

BASELINE SURVEY REPORT

EARLY CHILDHOOD CARE AND DEVELOPMENT

A UNICEF-assisted Project

MALDIVES

January 2000

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PART ONE

INTRODUCTION

1.1 Introduction

An infant is vulnerable and precious, and her/his mind is primed for learning even before birth. Researchers are confirming what parents know intuitively that, young children need love, attention, and plenty of quality time with adults. It seems that what makes a person unique has much to do with early childhood experiences, particularly during the first three years. Caregivers hold the key to open a world of stimulating experiences for infant and toddlers – experiences that stimulate cognitive, emotional and physical growth. The foundation for learning, and one's personality development, is nurtured during early childhood.

The ability of caregivers to provide stimulating experiences to children depends on their knowledge of child development and practices in child rearing. Thus, the key determinants of quality childhood experiences are:

1. caregiver knowledge about child development,
2. child-rearing practices, and
3. beliefs related to these practices.

In most cultures caregivers acquire knowledge, child-rearing practices and related beliefs through socialization. Their beliefs are culturally bound understandings of what children need and what they are expected to do. While this is the case, one wonders what knowledge do Maldivian caregivers hold about child development? What are the culturally bound child-rearing practices and beliefs of Maldivian parents and grandparents? This UNICEF **baseline-survey** is the first attempt to document child development knowledge (including gaps in knowledge), childcare practices and beliefs (including misconceptions) among Maldivian caregivers, focusing on parents, siblings and pre-school teachers.

The survey questions are:

1. What are the common child-rearing/child-care practices in the Maldives?
2. What beliefs form these child-rearing/child care practices?
3. What knowledge do caregivers (parents, grandparents, siblings, and pre-school teachers) hold about child development, including the potential capacity of infants and toddlers?

This base-line survey is an integral activity of the UNICEF's Early Childhood Care and Development (ECCD) Project in the Maldives. The goals of the ECCD Project are:

1. help meet the survival, protection, and development needs of children 0-3 in an environment that is positive, respectful, stimulating and fun for children and their families
2. to create a culture of media in which children are told that they are valued, see themselves reflected in a variety of media, are encouraged to express themselves and have these expressions valued from infancy onwards.

To reach these goals, the ECCD Project would undertake an awareness raising program that targets caregivers (parents, grandparents, siblings and teachers). This survey findings set benchmark data against which the effectiveness of the ECCD Project could be measured. Furthermore, the findings

and recommendations are meant to support the planning implementation and monitoring of the UNICEF’s ECCD Project.

1.2 Structure of the Report

The report is divided into three sections: Part One outlines the survey design, sample selection, questionnaire development and limitations, Part Two reports the findings in tabular form with observations, and Part Three provides recommendations in light of the findings reported.

1.3 Survey Design and Procedures

The survey is designed such that the sample selected would closely represent the characteristics of the target population (i.e. caregivers). Reaching a representative sample for a population so widely dispersed among separate islands was a challenge met by selecting respondents from various regions and socio-economic backgrounds (see Table1). Sample clustering and stratifying was utilized to reduce cost and time while achieving a representative sample.

Sample Selection

The target population consisted of caregivers of infants and toddlers (0-5 years). This was sub-grouped (*stratified*) into (1) parents and grandparents, (2) older siblings (13-15 years) and (3) pre-school teachers. The operational population is those directly involved in providing care for infants and toddlers (0 – 5 years, particularly those below age 3).

As mentioned, the sample selected was *clustered* to reduce time and transportation costs. The survey respondents were from seven regional island communities (i.e. seven clusters). The selection of the clusters was based on “representativeness”; i.e. each cluster would represent communities of similar socio-economic backgrounds in the country. The seven clusters collectively reflect the dynamics within the target population. The clusters selected were from North, Central and Southern regions of the country. Due consideration was given to the diversity in size of the island population, socio-economic conditions and geography. *Table 1* provides the region, name of the atoll, name of the island, the sample size of caregivers selected from each island and a brief socio-economic background of the island. The research consultants randomly selected respondents in each stratified category.

Table 1: Sample Selection

	Mothers	Fathers	Siblings	Pre-school teachers	Socio-Economic Status
Northern Region, Haa Alifu Atoll, Dhihdhoo	17	13	30	2	Has most of the social amenities including school, health facilities, access to safe drinking water. Access is difficult but has reasonable income security. Overall is one of the medium vulnerable islands.

Central Region, Alif Alif Atoll, Dhangethi	10	10	30	3	Has good social services including health, education, water, food security and housing. However, environmental problems are significant. This is also a rapidly developing island.
Central Region, Vaavu Atoll, Keyodhoo	10	10	10	2	Has reasonable social services including health, education, food security, and housing. Bad water and environment situation. Overall a middle level developing island.
Southern Region, Seenu Atoll, Hithadhoo	15	10	15	6	Has good social services including health, education, food security, housing, income security. Overall is one of the rapidly growing islands.
Male', The Capital	39	27	60	20	Has good social services including health, education, food security, income security, and water. The most rapidly growing island.
TOTAL	91	70	145	33	

Questionnaire Development and Data Collection

Among the data collection methods available (mail surveys, telephone surveys, and face-to-face interviews) a questionnaire administered in a small group (5 - 10 respondents) was employed. Research consultants facilitated the completion of the questionnaires in small groups to ensure that the respondents understood the questions. Face-to-face interaction was necessary to facilitate the collection of qualitative data from open-ended questions. In administering the questionnaire, researchers informed the respondents about the purpose of the survey.



Two questionnaires were used: one for parents and teachers and the other for the siblings (see Appendix A and B). The questionnaire for parents gathered information about respondents' gender, age, marital status, number of children and other identification details. The 49 questions in this questionnaire also included dichotomous questions intended to yield yes/no answers, multiple-choice questions, as well as open-ended questions. The questionnaire was developed with the guidance of UNICEF's ECCD Consultant.

