. Moreover, the results of the study conducted among the Nama of Namibia indicate that Nama families valued children before they were born. This is why they respected and gave social and psychological support to pregnant mothers. In this study, the concern was on whether the Aambalantu and Aambandja caregivers have the same beliefs surrounding the expectant mother.

Some studies, Zimba and Otaala (1993) and Pnina,(2001) found that some pregnant mothers used to engage in excessive physical labour such as collecting firewood, drawing water from long distances, working in the fields, mending fences and so forth. This study shed light on indigenous parenting beliefs and practices held by the Aambalantu and Aambandja caregivers/parents during pregnancy.

2.10 Indigenous parenting beliefs and practices held by caregivers/parents when the child is less than one year.

Greeks regarded children as a source of pleasure, joy and comfort to their parents. They believed that a family without children was incomplete (Hinitz & Lascarides, 2000). Pnina (2001) states that in some cultures, mothers who have just given birth were expected to obey some prohibitions (taboos) and practices to ensure the health and security of their babies. For instance, a Zulu mother and her baby are given traditional medicine to protect them against evil. Other cultures believed that the mother should remain in seclusion for a while and that a ritual of purification should be performed, before she returns to her husband (Mwamwenda, 2003). In some cultures, such as the Sotho, the mother and the child are secluded in a marked hut for two or three months. This provides the mother with enough time to recuperate from giving birth and enables her to breastfeed the child.

When one looks at different cultures such as those of the Japanese and the African Americans, a similar picture of beliefs emerges. The Japanese allow a third trimester

pregnant woman to go to her parents' home and stay there until four to six weeks of post partum recovery (Segre, O'hara, Arndt & Stuart, 2007). A recent ethnographic study of child-rearing amongst African Americans revealed that the family support which pregnant women receive from their mothers and sisters is viewed as essential in overcoming isolation and lack of resources. This study was partly undertaken to shed light on indigenous and current parenting beliefs and practices held by the Aambalantu and Aambandja caregivers/parents when they are in the care of children aged less than one year.

2.11 Child-rearing practices and beliefs in relation to the promotion of socialization and education

Pnina (2001) describes socialization as the key interaction process between the child and society in the upbringing of children. He further, advocates that through this mediation, the child internalizes and adjusts behaviours to norms, values and ways of living in the family, society and culture. Furthermore, the results of the study carried out among Nama parents indicate that parents aimed at shaping children into honest, obedient and responsible persons, who refrain from bad practices such as stealing, lying, keeping bad company, using bad language, fighting, smoking, abusing alcohol and drugs and treating others with disrespect (Zimba & Otaala, 1995; Smith & Mosby, 2003). In this study, the concern was on whether the Aambalantu and Aambandja aimed to mould their children in the same way.

According to Hinitz and Lascarides (2000) and Adongo (2009), play is one form of interaction between the parent and child, which promotes cognitive development. Many researchers such as Myers (1995); Zimba & Otaala (1993), (1995); Hinitz and Lascarides (2000); Trawick-Smith (2007) and Woolfork (2007) draw attention to the importance of children's play. Play teaches young children qualities of cooperation, respect for other's opinions, sharing, leadership, team spirit and creativity (Zimba & Otaala, 1995; Soudèè 2009; Coury et al 2008). In line with the above, Hinitz and Lascarides (2000) argue that play must be provided and not left to chance. However, finding appropriate spaces for playing is a challenge in meeting children's needs in urban environments (Zimba & Otaala, 1995; Bernard Van Leer Foundation, 2010). Play activities enhance gross and fine motor development (Trawick-Smith, 2007).

2.11.1 Gross motor development

Children of all cultures acquire gross motor ability that is skills that require the use of large muscles in the legs or arms, as well as general strength and stamina (Trawick-Smith, 2007). Malina and Bouchard (1991) found that motor development is characterized by a gradual refinement in abilities. A child needs to have competence in the performance of basic movement skills such as running or catching and she/he should also have the ability to adapt these movements to meet varying environmental challenges, such as being able to run up and down hill, as well as on flat surfaces. Caregivers from

different cultures need to ensure that their children acquire these two kinds of movement abilities.

2.11.2 Fine motor development

Young children need also to develop their abilities to coordinate smaller muscles in the arms, hands and fingers. Play activities should engage a child in using smaller muscles to perform a variety of self-help skills such as buttoning, zipping or eating with utensils (Trackwick-Smith, 2006). This study shed light on the activities the Aambalantu and Aambandja children engage in when playing.

Moreover, some studies reported that many children in rural communities such as Omatjete and Uukwaluudhi lack manufactured play objects (Zimba & Otaala, 1993; Zimba, et al, 1995). Another related study found that most early childhood care and development centres do not have appropriate and sufficient play and learning materials for the children (Adongo, 2009; Malè, 2010). Thus, Zimba (2008) and Ngaru (2009) call on parents, who have no access to manufactured toys, to improvise and make toys to play with out of scrap and other available materials. In this study, the researcher search information on the availability of play objects of the Aambalantu and Aambandja young children.

In addition, the results of the study conducted among the Nama of Namibia indicated that parents and other family members play different games with their children, sang traditional songs, and participated in horse races and in dancing. All these activities

enhance intellectual development (Zimba & Otaala, 1995). There are no researches on how Aambalantu and Aambandja caregivers enhance the intellectual development of their children.

One crucial way of stimulating cognitive development is through activities that promote language development (Mwamwenda, 2003; Myers, 1995; Trawick-smith, 2006; UNICEF, 2000; Zimba & Otaala, 1993; 1995). Activities such as talking, singing, telling stories and riddles and dancing to music described in some studies have been found to stimulate young children's language development (Evans & Myers, 1994; Pnina, 2001; Trawick-Smith, 2006). In this study, the researcher was trying to find out the activities the Aambalantu and Aambandja use to promote young children's language development.

2.12 Children's needs and rights

The UN convention on the rights of the child is regarded as a standard by which research on childhood development is judged. This convention is organized around four core principles: non-discrimination, the best interests of the child; rights to survival and development (UNICEF, 1989). This convention, together with the African Charter on the rights and welfare of the child dictate which child-rearing practices and beliefs are safe and harmless to the child. Recent literature (Sagoe-Moses, 2009) also stresses that parents, families, educators and states must do all they can to ensure the child is given the above-mentioned rights. These rights represent basic universal needs. All children have

the same basic universal needs that must be fulfilled in order for them to experience well-being and achieve their full potential for healthy development.

As human beings, children need and have the right to conditions that ensure survival, nourishment, shelter, protection from violence and harm. Beyond this, they need conditions that allow for growth and development. Such conditions would require adequate supplies of food and water, disease-free environments and access to health services (Haihambo, Otaala & Zimba, 2004). However, some researchers such as Bronfenbrenner (1979), Zimba (2008), UNICEF (2008), Ngaru (2009) found that homelessness, overcrowding, unemployment, poverty and alcohol abuse are some of the problems which hamper child survival and development in most countries in Africa. Furthermore, Bronfenbrenner's ecological theory postulates that the type and conditions of parental employment are among the most powerful influences affecting the young child's development in modern industrialized societies. This study was intended to shed light on the challenges which hamper child survival and development amongst the Aambandja and Aambalantu.

Moreover, the healthy development of children is crucial to the future well-being of any society. Children in a poor rural community are vulnerable to living conditions such as those of poverty-stricken environments, inadequate health care, nutrition, poor housing and environmental pollution (Haihambo, et al., 2004). The effects of disease, malnutrition and poverty described by Trackwick-Smith (2006) threaten the future of children and, therefore, the future of the societies in which they live.

Despite the above-mentioned challenges, children must rely on their families, who are the primary caregivers for the nurturing and guidance they need to grow towards independence. When caregivers make a commitment to fulfilling children's needs, this commitment establishes rights for children to have these needs met. Children rights cannot be realized unless adults, with responsibilities for children, take the necessary action to make them a reality. Sometimes, though, parents do not totally understand what their children need and they take the needs of their children for granted, thinking that they have no problem at all because they are giving their children what they need. In this study, the researcher is trying to find out whether the Aambalantu and Aambandja understood what their children's needs and rights were. Without this understanding and knowledge, caregivers would not know how to support the development of their children.

Summary of Chapter 2

This chapter looked at previous studies and findings related to methodological challenges in sourcing indigenous knowledge, child-rearing practices and beliefs among ethnic groups; a historical, as well as socio-economic overview of the Aambalantu and Aambandja; culture and how to conduct research in indigenous communities and on children's needs and rights. The next chapter provides methods that were used to collect and analyze data.

Chapter 3

Research Methodology

3.1 Introduction

The main focus of this chapter is to describe the methods that were used in the study to collect and analyze data. It contains subsections on research design, the context of the study, sampling procedures, data collection, research instruments, pilot study, data-collecting procedure, ethical considerations and data analysis.

3.2 Research design

This study was qualitative and ethnographic in nature. The researcher attempted to understand how Aambalantu and Aambandja caregivers experience child-rearing practices. The researcher acted as a participant observer by creating good rapport with the research interviewees, recording observations and impressions (Shank, 2006). The fact that the researcher knows the language, culture and value system of the Aambalantu and Aambandja enabled her to serve as a 'recording device' and helped her to understand better their child-rearing practices and beliefs. The researcher focused her attention on the material things that Aambalantu and Aambandja people produce/use, such as ethnic food; architectural style; and clothing styles, which from their perspective, enhances child survival, child care and child development (Christensen & Johnson, 2008). This was done because the researcher was interested in documenting things like the shared attitudes, values, practices, pattern of interaction, perspectives and language of the Aambalantu and Aambandja that inform their child-rearing practices. The intention was to understand all these aspects in a qualitative way.

3.3 The context of the study

This study focused on Aambalantu and Aambandja households, with children aged 0-8 years, who were residing in the Anamulenge and Okalongo rural constituencies of the Omusati Region. The researcher purposefully chose Anamulenge and Okalongo constituencies because this is where most of the Aambalantu and Aambandja reside. Furthermore, the researcher was interested in recording values, beliefs, norms and

practices of the Aambalantu and Aambandja because there are no previous studies on these groups of people concerning their child-rearing practices and beliefs.

3.4 Sample

The sample of this study consisted of 14 households (7 Aambalantu and 7 Aambandja) with children aged 0-8 years residing in the Anamulenge and Okalongo rural constituencies of the Omusati Region. These households were purposefully selected (see table1).

Table 1: Description of the Sample

House hold no.	Total no. of people in a household	Total no. of adults	Total no. of children	Average age of children in years	Age of the youngest child in years	Age of the oldest child in years	Relationship to the head of household	Ethnic group
1	12	11	01	01	01	01	Grand children	Aambalantu
2	12	09	03	3.5	02	05	Grand children	Aambalantu
3	32	26	06	3.6	01	06	Own children	Aambalantu

4	12	09	03	5.7	02	08	Own and grand children/	Aambalantu
5	10	05	05	4.4	02	08	Own/grand children	Aambalantu
6	08	06	02	6.0	05	07	Own children	Aambalantu
7	11	08	03	5.0	02	08	Grand children	Aambalantu
8	12	09	03	3.6	01	08	Grand children	Aambandja
9	18	13	05	4.6	02	08	Grand children	Aambandja
10	17	12	05	4.4	01	08	Grand Children	Aambandja
11	15	13	02	3.0	02	04	Grandchildren	Aambandja
12	18	15	03	3.0	02	05	Grand children	Aambandja
13	11	06	05	5.0	05	05	Grand children	Aambandja
14	18	16	02	3.0	02	04	Own children	Aambandja
Mean	15	11.3	3.4	4.3	2.1	6.1		

As presented in table 1, the mean of the total number of people in a household was 14. Homesteads with few huts were overcrowded, while homesteads with many huts were not. The mean age of the youngest child was 2 years, while the mean age of the oldest child in the household was 6 years. The following section gives a short description of the main caregivers and the size of the Aambalantu and Aambandja homesteads.

Main caregivers

Data gathered showed that children in these households were related to the grandparents.

In many of the sampled households, the main caregivers were grandmothers. The only exception was that of a man who stayed with his children, while his wife worked very far from home. Most of these children's parents did not own houses; they rather stayed with their children within an extended family set-up, headed by grandmothers. According to Owambo culture, grandparents perceived it as their role and their right to raise their grandchildren (Haihambo, et al, 2006).

Size of homesteads

Most of the houses looked very big in perimeter, which provided children with enough playing ground but with very few huts. The number of huts in the homestead determines whether the homestead is big (more than 8 rooms) or small (8 rooms or less). About 6 homesteads were overcrowded because they have only less than eight rooms. Some grandmothers reported that they shared their huts (bed rooms) with their young grandchildren.

3.5 Sampling procedures

Purposeful sampling was used to select the Aambalantu and Aambandja households. The target groups were Aambalantu and Aambandja households with children aged 0-8 years, residing in the Anamulenge and Okalongo rural constituencies. The researcher identified households with these characteristics to obtain data. In each household, the data was collected from either main caregivers who were not biological parents or from biological parents.

3.6 Research Instruments

The researcher used an interview guide and an observation protocol as instruments. The interview guide consisted of two sections. The first section provided information on the researcher's name, the aim of the study, confidentiality, how the interview was to be conducted and the duration of the interview. The second section had 10 open-ended questions that were based on the research questions. The first four questions related to indigenous and current parenting beliefs and practices held by Aambalantu and Aambandja parents/caregivers. The next four questions related to Aambalantu and Aambandja child-rearing practices and beliefs regarding socialization and education, as well as psychosocial support. The last two questions related to children's needs and rights. All the questions in the interview guide were translated from English into the Oshimbalantu and Oshimbandja dialects of the Oshiwambo language-the mother tongue of the Aambalantu and Aambandja people. The researcher was to observe the children's level of wellness and health, safety in the homesteads, caregiver's general demeanor and how the caregivers responded to the children's questions.

3.7 Pilot study

A pilot study was conducted on some caregivers/parents from the Ogongo constituency (Omusati Region) in order to find out whether the research instruments were understood or not. It helped the researcher to know whether the interview questions asked were suitable and relevant. It also helped to find out whether the type of information obtained could be meaningfully related to the research questions. All these aspects were intended

to enhance the reliability and validity of the study. The researcher adjusted all the interview questions which were, according to the results of the pre-test, unclear.

3.8 Access

A letter was sent to the Governor, as well as to the councillors of the Anamulenge and Okalongo constituencies (Omusati Region), seeking permission for this study. This letter explained the research aims and objectives of the envisaged study. Furthermore, a letter with the same content was translated from English into the Oshiwambo language, and sent to the senior headmen of the Ombalantu and Okalongo, where the Aambalantu and Aambandja reside traditionally. In addition, the researcher visited the headmen of the villages where the sampled households were located to explain in detail the aims and objectives of the study. Thereafter the researcher visited and gained informed consent from every respondent before the interview. Observations were carried out, and the observation protocol was completed after the interview. The qualitative interview was used to obtain in-depth information about the Aambalantu and Aambandja's thoughts, beliefs, knowledge, reasons and feelings about the topic under investigation. Fourteen main caregivers/parents were interviewed. The researcher used a tape recorder to record all interviews of the sampled respondents. Moreover, the family background information of each household was recorded on a separate form.

3.9 Ethical considerations

The researcher made sure that each research participant gave informed consent before he or she participated in the study. Moreover, the governor, the councillors, senior headmen,

the village headmen and members of households were assured that the information obtained from the households would be used only for research purposes and would be treated with confidentiality. The participants' right to confidentiality and privacy was respected at all times. The participants were informed about the aim of the study before asking them to participate, as well as about their rights to withdraw from the research at any time, if they wanted to. The participants were also informed about their right to remain anonymous throughout this study.

3.10 Data analysis

After the data had been collected, the researcher listened to the recorded focus group interviews and wrote what was said into a word processing file. Thereafter, she read the transcripts of taped interviews and wrote memos about them. Thorough and comprehensive descriptions of the participants were developed; the setting and the phenomenon were studied, to convey the rich complexity of the research (Gay et al., 2009). Themes that had emerged in the literature review and in the data collection were listed and described. Thereafter, the researcher met with some caregivers and asked their oral comments on the drafted report to verify and validate the findings. Then the researcher brought analysed data into context with the two theories (Super and Harkness's developmental niche and Bronfenbrenners's ecological systems theory) and come up with new knowledge on the childrearing practices and beliefs among the Aambalantu and Aambandja.

Summary of Chapter 3

This chapter provided a thorough description of how the researcher went about collecting the necessary data, as well as the analytical procedures she used to draw conclusions based on this information. The following chapter provides a descriptive summary and presentation of the data of this study.

Chapter 4

Presentation of data

This chapter presents the data on the Aambalantu and Aambandja responses regarding how they received news about pregnancy and the support they gave to pregnant mothers. This is followed by a report on Aambalantu and Aambandja indigenous beliefs and practices held by caregivers/parents about pregnancy and when the child is less than one year. After this, a report on Aambalantu and Aambandja child-rearing practices in relation to socialization and education is given. This is followed by a presentation on children's needs and rights.

4.1 Indigenous beliefs and practices held by caregivers/ parents during pregnancy

4.1.1 Caregivers' response on how to receive news about pregnancy

The following themes emerged from these data:

- i. Excitement and pride/with happiness;
- ii. Annoyance and anger;
- iii. Feeling ashamed.

i) Excitement and pride/with happiness

All Aambalantu and Aambandja caregivers reported that they received news about pregnancy with excitement and pride, only when the couples were married. They further provided reasons for their happiness such as: married couples were able to support their children; they marry to produce children; they are blessed with children and so forth. Some verbatim examples are:

...I received news about pregnancy with happiness, when the couples are married, because they marry to produce children.