Pilot Testing

To enhance the validity, the questionnaire was pilot tested in Kaafu Atoll, Villingili. In this testing some respondents had difficulty in comprehending a few questions and, therefore, necessary modifications

were made. Piloting also confirmed that the questionnaire had to be administered in small groups where the interviewer could give attention to each respondent. The need to employ people to assist literacy-challenged individuals in completing the survey questionnaire was also identified. Some questions were difficult for many either because they had not previously thought about an aspect asked in a question or the related concept was unclear to them. In



addition, having to answer 49 questions was overwhelming for many, however, no questions were removed to ensure that questionnaire obtained the range of data required for the study.

Limitations

Any study has its limitations and it is necessary to make them explicit for the reader. The reader should be aware that this survey holds the following two limitations:

1. Although this survey reports qualitative descriptions, reported in terms of rankings and percentages, these descriptions do not detail how child-rearing practices are carried out. The underlying beliefs related to these practices are also not reported in detail. Such detailed descriptions of practice and beliefs could be obtained in ethnographic research that embodies prolonged observations and detailed interviews. However, the purpose of this survey was to identify common practices and beliefs about child rearing and these are adequately captured in this study.
2. The answers to questions 22 to 26 may lack clarity. These questions asked about self-confidence and self-esteem – concepts not widely understood by the populations. Questionnaire developers were challenged to translate these concepts into Dhivehi and during the questionnaire administration, consultants felt that these concepts were not well understood by the respondents. Furthermore, this questionnaire involved respondents having to write descriptive answers. The functional literacy among the respondents was generally low and, therefore, what was written may not entirely reflect the depth of knowledge held by the respondents.

PART TWO

FINDINGS

2.1 Introduction

This section reports the findings in tabular form, highlighting the key observations. The tables include the number and corresponding percentages of the responses provided by the respondents. Gender breakdown is provided in the tables. Separate tables for Male' (the Capital) and atolls are provided to illustrate urban and rural differences, if any. The reader would observe that there is not much significant difference between Male' and Atolls. The findings are reported in three sections: (1) findings regarding parents and grandparents, (2) findings regarding teachers (3) and findings regarding siblings.

Most questions used in the survey include respondents having to list activities they do in child-rearing practices. In reporting the results, tables are used and the percentage of respondents who provided a particular answer is shown in the tables. For many questions, several responses were received, however, only the top five to seven responses mentioned by most respondents are included. Where appropriate analytical comments are provided regarding the results displayed in tabular form. The next section, Part Three, consists of key observations and comments regarding the results discussed in this section.

Section A
PARENTS AND GRANDPARENTS

2.2 Parents’ understanding of how soon a baby can see

75% do not think that a baby can see at birth. 54% believes that a child starts seeing only between one and two months and 33% believes that a child can see only after three months. This leads to lost opportunities for stimulation and early detection of disabilities

At birth infants cannot control their body movements (their movements are reflexes) because the nervous system is not fully developed. Their nervous systems continue to develop rapidly following birth. During the first few months infants can clearly see objects that are about 10 inches away from their faces and by 6 months their vision is more fully developed. Appreciating the fact that infants can see and hear from birth, and that sight gradually enhances during the first few months, would obviously determine the quality of interaction between caregivers and infants. *Table 2* below shows the beliefs held by survey respondents regarding how soon a baby could see.

Table 2a: Parents understanding of how soon a baby could see (Male')

	Total	%	Male	%	Female	%
Immediately after birth	9	13%	6	21%	3	8%
Between one and two months	37	54%	13	45%	24	60%
After three months	23	33%	10	34%	13	33%
Other	0	0%	0	0%	0	0%

Table 2b: Parents understanding of how soon a baby could see (Atolls)

	Total	%	Male	%	Female	%
Immediately after birth	12	16%	1	5%	11	21%
Between one and two months	31	41%	9	41%	22	42%
After three months	31	41%	12	55%	19	36%
Other	1	1%	0	0%	1	1%

Fifty-four percent of Male’ respondents believe that the earliest a baby could see is between one and two months. Among the respondents from the atolls, 41% also believe that the earliest a baby could see is between one and two months and an equal number (41%) believe that the earliest a baby could see is after three months.

Why is it that so many parents believe that a baby could see only between one and two months or after three months? The responses in *Table 3* offer an insight: it shows what respondents said when asked to list how they know when a baby can see. These responses show that either the facial expression in response to another person (smile is the most common expression given) or movement

of the eye or head are what indicate to caregivers when a baby can see. Therefore, most parents depend on overt clues from the baby as signs that their infants can see.

Table 3a: How caregivers know that their babies could see (Male')

	Total	%	Male	%	Female	%
When the child smiles at you, including other facial expressions	22	32%	12	41%	10	25%
Looks when an object is shown	11	16%	1	3%	10	25%
Movement of the eye, or turning of the head when an object/person is moved in front	9	13%	5	17%	4	10%
The child looks when his name is called	9	13%	4	14%	5	13%
Responds to bright objects/ objects/people	7	10%	3	10%	4	10%
No Answer	1	1%	0	0%	1	3%

Table 3b: How caregivers know that their babies could see (Atolls)

	Total	%	Male	%	Female	%
Looks at places and smiles	19	25%	4	18%	15	28%
Looks when an object is shown	11	15%	5	23%	6	11%
The child looks when his name is called	8	11%	2	9%	6	11%
Responds to sounds	8	11%	1	5%	7	13%
Responds to objects/people	7	9%	2	9%	5	9%

2.3 Caregiver understanding of how soon a baby can hear

60% do not believe that a baby is able to hear immediately after birth.

Infants learn about the world through touch, sight, sound, taste, and smell – they learn through senses. They learn about relationships from how people touch and hold them, and from the tone of voice and facial expressions people use when caring for them. Sounds - particularly the voice of the parents – are therefore important for an infant’s development, just as touch and sight are. The journey toward language starts not in the nursery but in the womb, where the fetus is continually bathed in the sounds of its mother’s voice. So, the study attempted to understand what parents say about how soon a baby can hear.