...I can be very happy, if these couples are married, the expectant mother will be supported by her husband.

...I can feel happy, if the couples are married, they can care and support their children.

...I can accept news about pregnancy with excitement and pride, in case of married couples, because they can be able to raise their children.

...I can ululate and dance, if these couples are married, because they are blessed with children.

...I can feel excited incase of married couples, because that is why they got married for.

ii) **Annoyance and anger**

Most of the Aambalantu and Aambadja caregivers expressed that they accepted news about pregnancy with annoyance and anger if the couples were not married. They provided reasons such as: it is against their culture and religion to conceive before getting married; caregivers have to support the mother and the baby, in case the involved couples are not working; the couples might be infected with HIV/AIDS. The following statements illustrate this position:

...I receive news about pregnancy with annoyance, if the couples are not married. Both the guy and the lady might not work; I have to support both the mother and the child. It will also be difficult for this lady to get a man to marry her.

...If couples are not married, I can feel angry. It is against our culture and religion to conceive before you get married. People in our community can only respect married women. However as a parent, I can give necessary support to an expectant mother.

...But I can feel very sad if the couples are not married. The girl might be a learner and she has to leave school forever.

...If the couples are not married, I can feel bad. The expectant mother will not attend to all the home chores, as she used to. I am also having fear that the lady might contract HIV/AIDS

... I can feel very sad, if she is not married because she does not obey the rules of the house. Therefore she has to do house chores as very body else.

...I can accept the news with annoyance and anger if the couples are not married. As a father/uncle I have to pay the lady my son has impregnated, as per Aambandja culture.

...I can accept the news with annoyance, especially if the girl is still in school, because she has to leave school. Again I have to give her all the support she need, because she is not working.

... I can feel bad and accept the new about pregnancy with annoyance, because the lady becomes pregnant before she gets married. I have got fear that, other parents will laugh at me.

... I can accept this new with annoyance if the expectant lady is very young. However I don't care much if the lady is old enough to bear children.

iii) **Feeling ashamed**

Some Aambalantu and Aambandja caregivers indicated that they feel ashamed if the couples involved were not married. The following statement illustrates this position:

...I can feel ashamed if these couples are not married, because it is against our culture to bear children before you get married. In the past ladies were to be burned if they become pregnant before they get married traditionally. This fear helped us to stay away from men in the past.

One omubandja male caregiver said that he had to pay the lady who had been impregnated by his son/nephew:

... As a father/uncle I have to pay the lady my son has impregnated, as per Aambandja culture.

Other Aambalantu and Aambandja caregivers expressed their fear of being laughed at by other parents:

... I have got fear that, other parents will laugh at me.

4.1.2 Prohibitions (taboos) the expectant mother and her spouse are expected to obey

In studying Aambalantu and Aambandja indigenous beliefs and practices associated with pregnancy, the researcher sought information regarding behavioural and food taboos the pregnant mothers and her spouse were expected to obey in the past and taboos which are still in use. Both Aambalantu and Aambandja caregivers believed that the pregnant woman and her spouse should

obey behavioural and food taboos to protect herself and her unborn baby from harm. Many caregivers were aware of the following behavioural taboos. The following themes came out of these data:

- i. Behavioural taboos linked to traditions;
- ii. Behavioural taboos related to health;
- iii. Food taboos.

i) Behavioural taboos linked to traditions

Many of the taboos identified were linked to traditions. These behavioural taboos, according to the Aambalantu and Aambandja caregivers, might either cause difficulty during delivery or prolong labour. Some verbatim examples are:

...Do not talk to your husband while you are in the bedroom when he comes home late. It may cause difficulty delivery or you may die during child birth

...Do not talk to your visitors while you are in your bed room, you may experience difficulty delivery.

...A pregnant mother should not enter the room backward; she may experience difficulty during delivery.

...The pregnant mother should make sure that she passes through the door quickly, as she does not need to stand at the door. Standing at the door, may prolong the labour

ii) Behavioural taboos related to health

The following taboos related to health; taboos such as:

...Do not eat too much fat while you are pregnant, this lead to a big baby and might cause difficulty delivery.

...A pregnant mother should not allow carrying heavy objects as this might lead to miscarriage.

iii) **Food taboos**

Unlike the behavioural taboos, the effect of food taboos will be directly noticed in the child if ignored. The following statements show this position:

...A pregnant mother should not eat meat of the shy animal such as tortoise, raccoon, the child might become shy.

...A pregnant mother should not eat meat of an animal called deer; the child will not learn to talk fast.

Despite the food taboos mentioned above by a few of the Aambalantu and Aambandja caregivers, many of these caregivers reported that pregnant mothers were not prohibited from eating any food. Some verbatim examples are:

...Pregnant mothers were not prohibited from eating any food, there were no food taboos, I am aware of.

...There were no variety of food available in the past, you can only starve the pregnant mother if you tell her to eat this, but not that.

...She can eat everything

The majority of Aambalantu and Aambandja caregivers indicated that out of the aforementioned behavioural taboos, the following are still in use:

...A pregnant mother should not eat meat of the shy animal such as tortoise, raccoon, the child might become shy.

...Do not eat too much fat while you are pregnant, this lead to a big baby and might cause

difficulty delivery.

...Do not talk to your husband while you are in the bedroom when he comes home late. It may cause difficulty delivery or you may die during child birth

...Do not talk to your visitors while you are in your bed room, you may experience difficulty delivery.

4.2 Indigenous beliefs and practices held by caregivers/parents when the child is less than one year

4.2.1 Data pertaining to the manner in which the news about childbirth was received by the neighbours and friends

To find out whether the neighbours and friends are caring about the mother and the baby, questions on the manner in which the news about childbirth was received by the neighbours and family friends were asked. The following themes came out of this data:

- i. The new babies were warmly and happily welcomed with gifts and presents;
- ii. Welcomed babies without gifts and presents;
- iii. No gratitude expressed.

- i) **The new babies were warmly and happily welcomed with gifts and presents**

Some Aambalantu and Aambandja caregivers expressed their gratitude that neighbours and relatives welcomed the baby with presents in the form of food and materials. The following statements illustrate this position.

...They come and celebrate, in the past for example neighbours and friends brought presents such marular oil, herbs (iizimba) used as perfume for the mother, millet/sorghum flour. Nowadays they come with bare hands

...They come and welcome the new mother and the baby. Most of them can come with basket of millet flour or crates of beers/ cool drink

...Family friends and neighbours come and welcome the new mother and the baby with present at the end of their seclusion. This used to be a big ceremony in the past, home-brewed beer should be prepared and a goat should be slaughtered. Then people enjoy food and home-brewed beer, then after they can sing and dance traditionally dances e.g. “Oshike shetu eta oluvalo” mean what brought us here is children, while they are front of the mother and the baby’s bed room.

...Paternal relatives come and warmly welcome their baby. They usually bring the baby shawl, baby carrier, clothes for the baby and traditional beads. These traditional beads are very important because they protect children from evils.

...Culturally the new mother and the baby have to be secluded for two to three weeks. Then there after neighbours and family friends come welcome the new mother and the baby. They normally come carry baskets with marula nuts/oil or millet flour and dry spinach / beans.

...Neighbours come welcome the baby and bring present such as dry spinach, millet/sorghum flour.

...They come and welcome the new mother and the baby. Most of them can come with basket of millet flour or crates of beers/ cool drink.

ii) **Welcomed babies without gifts and presents**

The majority of the Aambalantu and Aambandja caregivers indicated that neighbours and friends might come sometimes empty-handed, but most of the time, they did not come at all.

...They can sometimes come, but they don't bring the new mother and baby anything.

...They can be happy, but they don't bring the new mother and the baby present as it was in the past.

...Neighbours come and welcome the baby; some might come with presents/other not. However these practices are not important any longer. Young people look down on them, but they were helping.

...In the past babies received more than ten names from relatives, neighbours and friends that was an indication that the baby is warmly welcomed by everyone. Presently, people don't come any more.

iii) **No gratitude expressed**

Others reported their concern that babies were not as special as they used to be because there are too many babies being born nowadays.

...Sometimes friends and relatives might come and welcome the baby, but most of the time they don't come. There are a lot of pregnant mothers who give birth nowadays unlike in the past, so babies are not as special as it was the case in the past.

...Relatives and friends don't come welcome the baby any longer.

4.2.2 Data pertaining to the practices fathers expected to perform immediately after childbirth

The results of the study further showed that both Aambalantu and Aambandja fathers were traditionally expected to keep their wives and babies/children well-fed, well-dressed and have their babies baptized and registered with the Ministry of Home Affairs. In response to the question, what practices were fathers expected to perform immediately after the birth of their children; the following themes came out of the data:

- i. Providing food, materials and clothing;
- ii. Cutting the baby's hair;

- iii. Giving the child a name and arranging for baptism;
- iv. Some fathers were not known.

i) Providing food, materials and clothing

Most of the Aambalantu and Aambandja believed that fathers have the great responsibility to provide food, materials and clothing to both the mother and the baby.

Some verbatim examples are:

- ...To make sure the mother have enough food especially meat
- ...To help and assist the wife to buy food and clothes for both the mother and the baby
- ...Provide food to the mother and the child
- ...It is the responsibilities of the father to provide the mother with enough meat of fish, so that she can eat and have milk to feed the baby.

ii) Cutting the baby's hair

Both Aambalantu and Aambandja caregivers expressed the importance of cutting the baby's hair. Every caregiver expressed sentiments similar to the comments below:

- ...Father has to invite one of his sisters to come and cut the baby's hair within two to three weeks. Culture does not allow the new mother and the child to go visit friends and neighbours before the child's hairs are cut.
- ...To invite his relatives such as sisters/cousin to come cut the baby's hair and bring the baby traditional beads
- ...To make sure the baby's hairs are cut and traditional beads are worn

iii) Giving the child a name and arranging for baptism

Some caregivers reported that it also has to be the responsibility of fathers to make sure that the child gets a name is baptized and registered for her/his birth on time. Most of the participants expressed sentiments similar to the comments below:

...fathers have to arrange for the child to be baptized first, and then register for birth certificate later

...The father has to inform his parents to come and give child a name

...It is the responsibilities of the father to give a child name himself or his parents can do it, if they are still alive

...Gave the child a name

iv) Some fathers were not known

Despite the responsibilities that fathers are expected to carry out immediately after the birth of their children, some Aambalantu and Aambandja caregivers (that is, grandparents) interviewed were very distressed that they did not know the fathers of the children under their care. The following statements illustrate this position:

...Presently many children do not have fathers, even though their fathers seem alive, they were just replaced by their mothers and sisters in performing such practices.

...But fathers are nowhere to be found

...I don't know the father to John (not a real name), he came here while he was very young

4.3 Child-rearing practices and beliefs in relation to the promotion of socialization and education

In an attempt to understand how Aambalantu and Aambandja communities promote intellectual development among their children by the process of socialization, one of the questions enquired about actions which children were forbidden to do. The following themes emerged from this data:

- i) Obedience and respecting adults;
- ii) Abstinence from sex/drinking alcohol/smoking;
- iii) Actions which promote safety and protection;
- iv) Greeting adults.

i) Obedience and respecting adults

Most of the Aambalantu and Aambandja listed actions relating to developing obedience and respecting adults. The following statements illustrate this position:

- ...not showing respect and despising adults
- ...refusing to go where she/he is sent
- ...sharing the shade with parents/ play where the parents are
- ...greeting parents while standing
- ...children must not use bad language i.e. insulting or swearing

ii) Abstinence from sex/drinking alcohol/smoking

Other forbidden actions stressed abstinence from sex/ drinking alcohol/smoking. Some of the verbatim examples are:

- ...children are not allowed to talk about /practice sex before marriage
- ...not having sex at an early age
- ...drinking alcohol and smoking are not allowed

iii) Actions which promote safety and protection

There were also actions which have been found to promote safety and protection among young children. The following statements illustrate this position:

- ...not to play close to a fire or water hole/wells
- ... no swimming and playing close to the wells, they might drown
- ...fighting is not allowed
- ... no breaking objects in the house
- ... no stealing and lying

iv) Greeting adults

All Aambandja caregivers reported that their children were also forbidden from greeting adults while standing. Every Omumbandja caregiver expressed a sentiment similar to the comment below:

- ...forbidden from greeting parents while standing
- ...children have to kneel down first and then greet the adults

The following questions were asked: Should your child perform one of these forbidden actions? How would you discipline him/her? The following themes emerged from the data:

- i. Teaching children to understand what is right and wrong;
- ii. Beating;
- iii. Withdrawing playing objects;
- iv. Taking away privilege;
- v. Making children take responsibilities;
- vi. Denying children food.

i) **Teaching children to understand what is right and wrong**

Some Aambalantu and Aambandja caregivers believed in teaching their children to understand what is right and wrong, as expressed in the following comments:

...I can give the child a chance to explain why she/he did it and tell him/her that is wrong

...I can talk to him/her and tell him/her not to do it again

...in the past parents use to beat their children, but it helps a lot. I can just talk to him/her, because children are protected, you beat Him/her, and they will report you.

ii) **Beating**

The majority of both Aambalantu and Aambandja caregivers reported that making children feel pain, helped in disciplining them. Their sentiments are reflected in the comments below:

...I can beat him/her and she/he will not repeat it again.

...I can beat him/her

...in the past parents use to beat their children, but it helps a lot. I can just talk to him/her,

because children are protected, you beat him/her, they will report you.

...slapping him/her helps to discipline

iii) **Withdrawing playing objects**

Other Aambalantu and Aambandja caregivers use withdrawal of playing objects in disciplining their children:

...I can take all her/his playing objects away

...take away their wire cars/dolls

iv) **Taking away privilege**

One caregiver believed that taking away privilege might discipline the child:

...I will not let her/him to go and play with the friends that day.

v) **Making children take responsibility**

Some Aambalantu and Aambandja caregivers indicated that children should be made to take responsibility for their actions. They expressed a sentiment similar to the comment below:

...ask the child to fix the object she/he has broken

vi) **Denying children food**

One omubalantu caregiver stated that denying a child food, helped in disciplining her/him.

...she/he can stay a day without eating

In an attempt to understand how Aambalantu and Aambandja communities promoted intellectual development among their children by the process of socialization, one of the questions enquired about activities which children engaged in when playing with others.

The following themes came from the data:

- i. Activities require the use of large muscles (gross motor abilities);
- ii. Activities require the use of smaller muscles (fine motor abilities).

Some of the activities mentioned require the use of large muscles in the legs or arms, as well as general strength and stamina (gross motor abilities), while others coordinate smaller muscles in the arms, hands and fingers (fine motor abilities).

i) **Activities that require the use of large muscles**

Examples of activities which enhance gross motor development are:

- ...Boys like to play with wire cars
- ...My children don't have toys, they play with those old tins, and they are the one who put them in a group like that. Sometimes I throw them away, but they bring them back
- ...Girls imitating pounding millet
- ...collect sticks and build toy houses and kraal
- ...play hide and seek
- ...play with locally produced balls
- ...play pretending to protect their properties, while singing "I eat from there, you won't"
- ...boys like wrestling
- ...children like athletic/chasing each other
- ...climbing trees

ii) Activities that require the use of smaller muscles

Activities which enhance fine motor development are:

- ...They can play 'children' with palm fruits or with dolls, but dolls are expensive
- ...These children love to play games "owela" they spend the whole day in that Marula tree. You can hear them making noise from there.
- ... Use old cloths to dress their palm fruits "children"
- ...Build toy houses with sticks
- ...collect sticks and build toy houses and kraal
- ...children like athletic/chasing each other

The open-ended question which enquired about how language could be developed was stimulated yielded the following themes:

- i) Acquiring new words /pronouncing words;
- ii) Describing features of objects;
- iii) Arousing the children's interests to learn the language.

i) Acquiring new words /pronouncing words

Most of the activities mentioned by the participants help children in acquiring new words/pronouncing words. The following statements illustrate this position.

- ...poems- the child increase vocabulary
- ...song-the child learn new words
- ...Ask a child to give object's names –practice words
- ...telling each other story – learn to pronounce words
- ...sing traditional song- a child practice words
- ...”repeat after me” – a child catch up new words
- ...Imitating parents- a child learn words one-by-one

ii) Describing features of objects

Other activities help the child to describe the features of objects or differentiate between objects. The following statements show this position:

...send a child to go bring you certain things-to see if she/he can differentiate

Objects

...Ask a child to touch object- a child will be able to describe features of the

Objects

... ask a child to give names of objects- a child learn to differentiate between

Objects

iii) **Arousing the children's interests to learn the language**

Few participants mentioned activities that arouse the child's interest to learn the language or encourage the child to think fast. Some of the verbatim examples are:

...Children tell each other story-develop interest

...Riddles-the child learn to think fast

4.4 Data pertaining to children's rights and needs

Children need a lot of things from their parents: love, care, support, guidance. Sometimes, parents do not totally understand what their children need; they take the needs of their children for granted, thinking that they have no problem at all because they are giving them what they need. In answering the question: "what do you see as the most important needs of these children (0-8 years)?", the following themes emerged from the data:

- i. Material needs;
- ii. Social needs;

- iii. educational needs;
- iv. Psychological needs.