Newborns not only hear but are also sensitive to speech sounds - they quickly recognize the sounds that matter to them. While this is the case, *Table 4* shows that 33% of the respondents from Male’ believe that babies can hear between one and two months and another 22% believes that baby can hear after three months. In other words, a total of 60% do not believe that a baby is able to hear immediately after birth. The responses from the atolls (*see Table 4b*) show no significant difference in their responses.

Table 4a: How soon can a baby hear? (Male')

	Total	%	Male	%	Female	%
While in the womb	3	4%	0	0%	3	8%
Immediately after birth	28	41%	15	52%	13	33%
Between one and two months	23	33%	7	24%	16	40%
After three months	15	22%	7	24%	8	20%

Table 4b: How soon can a baby hear? (Atolls)

	Total	%	Male	%	Female	%
While in the womb	4	5%	2	9%	2	4%
Immediately after birth	11	15%	3	14%	8	15%
Between one and two months	34	45%	8	36%	26	49%
After three months	25	33%	9	41%	16	30%
No response	1	1%	0	0%	1	2%

Table 5 (for both Male' and Atolls) shows that the majority of parents assume that babies can hear only when they respond to sounds, in one way or another. Two respondents only, a male and a female, said that a fetus could hear while in the womb. An interesting observation from the responses too is that it seems the most popular methods of trying to stop a crying baby are clapping or singing.

Table 5a: How caregivers know when a baby can hear (Male')

	Total	%	Male	%	Female	%
Responds to sounds	37	54%	14	48%	23	58%
Responds when called	22	32%	10	34%	12	30%
Stops crying to clapping/music/songs	5	7%	4	14%	1	3%
Jerks to sudden noises (Sissaigen dhiyun)	3	4%	2	7%	1	3%
Responds to sounds while in the womb	1	1%	0	0%	1	3%
No Answer	0	0%	0	0%	0	0%

Table 5b: How caregivers know when a baby can hear (Atolls)

	Total	%	Male	%	Female	%
Responds to sounds	31	41%	10	45%	21	40%
Responds when called	20	27%	7	32%	13	25%
Stops crying when we make sounds/ claps to the child	8	11%	0	0%	8	15%
Stops crying when sung to	4	5%	0	0%	4	8%
Wakes up to sounds	3	4%	0	0%	3	6%
No Answer	0	0%	0	0%	0	0%

2.4 Parents understanding of how soon a baby could feel and think

*Only 6% believe that a baby could feel while in the womb, no one believes that a baby could think while in the womb.
Most respondents feel that the earliest a baby can “think” is after three months.*

Table 6 deals with parents understanding of how soon a baby begins to feel and think. We know that babies can “feel” (pain, happiness and discomfort) during the first few weeks of life. For example, when babies feel discomfort they show their emotions through crying, signaling hunger, anger and pain.

When respondents were asked how soon a baby can feel, majority felt that babies can “feel” either between one and two months (Male’ 33%, Atolls 31%) or after three months (Male’ 23%, Atolls 25%). A considerable number also felt that babies could feel immediately after birth (Male’ 33%, Atolls 33%). How do caregivers know when children can feel? Most parents know this because babies cry when hurt (Male’ 23%, Atolls 25%) or respond to touch (Male’ 22%, Atolls 15%)

Table 6a: Parents understanding of how soon a baby could feel and think (Male’)

	Feel						Think					
	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%
While in the womb	4	6%	0	0%	4	10%	0	0%	0	0%	0	0%
Immediately after birth	23	33%	11	38%	12	30%	6	9%	3	10%	3	8%
Between one and two months	22	32%	10	34%	12	30%	8	12%	3	10%	5	13%
After three months	16	23%	7	24%	9	23%	41	59%	17	59%	24	60%
Other	3	4%	1	3%	2	5%	11	16%	6	21%	5	13%
No response	1	1%	0	0%	1	3%	3	4%	0	0%	3	8%

Table 6b: Parents understanding of how soon a baby can feel and think (Atolls)

	Feel						Think					
	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%
While in the womb	5	7%	2	9%	3	6%	0	0%	0	0%	0	0%
Immediately after birth	25	33%	3	14%	22	42%	5	7%	2	9%	3	6%
Between one and two months	23	31%	6	27%	17	32%	4	5%	1	5%	3	6%
After three months	19	25%	10	45%	9	17%	55	73%	13	59%	42	79%
Other	2	3%	1	5%	1	2%	10	13%	5	23%	5	9%
No response	1	1%	0	0%	1	2%	1	1%	1	5%	0	0%

Table 7a: How do caregivers know when a baby can “feel” (Male’)

	Total	%	Male	%	Female	%
Cries when hurt/uncomfortable	16	23%	9	31%	7	18%
When touched the baby moves	15	22%	7	24%	8	20%
Cries when hungry	7	10%	3	10%	4	10%
Stops crying when the baby sees the mom	4	6%	0	0%	4	10%
Laughs when tickled	4	6%	3	10%	1	3%
No Answer	5	7%	1	3%	4	10%

Table 7b: How do caregivers know when a baby can “feel” (Atolls)

	Total	%	Male	%	Female	%
Cries when hurt	19	25%	9	41%	10	19%
When touched the baby moves	11	15%	1	5%	10	19%
Responds to sounds/noises	6	8%	1	5%	5	9%
Stops crying when the baby sees the mom	4	5%	0	0%	4	8%
When they cry	4	5%	1	5%	3	6%
No Answer	0	0%	0	0%	0	0%

Most respondents feel that the earliest a baby can “think” is after three months (Male’ 59% and Atolls 73%). When asked how they know a baby can think, the answers varied considerably. As shown in *Table 8* (Male’ and Atolls) answers common to many respondents are few – the top response received a 16% score and the second received a 13% score.

Table 8a: How caregivers know when a baby is able to think (Male')

	Total	%	Male	%	Female	%
Know from what they do	11	16%	7	24%	4	10%
Able to communicate wants and needs	7	10%	4	14%	3	8%
Cries when hungry/hurt	4	6%	1	3%	3	8%
Listens to sounds or listens to parents	4	6%	1	3%	3	8%
Cries when mother leaves the room	5	7%	2	7%	3	8%
Intentionally refuse what the child dislikes/ or from the response when an object is removed from him/her	4	6%	0	0%	4	10%
When they don't listen to us	4	6%	4	14%	0	0%
No Answer	9	13%	1	3%	8	20%

Table 8b: How caregivers know when a baby is able to think (Atolls)

	Total	%	Male	%	Female	%
Identifies family members	7	9%	0	0%	7	13%
Thinks and does things	6	8%	4	18%	2	4%
Shows through a child's behaviour	4	5%	2	9%	2	4%
Intentionally refuse what the child dislikes/ or from the response when an object is removed from him/her	4	5%	1	5%	3	6%
Understands what parents say	4	5%	1	5%	3	6%
Other responses	50	67%	-	-	-	-

How do caregivers know when a baby can think? "Knows from what they do", is an answer given by 10% of the respondents, indicating their difficulty in tackling the question. Their challenge in answering the question is also evident from the fact that 13% of the respondents in Male' provided no answers to this question. Those who answered provided varied responses that are listed below:

1. Listens to us/don't listen to us
2. Actions/behaviour
3. Shows disagreement
4. Responds to sounds/noises
5. Accepts when something is given
6. Cries when hungry
7. Asks questions
8. Smiling to parents
9. Persistently does something when asked not to
10. Wants to be with the mother
11. Knows to use toys
12. Wanting to have a bath when they are dirty
13. Knows what is right and wrong

14. Call for help when frightened
15. Remembers instructions
16. Shows understanding
17. Pays attention
18. Finds hidden objects (develops object permanency)
19. Observes places (shows curiosity)

By considering these responses collectively, it's clear that **most parents associate a baby's ability to think with a baby's ability to communicate or act purposefully**. Most of the responses are acts that could be performed by a child who is much older than 3 months. The responses also relate to how people understand the concept "visnen feshun" for "visnan feshun" in Dhivehi translates to "beginning to think" and "beginning to understand" respectively. With this understanding the parents have responded by listing what a child is able to do after three months. For example, at 3 months a baby may respond to mirror image by smiling. Then at 4 months he may sense strange places or people; at 5 months she may drop objects just to watch parents pick it up; and at 6 months s/he may perceive cause and effect, e.g., wave the rattle and makes a noise.

These varied responses, in conjunction with the challenge in answering the question mentioned earlier, indicate that the development of "thinking" (i.e. the cognitive development of infants and toddlers) is not well understood by parents. Therefore, raising public awareness about infants, toddlers and pre-school-aged children's cognitive development is necessary. Most parents seem aware that a baby's brain, and the ability to think and learn, is the most rapidly developing aspect during infancy. **Many are unaware that a baby's exposure to language, images, sounds and facial expressions can have a profound effect on the development of the child's brain and cognition.**

2.5 Feeding practices

The concept of exclusive breast-feeding (i.e. excluding all forms of other fluids and food except breast milk for the first six months) is ill-understood and is not generally practiced by parents.

The survey attempted to develop an understanding of feeding practices among parents. First, we asked what parents feed their babies for the first six months. *Table 9* shows that close to half (Male'52%, Atolls 47%) of the parents breast-fed their infants for the first six months. It should be noted that these parents might have given water or other fluids to their infants during this period since the survey failed to define exclusivity in terms of avoiding water and fluids. Some of those who reported breast-feeding only for six months may indeed be giving some solid food. The evidence for this is in *Table 10a* and *10b* in which 67% (in Male') and 71% (in Atolls) claimed to have begun feeding sometime between 0 to 5 months. These are self-reported responses that include some inconsistencies. However, even with these inconsistencies, the responses do establish a general pattern of practices among Maldivian mothers. This practice implies that parents do understand the importance of breast-feeding as a result of health advocacy activities of the public health sector. However **the concept of exclusive breast-feeding (i.e. excluding all forms of other fluids and food except breast milk for the first six months) is ill-understood and is not generally practiced by parents.**

Table 9a: Parents' feeding practices in the first six months (Male')

	Total	%	Male	%	Female	%
Breast feeding only	36	52%	14	48%	22	55%
Breast milk in combination with infant formulae	13	19%	7	24%	6	15%
Breast feeding for only 3 months	12	17%	6	21%	6	15%
Other ways of feeding	8	12%	2	7%	6	15%

Table 9b: Parents feeding practice in the first six months (Atolls)

	Total	%	Male	%	Female	%
Breast feeding only	35	47%	11	50%	24	45%
Breast milk in combination with infant formulae	21	28%	5	23%	16	30%
Breast feeding for only 3 months	15	20%	6	27%	9	17%
Other ways of feeding	4	5%	0	0%	4	8%

We also asked how soon parents begin to feed solid foods. *Table 10* shows that the most popular response is that they begin feeding solid foods after 4 months (Male' 46%, Atolls 45%). The pattern between Male' and Atolls is very similar.