Some of these verbatim examples are:

i) **Material needs**

- ...food, clothing and shelters
- ...toys to play with
- ...money to pay hospital fees
- ... Food and clothing
- ...shelter

ii) **Social needs**

- ...a family
- ...to have friends
- ...to be raised up by their biological parents

iii) **Educational needs**

- ...a little bit of education
- ...education, but preschools are far and expensive
- ...to go to a better schools
- ...education
- ...money to pay school fees

iv) **Psychological needs**

- ...to be recognized
- ...moral support
- ...to be thanked for what they did
- ...love and care
- ...to be independent

The majority of Aambalantu and Aambandja caregivers suggested that they need the involvement of the whole family, including the fathers, the community, the Government and organizations in order to make sure that the above needs are met. The sentiments of the majority of the caregivers are reflected in the comments below:

...The whole family needs to be involved.

...Parents of these children should come from where they are and visit their children and bring them clothes

...I am an old lady and I only depend on my pension, which is not enough to support these children, we need more money

...Councilors must provide us with food, we are old and we cannot cultivate our fields as we used to do, my house is full.

...parents must need to be involve

...Community based organizations such as Yelula project, Omusati Women Cooperative should lend a hand as well

...Headmen need to be on a lookout to report all child headed households and all other households in need and report them to the councilors.

...my pension is not enough; we need the government to give us more money

...government should provide money to pay school for our children.

... Faith based organization such Catholic Aids Action needs to help family in need.

...government must provide us with food

...We don't have preschools in our community; the government must build us preschools.

...We were told the school is going to be free, but we are still paying school for our children

The following themes emerged from the data:

- i. Involvement of the whole families;
- ii. Involvement of the Government and Organizations;

iii. Involvement of the community.

i) Involvement of whole families

Most of the participants indicated that the involvement of whole families might help in meeting the children's needs. The following statements illustrate this position:

...The whole family needs to be involved.

...Parents of these children should come from where they are and visit their children and bring them clothes

...parents must need to be involve

ii) Involvement of the Government and Faith-Based Organizations

Both Aambalantu and Aambandja caregivers mentioned that the Government and/or Faith-Based Organizations should help them in different ways to meet their children's needs. Every caregiver expressed sentiments similar to the comments below:

...government should provide money to pay school for our children.

... Faith based organization such Catholic Aids Action needs to help family in need.

...I am old lady and I only depend on my pension, which is not enough to support these children,

we need more money

...We don't have preschools in our community; the government must build us preschools.

...We were told the school is going to be free, but we are still paying school for our children

iii) Involvement of the community

Some participants reported that the involvement of the community should help to make sure that the children's needs were met. Some of the verbatim examples are:

...Community based organizations such as Yelula project, Omusati Women Cooperative should lend a hand

...Councilors must provide us with food, we are old and we cannot cultivate our fields as we used to do, my house is full.

...Headmen need to be on a lookout to report all child headed households and all other households in need and report them to the councilors.

4.5 Summary of results

This chapter provided a descriptive summary and presentation of the data of the study conducted, in order to examine indigenous and current parenting beliefs and practices held by caregivers; examine child-rearing practices in relation to the promotion of socialization and education; presentation on children's needs and rights.

Chapter 5

Discussion and Recommendations

In the previous chapter, the researcher presented and reported on the data collected. The objective of this chapter is to interpret the data of the study, scrutinize the possible implications, as well as make recommendations based on this data. To do that, the data will be discussed under the headings as presented in the preceding chapter.

5.1 Discussion of the results pertaining to indigenous beliefs and practices held by caregivers/parents during pregnancy

5.1.1 Discussion of the results pertaining to how caregivers received news about pregnancy.

The data from this study showed that Aambalantu and Aambandja caregivers received the news about pregnancy in the family with joy, happiness, love, gratefulness, excitement and pride, but only when couples were married. They provided different reasons, for example, that married couples would be able to care, support and raise their children. These results showed how the Aambalantu and Aambandja placed high value on marriage and the ability of a woman to bear children. A culture that a child be raised by both parents is promoted among Aambalantu and Aambandja communities.

The data gathered also showed that most of the participants stated that they accepted the news about pregnancy with annoyance and anger if the couples were not married. Some participants indicated that they felt ashamed. The reasons provided were that: it was against their culture and religion to conceive a child before getting married; parents have to support both the mother and the baby; the fear of leaving school (if a pregnant mother

is a learner); the fear of being infected with HIV and AIDS; the worry about having to pay some money to the pregnant woman, as well as the fear of being laughed at by other parents/caregivers.

The researcher was born and bred in these communities. The researcher explained that premarital pregnancy was not acceptable and that it is still a taboo in these communities. Previously, a girl was expected to enter a girl's initiation ceremony or white wedding, in order to cross the boundaries from girlhood to womanhood before she becomes pregnant. This explanation justifies the participants' expressions that "it's against their culture and religion to conceive before getting married". Therefore, a girl who becomes pregnant before the initiation process (in the past), and white wedding (nowadays), was called "omusimba kadhona". This literary means a girl, but pregnant or an unmarried woman with children. All these terms have a negative connotation. They justify the fear of being laughed at by parents of some of the community members. This demonstrates the ecological theory, in the sense that people blame one another in their relationships, because they see the other person as the cause of their own discomfort and frustration. One important concern was that caregivers might take out their fears and anger on the expectant mother and this might lead the expectant mother to suffer excessive emotional distress; thus putting the mother and her unborn child at risk of a miscarriage, still birth and possibly death. Another point of discussion is that caregivers in these communities discourage young girls from becoming pregnant; hence teen mothers are more likely to live in poverty; this may result in poor medical care and fewer nutritional resources, which will also affect the unborn child. The participants seem to lack knowledge of the

new learner pregnancy policy that is in existence. It allows a pregnant girl to continue with her education at school until 4 weeks before her expectant due date, as certified by the health care provider (Ministry of Education, 2009). Therefore, programme designers and implementers, in this sector, should consider proper education on how to avoid teenage pregnancy, as well as counseling lessons on how to cope with premarital pregnancy.

5.1.2. Discussion of the data pertaining to the cultural practices the expectant mother and her spouse were expected to obey

The data gathered showed that both Aambalantu and Aambandja caregivers believed that the pregnant woman and her spouse should obey behavioural and food taboos to protect her and her unborn child from harm. Many of the taboos identified were linked to traditions; only a few related to the health of the mother and her unborn child. They believed that some behavioural taboos might cause difficulty during delivery, while others might prolong labour or lead to miscarriage. One common belief regarding pregnancy that the researcher heard a lot in her community is an expectant mother might die during delivery if she has sex with a man other than her spouse.

Furthermore food taboos reported were: a pregnant mother was prohibited from eating shy and other animals such as deer, because the child might also become shy or the

child's acquisition of language might be delayed. Unlike the behavioural taboos, the effects of food taboos will be noticed in the child, if ignored. Some of the traditional recommendations of what to avoid are similar to what is accepted with modern hygienic and health practices. Though many taboos were consistent with modern hygienic and health practices, only a few taboos are in use. There was an argument from the participants that because of religion/Christianity, they have lost their culture and traditions. This finding is not supported by the data that found that Nama pregnant mothers were expected to keep a lot of food taboos in mind (Zimba & Otaala, 1995). The point to discuss is that spouses in both Aambalantu and Aambandja communities were required by custom and tradition not to disturb their wives when sleeping, but these traditions also forced them to be around in order to give material and emotional support to their wives. Another point of discussion is that these prohibitions were based on community experiential knowledge regarding perceived causes of delayed child delivery, complications during delivery and miscarriage. This knowledge represents a community knowledge resource and should be considered when devising and implementing child care and development, health and community development programmes for the Aambalantu and Aambandja.

5.2 Discussion of the data pertaining to indigenous beliefs and practices held by caregivers/parents when the child is less than one year.

5.2.1 Discussion of the data pertaining to the manner in which the news about childbirth was received by the neighbours and friends.

The data showed that some of the participants reported that neighbours and friends welcomed the baby with presents such as food, a baby shawl, carrier and toiletries. The point of discussion is that children were welcome, raised and loved by their family, neighbours and friends. This is an indication that most of the participants perceived children as valuable resources of the family. These practices demonstrated Brofenbrenners micro- and mesosystems, that is, close friends and neighbours bring the child presents. The capacity of the mother-child dyad to perform its development functions is seen to depend on the behaviour of other members of the household, as well as of those from outside the family. These findings give support to the findings which show that parents who are aided by grandparents or caring neighbours will cope more successfully (Beckman, 1991).

Crates of beers were among the presents neighbours and friends came with to welcome the baby. This seems to promote the drinking of alcohol, which is one of the forbidden actions. However, some participants shared their experience that their neighbours and friends rarely come, due to the fact that there were a lot of babies and this made children not to be so special any longer. The data from this study further showed that the majority of the participants shared their dissatisfaction that only a few neighbours and friends come, empty-handed.