Table 10a: When parents begin feeding solid foods (Male')

	Total	%	Male	%	Female	%
Upon birth	1	1%	1	3%	0	0%
After two months	1	1%	1	3%	0	0%
After three months	13	19%	7	24%	6	15%
After 4 months	32	46%	9	31%	23	58%
After 6 months	20	29%	10	34%	10	25%
Other	1	1%	0	0%	1	3%

Table 10b: When parents begin feeding solid foods (Atolls)

	Total	%	Male	%	Female	%
Upon birth	1	1%	0	0%	1	2%
After 2 months	0	0%	0	0%	0	0%
After 3 months	19	25%	7	32%	12	23%
After 4 months	34	45%	7	32%	27	51%
After 6 months	20	27%	8	36%	12	23%

2.6 Caring for pregnant women to ensure a healthy baby

Most parents know that a good diet is important during pregnancy

How do family members care for the pregnant mother to ensure that the baby is born healthy? The responses to this question in *Table 11* show that many are well informed about prenatal care, particularly about the importance of providing good food to pregnant mothers. Eighty percent of respondents in Male’ and 70% of those in the atolls said that ensuring that the would-be mother gets adequate good food (fruits and vegetables) is important. They did not mention meat or milk perhaps because plenty of fish is a daily staple in the Maldivian diet. The responses in *Table 11* seem to show the success of the public health sector’s effort to raise awareness of the importance of providing fruits and vegetables to pregnant mothers. Regular medical check-ups and “making her comfortable” were responses provided by many as well.

Table 11a: Caring for pregnant mothers (Male’)

	Total	%	Male	%	Female	%
Provide healthy food (Fruit and Vegetables)	55	80%	21	72%	34	85%
Visit doctor regularly	39	57%	14	48%	25	63%
Provide love advice/information and comfort	16	23%	7	24%	9	23%
Provide time to rest	13	19%	5	17%	8	20%
Provide support from family	6	9%	4	14%	2	5%

Table 11b: Caring for pregnant mothers (Atolls)

	Total	%	Male	%	Female	%
Provide healthy food (Fruits and vegetables)	75	100%	18	82%	41	77%
Visit the doctor regularly	27	36%	3	14%	24	45%
Provide time to rest	22	29%	6	27%	16	30%
Provide advice, love and comfort	18	24%	8	36%	10	19%

2.7 Caring for the baby during the first year

64% of respondents in Male’ believe that immunization during first year is important. However, only 19% of the respondents in the atolls believe that immunization is important.

The first year, doctors say, is particularly important when it comes to providing necessary care for infants. Immunization is essential, breast-feeding, regularly checking for ear infection, responding quickly to fever or diarrhoea, watching for allergies, and preventing falls are just a few things pediatricians recommend during the first year. Given the importance of the first year, we asked our respondents about what they consider important during the first year to ensure that the baby grows in good health.

The results are listed below in *Table 12* and they show that (1) vaccination, (2) providing clean water, (3) obtaining medical attention when the baby is sick, (4) breast-feeding and (5) keeping the baby clean are the responses listed by most. A significant difference exist in the ranking of responses between Male' and atolls. Sixty-four percent of the respondents in Male' listed vaccination as there top response whereas only 19% listed this in the Atolls. Forty- three percent in the atolls listed breast-feeding while only 29% in Male' listed this.

Table 12a: Parents' practices in the first year of the child to ensure that the baby remains healthy (Male')

	Total	%	Male	%	Female	%
Immunization	44	64%	18	62%	26	65%
Provide healthy food and clean boiled water	42	61%	16	55%	26	65%
Visit the doctor when the child is sick	22	32%	10	34%	12	30%
Breast-feed	20	29%	5	17%	15	38%
Bathing regularly/keeping the baby clean	20	29%	14	48%	6	15%
Feeding regularly	12	17%	5	17%	7	18%
Weighing regularly	9	13%	2	7%	7	18%
Looking after with care	9	13%	4	14%	5	13%
Keeping the child's belongings clean	8	12%	6	21%	2	5%
Keeping the environment clean	5	7%	4	14%	1	3%

Table 12b: Parents' practices in the first year of the child to ensure that the baby remains healthy (Male')

	Total	%	Male	%	Female	%
Good food	53	71%	18	82%	35	66%
Breast-feeding	32	43%	9	41%	23	43%
Bathing regularly/keep them clean	27	36%	7	32%	20	38%
Vaccine	14	19%	2	9%	12	23%
Show to Dr when they get sick	10	13%	2	9%	8	15%
Give fresh food	9	12%	0	0%	9	17%
Feeding regularly	9	12%	1	5%	8	15%

2.8 Caring for babies and toddlers who have diarrhea

The study asked from caregivers about how they care for babies and toddlers who get diarrhea. *Table 13* ranks the responses received to this question. The answers given reflect the community’s understanding of the importance of giving children plenty of liquids and seeking medical attention when a child is suffering from diarrhea. The responses also clearly demonstrate the effectiveness of government’s effort to increase public awareness about the importance of using Oral Rehydration Salts (ORS) packets and boiled water. No significant differences exist in the responses between Male’ and the Atolls and between males and females.

Table 13a: How caregivers care for an infant or toddler with diarrhea (Male’)

	Total	%	Male	%	Female	%
ORS packs	40	58%	17	59%	23	58%
Boiled water	30	43%	11	38%	19	48%
Give plenty of liquids	29	42%	12	41%	17	43%
Give coconut water	13	19%	5	17%	8	20%
Fruit juices (particularly lemon)	12	17%	4	14%	8	20%
Seek a doctor’s advice and take medicine	11	16%	8	28%	3	8%
Provide good/clean food	7	10%	3	10%	4	10%
Give rice soup (<i>Baiypen</i>)	6	9%	1	3%	5	13%
Breast-feeding frequently	6	9%	0	0%	6	15%

Table 13b: How caregivers care for an infant or toddler who have diarrhea (Atolls)

	Total	%	Male	%	Female	%
ORS packs	39	52%	13	59%	26	49%
Boiled water	34	45%	7	32%	27	51%
Fruit juices (particularly lemon)	26	35%	5	23%	21	40%
Give plenty of liquids	25	33%	8	36%	17	32%
Coconut water	11	15%	3	14%	8	15%
Breast-feeding frequently	11	15%	3	14%	8	15%
Rice soup (<i>Baiypen</i>)	8	11%	6	27%	2	4%

2.9 Routine care of babies and toddlers

Most of the respondents listed regular feeding and keeping the baby clean as the most important routine care-giving activities. Stimulation and interaction are not mentioned as routine activities. Only 19% of the respondents in the capital city reported playing with the child as a routine activity.

Activities that parents and other caregivers carry out routinely with a baby provide insight to the quality of the childcare practice. Therefore, the survey asked what parents do for their babies as part of the daily routine. The responses received are tabulated in *Table 14*. “Regular feeding of good food” and “keeping the baby clean” are understandably the two most popular responses. Regular feeding of good food was ranked the top by the respondents in Male’ (75%) while respondents from the Atolls ranked “keeping the baby clean” as the top response (51%).

When all the responses are considered, both from Male' and the Atolls, it is clear that the routine activities listed by caregivers relate to (1) providing basic needs (food and cleaning), and (2) teaching or providing education (teaching through play is not what's meant here). However, it is noted that 28% of females and 7% of males in Male' did mention playing with the child as a routine activity. The gender difference in this response shows that few fathers and other male caregivers spend time playing with their children.

Table 14a: Routine things done for and with children under three (Male')

	Total	%	Male	%	Female	%
Feeding healthy food regularly	52	75%	19	66%	33	83%
Bathing and keeping them clean	53	77%	21	72%	32	80%
Putting them to bed	20	29%	6	21%	14	35%
Teaching them	19	28%	6	21%	13	33%
Providing things they need	17	25%	10	34%	7	18%
Playing with the child	13	19%	2	7%	11	28%
Taking the child for a walk	11	16%	1	3%	10	25%
Spending time with the child / be close to the child	9	13%	1	3%	8	20%
Breast-feeding them	10	14%	3	10%	7	18%
Taking them to school	9	13%	0	0%	9	23%

Table 14b: Routine things done for and with children under three (Atolls)

	Total	%	Male	%	Female	%
Bathing / cleaning	38	51%	10	45%	28	53%
Feeding good food	36	48%	11	50%	25	47%
Providing them a good education	36	48%	9	41%	27	51%
Providing the basic things they need	19	25%	8	36%	11	21%
Providing the basic necessities	18	24%	2	9%	16	30%
Visiting the doctor	11	15%	4	18%	7	13%
Going for a walk	9	12%	2	9%	7	13%
Giving them love	9	12%	2	9%	7	13%

2.10 Stimulating the senses

The concept of stimulating or developing the senses is not clearly understood. Most caregivers do not know about simple things that they can do to stimulate the child's senses.

Talking to and singing to babies (language) stimulate the cognitive development of infants. But, 75% of respondents in Male' and 79% of them in the Atolls did not list these as activities they do to stimulate the senses of their infants and toddlers. When asked if they believe whether it is important to

stimulate (the Dhivehi word used was “thara’ghee” which means to “develop” or “enhance”) the senses, the majority said ‘yes’ (93% in Male’ and 96% in the Atolls). However, when asked how they stimulate the senses, the answers varied, see *Table 15* The activity for stimulating senses listed by most was giving toys and other colorful objects, but this too was mentioned by only 16% of the respondents in Male’. The lack of common responses among participants demonstrates that stimulating or developing senses is not something that has received public attention as yet or is conceptually understood by the general public. The number of people who could not respond to the question also indicates that many had not previously thought about this issue.

As research shows, stimulating the senses of infants and toddlers is extremely important to the growth of their cognitive potential. Only a few participants listed very encouraging practices in this regard. These are “telling stories or singing songs” (13% from Male’ and 7% in Atolls) and “playing with them” (7% from Atolls). Such practices need to be encouraged.

Table 15a: How parents and other caregivers stimulate the senses of infants and toddlers (Male’)

	Total	%	Male	%	Female	%
Providing toys and colorful objects for them to develop senses	11	16%	5	17%	6	15%
Telling them stories/singing songs	9	13%	1	3%	8	20%
Teaching them to speak by talking to them	8	12%	1	3%	7	18%
Feeding them good food	8	12%	5	17%	3	8%
Visiting the doctor regularly	8	12%	6	21%	2	5%
Helping them in what they do/or let them observe you while working	6	9%	2	7%	4	10%

Table 15b: How parents and other caregivers stimulate the senses of infants and toddlers (Atolls)

	Total	%	Male	%	Female	%
Encouraging them	7	9%	1	5%	6	11%
Teaching them things such as name of the places	5	7%	2	9%	3	6%
Playing with them	5	7%	3	14%	2	4%
Feeding them good food	5	7%	0	0%	5	9%
Reading/telling them stories/singing songs	5	7%	3	14%	2	4%
Doing everything with love and care	5	7%	0	0%	5	9%

2.11 Beginning to read for the child

72% of parents in Male' and 79% of those in the Atolls begin showing and reading books to children, at the earliest between 1 – 2 years of age.



Not many children’s books, particularly picture books, written in Dhivehi are available in the Maldives. It is even more difficult to obtain such books in the Atolls. However, some good children’s books in English are available in Male’. Assuming that reading to under three-year olds is uncommon, we asked how soon caregivers begin to show and read children’s books (e.g. storybooks) to their children. Their responses provided in *Table 16* show that most parents begin to read to their children when they are between one and two years. A significant difference exists between males and females: whereas 68% of the females begin to read to their children when they are between one and two years old and only 31% of the males said that they do the same. No significant difference exist between the responses from Male’ and the Atolls.

Table 16a: The earliest caregivers begin to read children’s books to their children (Male’)

	Total	%	Male	%	Female	%
Between birth and six months	1	1%	0	0%	1	3%
Six to twelve months	2	3%	0	0%	2	5%
One to two years	36	52%	9	31%	27	68%
Three years and above	14	20%	3	10%	11	28%

Table 16b: The earliest caregivers begin to read children’s books to their children (Atolls)

	Total	%	Male	%	Female	%
Between birth and six months	3	4%	3	14%	0	0%
Six to twelve months	6	8%	4	18%	2	4%
One to two years	51	68%	14	64%	37	70%
Three years and above	23	31%	6	27%	17	32%

2.12 The purpose of reading to toddlers

The social demand for literacy is very high. There is no commonly accepted reason for reading to children at an early age. Scholastic achievement – preparing to school – seems to be a strong driving force.