5.2.2 Discussion of data pertaining to the activities fathers were expected to perform

The data from this study showed that most of the participants believed that fathers have a responsibility to provide material things and clothing to both the mother and the baby. According to the Owambo culture, men are the head of the family and they are responsible for providing and protecting the family (Hishongwa, 19992). The participants further revealed that it is also the responsibility of the fathers to invite their relatives to bring the child traditional beads and cut the baby's first hair. It was also observed among Aambalantu and Aambandja communities that children younger than 5-years, irrespective of their sex, were wearing traditional beads around their necks given by their paternal relatives. These acts could be interpreted as ways in which Aambalantu and Aambandja caregivers ensuring the survival and proper development of their children. In these communities caregivers believe that the traditional beads help their children to grow well. According to these caregivers, a child who grows up without traditional beads might grow up thinner, with a wrinkled skin. To avoid this situation, the mother should look for traditional beads from the paternal family of the child. There are different types of beads; some are larger than others and they have different colours. Each paternal family might use a colour of their choice. These traditional beads are regarded as "child rearers". It was found that though Aambalantu and Aambandja share a lot of cultures and traditions, there are some differences.

Moreover, Aambalantu and Aambandja caregivers believed that the baby's first hair should be cut by a paternal relative, within a short period of time (2-3 weeks) after

childbirth, in other words, at the end of seclusion period. In these communities, caregivers believed that if one fails to cut the baby's hair within a reasonable time, she/he might not recover when she/he gets sick. This fear of this happening can make the mother stay in the secluded hut /in the house without visiting friends until someone comes to cut the baby's hair. The baby's first hair-cutting ceremony, among these communities, is still practised today.

Moreover, some caregivers reported that it is also the role of the fathers to plan and organize the naming, baptism and registration of the child. Naming ceremonies is one of the important ceremonial occasions, which is marked by the slaughter of cattle or goats and the brewing of traditional beer. As it was already reported, paternal relatives should bring the baby presents, which include, but was not limited to a baby shawl, carrier, baby clothes and traditional beads and a basket of millet flour. This naming ceremony attracts people from the neighbourhood. Though this ceremony is attended by both men and women, only women are allowed to gather in front of the secluded hut where the mother and the child are. An old lady enters the hut and comes out with the baby, and then the mother follows. The whole group sings traditional songs, ululating and thanking the mother who gave birth to the child. This ceremony is more a women's affair. It is against the Aambalantu and Aambandja culture to discuss women affairs with men. The point to take note of is that important ceremonial occasions, such as the naming of a child and celebrating the birth, need to be practised always to involve all family members, relatives and friends in child-rearing practices.

Another task that fathers are required to perform was to make sure that the child is registered with the Ministry of Home Affairs. Registering a birth is a critical first step in ensuring the rights of a child (Bernard Van Leer Foundation, 2010).

Despite the responsibilities that fathers are expected to perform immediately after the birth of their children, many children grow up fatherless due to illegitimacy. In contrast it was mentioned early in this study that men in these communities are usually the heads of the family, responsible for providing and protecting the family, decision making and cattle-rearing. The point of discussion is that fathers are often replaced by relatives such as mothers, aunts, sisters and friends, and are expected to perform their duties in order to ensure the smooth development and protection of the child. What appears to emanate from these findings is the need to empower and support fathers to adequately play the roles they are, by tradition, expected to play.

5.3 Discussions of the results related to the child-rearing practices and beliefs in relation to the promotion of socialization and education.

The data gathered on the use of socialization to stimulate development revealed that all the participants sought to raise children who were honest, obedient and responsible people (who were not expected to steal, lie, use bad language, fight, smoke, abuse alcohol and drugs and treat others with disrespect). These findings support the findings of Zimba and Otaala (1995) and Smith and Mosby (2003) who found that parents aimed at shaping children into honest, obedient and responsible persons. Aambalantu and Aambandja goals of child-care which include cultural scripts such as developing obedience to authority and

respect for senior members of the community resembles the macrosystem that Bronfenbrenner talks about. In this regard, the researcher observed that Aambandja children were forbidden from greeting adults while standing, but this action was not observed with Aambalantu children. The message that could be communicated is that, greeting adults while sitting instills listening skills and it also helps caregivers to observe the emotional state of the children. In addition, the belief system employed by Aambalantu and Aambandja caregivers/parents is not very different from the modern way of raising children, as stipulated in the parental ethno theories subsystem of the development niche: that parents everywhere use their ethno theories to bring up their children to be happy, healthy, well-functioning and successful in their own culture (Myers, 1992).

Furthermore, most of the participants indicated that they beat their children or deny them food if they performed any forbidden actions. There was a high preference for beating, which is a form of corporal punishment, though corporal punishment was outlawed in Namibia after independence. The point of discussion is that it seems that the majority of Aambalantu and Aambandja caregivers/parents interviewed use beating, which is physical abuse to their children. It can, therefore, be concluded that they did not interpret beating as physical abuse. Therefore, there is a need to educate/inform communities about the different forms of abuse and their effects on child development and protection.

It was impressive to find out that some caregivers use alternatives to corporal punishment methods such as time-outs (take the child away from what he/she was doing), take away

privileges and make the child take responsibility. It would be important for any programme on stimulating early childhood development to build on these strengths.

Aambalantu and Aambandja caregivers reported that their children were involved in many activities which enhanced their gross and fine motor development. From the observations, I deduced that there was enough play space in many houses of the Aambalantu and Aambandja. This promoted playing as a vehicle that stimulates holistic development that involves physical and intellectual development. Programme designers and implementers, in this sector, should take advantage of this development and work with the communities to set up rich play environments with more local activities for children.

Furthermore, the culture of both the Aambalantu and Aambandja prohibits adults from playing with children in a home-setting and encourage children to play far from the parents. Again, it's a cultural belief that "play" is the children's territory and the children should make their own toys. The point to take note of is that, normally adult-child interaction during playing provides a platform from which a child can learn and grow. However, this platform is removed when adults cannot play with children and these impair child development. Therefore, programme designers and implementers, in this sector, should take note of this challenge and work out the improvement strategies.

Only few participants reported that their children play through wrestling. These participants believe that wrestling help boys to build up muscles and become stronger. It

appeared that the Aambalantu and Aambandja caregivers did not promote wrestling among young children. They argued that young children could not clearly differentiate between wrestling and real fighting, which they were forbidden from engaging in. It would be important for any programme on stimulating early childhood development to build on this understanding.

Moreover, some participants reported that their children played games such as “owela”. Playing games such as “owela” and building houses with sticks involves a lot of counting, measuring and recognizing numbers. Due to this, these caregivers promote the child’s cognitive development. Though games such as the ones described above serve to socialize children to capitalist, value of goal directedness and individual achievement, only a few participants mentioned that their children play games. One important concern was that there was a lack of promoting traditional games, such as “owela”, which stimulate children’s intellectual and language development. It would be important to consider the promotion of traditional games in any programme on stimulating early childhood development.

Furthermore, activities such as building houses with sticks by boys and imitating pounding Mahangu (sorghum) by girls, were important parts of psychosocial skills. These activities enabled children to become competent members of their communities. The using of culturally-regulated customs and practices that embedded in the setting of the child’s daily life is consistent with Super and Harkness’ development niche theory.

The data from this study also showed that both the Aambalantu and Aambandja caregivers mentioned activities which help children to learn the language. However, only a few participants mentioned activities which require the child to describe features of objects or ask the child to think critically. Some of these activities lead to advancements in phonology, semantics, syntax and pragmatics of language. This is an indication that Aambalantu and Aambandja children hear much language from their parents and siblings. In addition, the Aambandja's culture was observed to be less verbal. Aambandja normally used few words in a conversation. Silence was observed when exchanging greetings with Aambandja participants. Conversely, Aambalantu participants were found to use the right amount of language and avoid uncomfortable silences in the conversations. These findings support the findings of Trackwick-Smith (2006) that stressed that social rules of communication differ from one family or community to another.

Moreover, some parents were observed nagging/criticizing their children too much. These caregivers complained that their children talk too much and asked too many irrelevant questions. It is acknowledged that this might promote their cultural aspects, on the one hand, but on the other hand, their actions impact negatively on the children's language development. In reality, this is not the case with a few participants who were observed talking more often to their children and in a positive way. The acquisition of language is based on the characteristics of the child (shy or talkative) and other people involved in the interaction, as well as on the nature of contexts (how language-rich is the environment). It would be important for any programme on stimulating early childhood

development to work out the proper intervention programme to improve on these weaknesses.

5.4 Discussing results pertaining to children's rights and needs

The data gathered showed that most of the participants identified the following needs: material needs (food, shelter, toys); influence social needs (parents, family, friends); educational needs (go to better schools, money for school fees); psychological needs (need to be recognized, moral support, love, care) as the most important needs of children aged 0-8 years. While most of the caregivers were aware of the children's basic universal needs, it is evident that some of these needs were minimally met, while others were not met at all (Haihambo, Otaala & Zimba, 2004). Children in some Aambalantu and Aambandja families had their survival needs met, including access to food and shelter and protection from harm, to a certain extent. Arguably, the observation made revealed that a lot of dangerous objects, such as broken bottles, used hair relaxer containers, hand hoes, machetes and axes were lying around in many of the Aambalantu and Aambandja homesteads. The point to take note of is that Aambalantu and Aambandja children were able to make judgment about their safety at an early stage.

Moreover, needs associated with psychosocial and other areas of well-being were not met at all for the majority of Aambalantu and Aambandja children. A number of factors were seen to contribute, which include, but not limited to overcrowding, unemployment, war,

flood and poverty (Brofenbrenner, 1979; Zimba, 2008; Ngaru, 2009). Children's developmental niches are created not by their parents, of course, but also by aspects of the wider culture, such as, an urban or rural environment or unfortunately by major social dislocations, including war (Harkness & Super 2008). It was already stated in this study, that Namibia was impacted by the colonial rule; most of its regions, such as Omusati, was affected by the war.

It was observed that many children in these communities lived with grandmothers in overcrowded houses, and such adults were depended on old age pension/grants. This led to the conclusion that child-care and support in these communities was left to grandparents, who are usually involved in both food production and income generation. According to Brofenbrenner's mesosystem, an old age pension is regarded as an economic strain. This may reduce the grandparents' abilities to respond to their young children's emotional needs, thus placing the children at risk of insecure orientation to other people.

Based on the observation made by the researcher, many Aambalantu and Aambandja children wore dirty, torn, oversized clothes and looked neglected. The researcher reached the conclusion that overcrowding, unemployment, negligence and poverty were some of the problems which hindered child survival and development among the Aambalantu and Aambandja.

Filling gaps in meeting the Aambalaantu and Aambandja children's needs has become more significant. Even those who participated in this study have become aware of this gap and urged that the needs of these children can only be met with the involvement of

‘everyone’, that is, the whole family, including fathers, the community, community-based organizations, faith-based organizations, civil societies and government. These findings lend support to the ecological system theory which holds that the developmental process does not occur in a psychological vacuum but rather that individual child development is influenced by factors in the immediate environment, as well as society and culture as a whole (Bronfenbrenner, 1979; Donald et.al. 2000; Trackwick-Smith 2006). From the data gathered from this study, it appeared that these caregivers seem to urgently need resources for child-rearing and not mere knowledge and skills about how child-rearing should be done.

5.5 Recommendations

The recommendations that follow emanate from the results reported earlier and their discussion.

- 5.5.1 The Aambalantu and Aambandja’s prohibitions (taboos) were based on community experiential knowledge regarding perceived causes of delayed

child delivery, complications during delivery and miscarriage. This knowledge represents a community resource and should be considered when devising and implementing child care and development, and health and community development programmes for the Aambalantu and Aambandja.

- 5.5.2 Child care and development programmes for Aambalantu and Aambandja children should be sensitive to culturally valued traits of respect, cooperation, love and hard work.
- 5.5.3 To protect children from physical abuse, Aambalantu and Aambandja caregivers should be discouraged from using corporal punishment and encouraged to use more humane methods/alternatives to the corporal punishment method for socializing their children into honest, well-behaved, self-disciplined and obedient persons.
- 5.5.4 It is culturally believed that play is children's territory and they have to play far from parents to show respect. Play enhances cognitive, social and emotional development. It is, therefore, recommended that caregivers who were reported not to play with their children should start playing with their children, while those who were found playing with their children, should play with them more frequently than what was reported in this study.

- 5.5.5 It is also recommended that the quantity and quality of social contact between the child and caregivers should increase. The results of this study showed that Aambalantu and Aambandja caregivers spent zero/little time on playing and communicating with children in a more meaningful and developmentally stimulating manner.
- 5.5.6 It is important to consider the promotion of traditional games such as “owela” and others in any early intervention programmes, as they stimulate intellectual and language development.
- 5.5.7 It is recommended that caregivers need to participate and encourage children when they model adult roles, such as, imitating pounding Mahangu and building houses with sticks because these activities promote intellectual and psycho-motor development and prepare children to become competent members of their communities.
- 5.5.8 Because language is essential in cognitive development, it is recommended that more Aambalantu and Aambandja caregivers than were found in this study, should tell their children stories, sing songs and teach them the names of objects, as well as describe their features. These and other activities would stimulate language development.
- 5.5.9 Early intervention programmes should provide information and access to resources for all Aambalantu and Aambandja caregivers which address

ways to stimulate cognitive, emotional and psychosocial development in young children.

5.5.10 It is recommended that programme designers and implementers should take advantage of the awareness Aambalantu and Aamandja caregivers ascribe to the education needs of their children and work with them to set up and improve education services at all levels, starting from early childhood right through to tertiary education.

5.5.11 Communities and Community- and Faith-based organizations should be involved in addressing the needs of all young children.

Conclusion

In conclusion, early intervention programmes, designers and implementers should respect local culture, practices and beliefs and be clear about what they can add or improve, as well as about the boundaries of their roles. Furthermore, Aambalantu and Aamandja communities have strengths, conceptions and constraints related to child-rearing practices and beliefs, children's rights, development, survival, protection and education. This collection of knowledge should be taken into account as a community resource on which

to build and base programmes planned to improve Aambalantu and Aambandja children's well-being and, therefore, yield quality learners.

References

Adongo, S. (2009). *Care for the young and vulnerable child*. A paper presented at the 4th African International Conference on Early Childhood Development in Dakar. Retrieved July 13, 2010, from http://www.unesco.org/en/efa/dynamic-content-single-view/news/fourth_african_international...

Arnold, C. (2002). Are younger children being sidelined in the child rights movement? *International Children's rights Monitor*, 15, 14 – 18.

Beckman, P. (1991). Comparison of mothers' and fathers' perception of the effect of young children with and without disabilities. *American Journal on Mental retardation*, 95, 585-595.

Berbard, A. (1999). *The child- friendly school: a summary paper written for UNICEF*. New York.

Bernard Van Leer Foundation, (2010). *Realising the Rights of young children progress and challenges*. Retrieved July 12, 2010, from <http://www.comminit.com/en/node/313301/303>.

Brock, F. (2009). *Young children thrive when families can access good support systems*. A paper presented at the 4th African International Conference on Early Childhood Development in Dakar. Retrieved July 13, 2010, from http://www.unesco.org/en/efa/dynamic-content-single-view/news/fourth_African_internation.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge. Harvard University Press.

Christensen, L. & Johnson, B. (2008). *Educational research quantitative, qualitative and mixed approaches*. California. Sage Publication.

Christopher, S. (2005). Recommendations for conducting successful Research with Native Americans. *J Cancer Education*. 20 , 47-51.

Coury, D. Opper, S. & Nahayo, J. (2008). *Early Child Development in Burundi: Community Delivery System (or community-driven response?) to improve the well-being of young children*.

Department of Science and Technology. (2004). *Indigenous Knowledge system policy*. Pretoria. Department of Science and technology, Republic of South Africa.

Donald, D., Lazarus, S. & Lolwana, P. (2002). *Educational Psychology in Social context*. Cape Town. Oxford University Press.

Dawes, A.& Donald, D. (2000). Improving children's chances: Developmental theory and effective interventions in community contexts. In Donald, D., Dawes, A. & Louw, J. (Eds.). *Addressing childhood adversity (pp. 1-25)*. Cape Town: David Philip Publishers.

Elsevier, B.V. (2009). Methodological challenges in cross-language qualitative research. *International Journal of nursing studies* . 46. No.2

Evans, G. & Myers, I. (1994). *Childrearing practices: Creating programs where traditions and modern practices meet*. Coordinators' Notebook, Issue No. 15. Consultative Group on Early child care. Toronto. Sage Publication.

Gay, L. R., Mills, G. E., & Airasian, P. (2009). *Education Research: Competencies for Analysis and Applications*. Canada. Pearson Education International.

Haihambo, C., Hayden, J., Otaala, B., Zimba, R. (2004). *An Assessment of Services Provided to Children Affected and Infected by HIV/AIDS in Windhoek, Namibia*. Windhoek: University of Namibia Press.

Haihambo, C., Mushaandja, J., & Hengari, J. U., (2006). *A Situation analysis on Intergrated Early Childhood Development Provision in the Karas, the Kavango and the Omusati Regions of Namibia*. Windhoek: John Meinert Printing.

Harkness, S. & Super, C. M. (2008). Themes and Variations: Ethnotheories in Western Cultures. In Rubin, K. (Ed.). *Parental beliefs, parenting and child development in cross-cultural perspective*. New York. Psychology Press.

Hinitz, A. & Lascarides, R. (2000). *Beginning of Early childhood Education*. Toronto. Sage Publications.