We know that many parents start reading to their children between ages one and two. The social demand for literacy is very high in the Maldives and it is not surprising that parents would begin to read to their children early. For what purpose do parents begin to read to their children? The answer to

this question is in *Table 17*. Twenty-seven different reasons were given by the respondents in Male' and 42 reasons were given by those in the Atolls. This many responses, of course, indicate that no commonly accepted reason for beginning to read early for children exists.

One reason given for reading to children early (22% in Male' and 15% in the atolls) is to teach children before they go to Grade 1. Many of these parents may be trying to teach the child to read and write before s/he goes to school – however, the ability to read and write simple words is only an exit requirement of the Grade One curriculum. Another reason given is to improve the memory of children when they grow up (16% in Male' and 21% in the Atolls). Many also mentioned that they read to children to make learning more interesting (29% in Male' and 11% in the Atolls).

Table 17a: The purpose of reading to children early (Male')

	Total	%	Male	%	Female	%
To make learning interesting	20	29%	10	34%	10	25%
To teach them something before they go to Grade 1	15	22%	4	14%	11	28%
To make them learn faster	12	17%	5	17%	7	18%
To improve their memory when they grow up	11	16%	3	10%	8	20%
To make the child read/write properly as they grow up	7	10%	0	0%	7	18%
To get used to it	7	10%	3	10%	4	10%
To make the child more aware of things	6	9%	0	0%	6	15%

Table 17b: The purpose of reading to children early (Atolls)

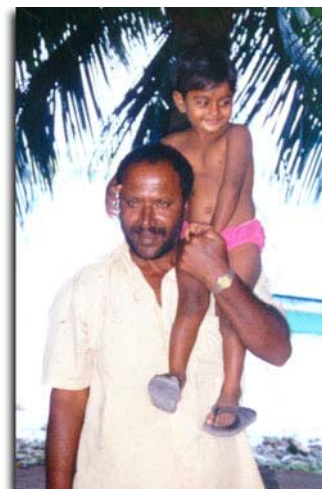
	Total	%	Male	%	Female	%
To improve their memory when they grow up	16	21%	5	23%	11	21%
To teach them something before they go to Grade 1	11	15%	2	9%	9	17%
To get the child used to reading	11	15%	0	0%	11	21%
It's the age they learn faster	9	12%	6	27%	3	6%
Make things interesting	8	11%	2	9%	6	11%

2.13 The Role of Fathers

What do fathers normally do for children?

The father's role is primarily seen as that of the income earner and provider of food and material needs. Fathers are usually not expected to feed or clean their babies.

What do Maldivian fathers normally do for their children? The answer to this question in *Table 18* show that fathers' primary role is construed to be that of the income earner, bearing the responsibility for providing food and material needs for children. The most popular response listed was that fathers "buy things children need" (38% of



males 55% of the female respondents in Male' and 42% of women and 18% of the men in the Atolls).

Table 18 also shows that women more aptly answered this question. A much higher percentage of women than men listed the following activities that fathers normally perform: (1) providing for the material needs of children, (2) spending time with children, (3) taking children for walks, and (4) giving love to children. Ironically, fathers could not respond with as many responses as mothers could - a situation likely resulting from lack of father's involvement in the affairs of their children. Said differently, mothers are more aware of what fathers normally do than fathers themselves; this is because mothers are deeply involved in the daily routines of their children and fathers usually do what is asked of them by mothers in this regard. An observation that further supports the fathers' lack of involvement in daily routines of children is that neither fathers nor mothers have listed about fathers' normally feeding or cleaning babies.

The results indicate that, although a few, fathers are involved in some daily routines of their children. "Going for walks, rides, or places" was listed as something that fathers normally do by 30% of the women and 21% of the men among the Male' respondents. Several other responses were supported by 14% to 18% of the respondents. These include "spending time with children", "carrying them", "playing with them", "feeding them", and "teaching them". Therefore, the results show that fathers should be further encouraged to be involved in the daily routines of their children. Doing an activity regularly with one's child goes a long way in forming a positive relationship with the child.

Table 18a: What fathers normally do for their children (Male')

	Total	%	Male	%	Female	%
Providing things they need	33	48%	11	38%	22	55%
Spending time with the child	20	29%	4	14%	16	40%
Going for a walk/ride/places	18	26%	6	21%	12	30%
Teaching them/ help them in their studies	14	20%	4	14%	10	25%
Carrying the baby (i.e. the act of carrying the baby while the caregiver is doing household work)	13	19%	7	24%	6	15%
Playing with the child	8	12%	4	14%	4	10%
Bathing the child	8	12%	4	14%	4	10%
Giving love and making them happy	7	10%	4	14%	3	8%
Putting the child to bed	7	10%	4	14%	3	8%

Table 18b: What fathers normally do for their children (Atolls)

	Total	%	Male	%	Female	%
Providing things they need	26	35%	4	18%	22	42%
Giving love and making them happy	18	24%	5	23%	13	25%
Going for a walk/ride/places	15	20%	3	14%	12	23%
Playing with the child	9	12%	4	18%	5	9%
Spending for their education	9	12%	3	14%	6	11%
Carrying them	9	12%	3	14%	6	11%
Feed them/give good food	9	12%	4	18%	5	9%

What can fathers who are away from home do to let their children know that they love them?

No respondents mentioned about writing letters or short messages to children when fathers have to be away for a long period.