Ingold T. 2000 *the Perception of the Environment: Essays on Livelihood, Dwelling and Skill* (Routledge, London).

Hishongwa, N. (1992). *The Contract Labour System and its Effects on Family and Social Life in Namibia: a Historical Perspective*. Windhoek: Gamsberg MacMillan.

Malan, J. S. (1995). *Peoples of Namibia*. Windgate Park 0153, Rhino Publisher

Malè, O. M. (2010). *Baseline Survey Report: Early childhood care and development*.

Retrieved July 12, 2010, from <http://www.comminit.com/en/node/210148/303>.

Malina, R. M., & Bouchard, C. (1991). *Growth, Maturation and Physical activity*.

Champaign, IL: Human Kinetics.

Marais, P. & Meirs, C. (2007). *Education Management in Early Childhood Development*.

Pretoria . Van Schaik Publishers.

Ministry of Education. (2005). *Educational Training Sector Improvement Program*.

Windhoek. Gamsberg Publisher.

Ministry of Education. (2008). *Education Sector Policy for Orphans and Vulnerable*

Children. Windhoek. Gamsberg Publisher.

Ministry of Education. (2009). *Education Sector Policy for the Prevention and*

Management of Learner Pregnancy. Unpublished manuscript. Windhoek.

Ministry of Gender Equality and Child Welfare. (2007). *National Integrated Early*

Childhood Development Policy. Windhoek. Gamsberg Publisher.

Mvula, K. (2009). *Good health care, nutrition, early stimulation and education are vital for the development of children*. Poster presented at the 4th African International Conference on Early Childhood Development, Dakar, Senegal.

Mwamwenda, T. S. (2003). *Educational Psychology: An African Perspective*. 2nd edition. Durban: Butterworth Publishers Pty. Ltd.

Myers, R. (1992). *Twelve who survive: Strengthening Programmes of Early Childhood Development in the Third World*. London and New York: Routledge and UNICEF.

Myers, R. (1995). *Twelve who survive: Strengthening Programmes of Early Childhood Development In the Third World*. 2nd edition. Ypsilanti, Michigan: High / Scope Press.

Ngaru, M. (2009). *Expanding ECD services to OVC in Zimbabwe Farming Communities*. A paper presented at the 4th African International Conference on Early Childhood Development, Dakar, Senegal.

Nguruiya, S. (2009). *Ensuring children from poor households enter school ready to learn*.

A paper presented at the 4th African International Conference on Early Childhood Development in Dakar. Retrieved July 13, 2010, from http://www.unesco.org/en/efa/dynamic-content-single-view/news/fourth_african_international.

Pence, A. & Evans, J. L. (2008). *Africa's Future, Africa's challenge: Early Childhood Care and Development in Sub-Saharan Africa*. Retrieved July 13, 2010, from <http://www.asiaing.com/africa-s-future-africa-s-challenge-early-childhood-care-and-develo>.

Pnina, S. K. (2001). In S. K. Pnina (ed.). *Seeds of hope*. Oslo. Unipub for lag publisher.

Ramji, S. (2009). Impact of infant & young child feeding & caring practices on nutritional status & health [Electronic version]. *Journal of Indian J med Res*, 130, 624-626.

Remmelzwaal, H. T. (2001). *Evaluation of Early Childhood Development Project in Namibia*. Windhoek. Gamsberg Macmillan.

Riemer, F. (2011). *Ethnography Research*. Retrieved February 25, 2011, from <http://home.pacbell.net/nicnic/ethnographic.html>.

Sagoe-Moses, I. (2009). *The Child's Health Is Everybody's Business*. A paper presented at the 4th African International Conference on Early Childhood Development in Dakar. Retrieved July 13, 2010, from http://www.unesco.org/en/efa/dynamic-content-single-view/news/fourth_african_internationa.

Scarr, S. (1993). Biological and Cultural diversity: The legacy of Darwin for development. *Child Development*, 64, 1333-1353.

Segre, L. S., O'Hara, M. W., Arndt, S., & Stuart, S. (2007). The prevalence of Postpartum depression. *Social Psychiatry and Psychiatric Epidemiology*, 42, 316-321.

Shank, G. D. (2006). *Qualitative Research. A personal skills Approach*. United States of America. Pearson Prentice Hall.

Smith, E. & Mosby, G. (2003). *Jamaica child-rearing practices: the role of Corporal Punishment*. Retrieved July 13, 2010, from http://findarticles.com/p/articles/mi_m2248/is_150_38/ai_109027887/.

Soanes, C. & Stevenson, Angus. (2008). *Concise Oxford English Dictionary*. New York. Oxford University Press.

Soudèe, A. R. (2009). Incorporating Indigenous Knowledge and Practice into ECCE: A comparison of Programs in the Gambia, Senegal and Mali [Electronic version]. *Journal of Current Issues in Comparative Education*, 11, 15-23.

Trawick -Smith, J. (2006). *Early Childhood Development : A multicultural perspective* . New York. Prentice Hall .

Tuemuna, H. (2010, January 05). *Children suffer horrific deaths*. New Era, p. 5.

UNICEF. (1989). *Convention on the rights of the child*. New York. UNICEF.

UNICEF. (1990). *World Declaration on Education For All and Framework For Action to meet Basic Learning needs*. Jomtien, Thailand: Inter – Agency Commission.

UNICEF. (2000). *Defining quality in Education*. New York. Miske Witt and Associates Publication.

UNICEF. (2008). *The State of African's Children 2008: Child Survival*. New York: UNICEF.

Whalley, M. (2004). *Involving parents in their children's learning*. Great Britain. Paul Chapman Publishing Ltd.

Woolfork, A. (2007). *Educational psychology*. New York. Pearson Education Inc.

Zimba, R. F. & Otaala, B. (1993). Child Care and Development in Uukwaluudhi, Northern Namibia. In K.K. Prah (Ed.), *Social Sciences Research priorities for Namibia*. Eppindust and Windhoek: University of Namibia and the Council for the Development of Economic and Social Research in Africa.

Zimba, R. F. & Otaala, B. (1995). *The family in transition: A study of child-rearing practices and beliefs among Nama of the Karas and Hardap Regions of Namibia*. Windhoek: UNICEF Windhoek Office and The University of Namibia.

Zimba, R. F., Otaala, B., Lester, L., Solomons, H., Ilonga, M., Abrishamian, N. And Shipena, H. (1995). Survey on child care and development in the Erongo region: The case

of Mondese and Omatjete Communities. Windhoek: UNICEF, Windhoek office and Bernard Van Leer Foundation.

Zimba, R. F. (2008). *Early Childhood Development in Southern Africa*. A paper presented at the International Congress of Psychology, 20 -25, July 2008; Berlin Germany.

Yorburg, Y. (2002). *The role of parenting practices in poverty reduction*. New York. Prentice Hall.

Young, M. E. (1996). *Early Child Development: Investigating in the future*. Washington. Orton Press.

Interview guide

Introduction

My name is -----and I would like your home to be part of a study of parenting beliefs and practices held by Aambalantu/Aambandja parents on unborn children and those before the age of 8. The information from this study will be used for study purposes and may also be used to improve early intervention programmes in existence, as well as those which are going to be introduced in the future.

The interview should take less than two hours. It will be audio recorded and then transcribed. I do not want to miss any of your comments. Because we are on tape, please be sure to speak up so that I do not miss your comments. Your name will not be used in the final report- nor will the home be identified- so you should feel free to give any information to me. It will remain confidential. Remember, you do not have to talk about anything you do not want to and you may end the interview at any time.

Only the researcher will hear the tape. I will record your answers and then destroy the tape. No one, other than me, will know who said what in this study.

Your home was recommended by -----

If you agree to this study, can I have the following information from you?

1. How do caregivers' receive news about pregnancy? Could you please provide reasons for your answers.

2. What prohibitions (taboos) were the pregnant mothers and their spouses expected to obey in the past? Could you please provide reasons for each prohibition and indicate which prohibitions are still in practice
3. How do the neighbours and friends receive news about childbirth? Could you please provide reasons for your answers.
4. What practices are fathers expected to display immediately after the birth of their children?
5. As your child grows, which actions is she/he forbidden from doing? Could you provide reason(s) for each forbidden action?
6. Should your child perform these forbidden actions, how would you discipline her/him?
7. What activities do young children engage in when they play together?
8. Which activities do you use to stimulate young children's language development and why?
9. What do you see as the most important needs of children aged 0-8 years? Please list up to 5 needs.
10. How can these needs be met (What would you need or who else could be involved to make sure that the needs are met?)

Is there anything more you would like to add?

Thank you for your time

Observations

1. Child's perceived level of wellness and health (including cleanliness)
2. Safety in the homesteads (are there dangerous objects lying around?)
3. Caregivers 'general demeanor (talkative, quiet, friendly etc.)
4. General conversations (how caregivers respond to a child's question)