Many Maldivian fathers have to work and live away from their families for months at a time. What can such fathers do to demonstrate how much they love their children? The most popular response from both fathers and mothers was that fathers who return home after an extended absence can bring something that their children want (Male' 48%, Atolls 32%) to show their love towards their children. The next popular response in Male' was that fathers could telephone their children while they are away (29%). However, this response was listed by only 17% of respondent in the Atolls because for them accessing telephone service is difficult. "Spending time with the child" after returning home was also mentioned by many in Male'. The 3rd popular response in the Atolls was "giving love, hugs, and kisses" to children after returning home which was listed by 32% males but only 19% females.

Table 19a: What can fathers who are away from home could do to let their children know that they love them (Male')

	Total	%	Male	%	Female	%
Bringing something that children want	33	48%	14	48%	19	48%
Speaking to the child via telephone	20	29%	10	34%	10	25%
Spending time with the child while at home	15	22%	3	10%	12	30%
Talking with the child while at home	11	16%	2	7%	9	23%
Carrying them	10	14%	5	17%	5	13%
Give love, hugs and kisses while at home	7	10%	3	10%	4	10%
Sending letters and gifts	6	9%	4	14%	2	5%

Table 19b: What can fathers who are away from home could do to let their children know that they love them (Atolls)

	Total	%	Male	%	Female	%
Bring something children want	24	32%	6	27%	18	34%
When home spent time with the child	19	25%	7	32%	12	23%
Give love, hugs kisses	17	23%	7	32%	10	19%
Phone and speak to the child while away	13	17%	2	9%	11	21%
Carrying them	12	16%	4	18%	8	15%
Sending presents/letters	9	12%	1	5%	8	15%

2.14 Nurturing self- confidence and self-esteem

What do caregivers do to develop self-confidence in their children?

Caregivers are aware and responsive to the concept of building self-confidence. Results suggest that parents would respond well to information regarding how to nurture self confidence.



It became apparent during data collection that although the concept of “self-confidence” is familiar to many, its application to child rearing was not well understood by caregivers. Many had not previously thought of purposefully nurturing self-confidence through positive childhood experiences. When asked what parents currently do to develop self-confidence in children, respondents provided varying responses. Responses commonly listed by respondents were very few, consequently a complete list of responses are included in *Table 20*.

In Male’, the top ranking answer, when responses by both sexes are taken together, was that “trying to explain what children don’t understand” will help to increase self-confidence in children. The assumption behind this reasoning could be that accumulation of knowledge by oneself leads to greater self-confidence.

When responses from men and women are considered separately, the top ranking answer given by women was that “motivating the child to do things” would raise self-confidence (23%). The top ranking response given by men was that “praising children” (24%) would raise self-confidence. These answers show that parents quickly grasped the idea of self-confidence and were able to provide meaningful answers.

The responses received from Atolls were slightly different. The top ranking answer among women was “don’t lie to them” (men 9% and women 21%). On the other hand, the top ranking answer among men was “encourage them”.

When all responses are closely considered, any assumption regarding parents’ unawareness of how to nurture self-confidence becomes premature. Notwithstanding those who could not respond to this question, most respondents have indeed listed acts that would assist in self-confidence building. The thoughtfulness of those who responded demonstrates that engraining the practice of building self-confidence into child-care practice could be easily achieved.

Table 20a: What parents do to develop the self-confidence in their children (Male')

	Total	%	Male	%	Female	%
Try to explain what they don't understand	11	16%	5	17%	6	15%
Praise them	11	16%	7	24%	4	10%
Motivating the child to do things	10	14%	1	3%	9	23%
Allow them to do what they want to do	8	12%	5	17%	3	8%
Teach them to speak the truth/not to tell lies	8	12%	5	17%	3	8%
Forgive their mistake/show the right path	8	12%	4	14%	4	10%
Make them do things suitable for their age	7	10%	1	3%	6	15%
Allow them to do good things/things on their own	7	10%	1	3%	6	15%
Listen to them	4	6%	0	0%	4	10%
Tell them how much we love them	3	4%	1	3%	2	5%
See what they do	3	4%	1	3%	2	5%
Ask them about what they want, like and bring it for them	3	4%	0	0%	3	8%
Be caring	3	4%	0	0%	3	8%
Give Love	2	3%	1	3%	1	3%
Encourage the child to crawl, stand up and walk	2	3%	0	0%	2	5%
Tell the child that the child is clever	2	3%	0	0%	2	5%
Try to be positive about the child's actions	2	3%	1	3%	1	3%
Teach them to play games	1	1%	0	0%	1	3%
Show them when doing things	1	1%	1	3%	0	0%

Table 20b: What parents do to develop the self-confidence in their children (Atolls)

	Total	%	Male	%	Female	%
Don't lie to them	13	17%	2	9%	11	21%
Praise them	12	16%	3	14%	9	17%
Encourage them	12	16%	5	23%	7	13%
Teach them to speak the truth	7	9%	3	14%	4	8%
Motivate the child to do things	4	5%	0	0%	4	8%
Advising them	4	5%	1	5%	3	6%
Allow them to do what they want to do	3	4%	0	0%	3	6%
Teach them to play games	3	4%	3	14%	0	0%
Teach them what is wrong and right	3	4%	2	9%	1	2%
Understanding	3	4%	2	9%	1	2%
If you make a promise to them, keep it	2	3%	1	5%	1	2%
Teach them to do things carefully	2	3%	2	9%	0	0%
Allow them to do things on their own	2	3%	0	0%	2	4%
Tell them how much we love them	1	1%	0	0%	1	2%
See what they do	1	1%	1	5%	0	0%
Allow them to do good things	1	1%	1	5%	0	0%
Try to explain what they don't understand	1	1%	0	0%	1	2%
Tell the child that the child is clever	1	1%	0	0%	1	2%
Forgive their mistake and show the right path	1	1%	0	0%	1	2%
Try to be positive about the child's actions	1	1%	1	5%	0	0%

Talk to them nicely	1	1%	0	0%	1	2%
Do what they want	1	1%	0	0%	1	2%
Trust them	1	1%	0	0%	1	2%
Give them opportunities to succeed	1	1%	0	0%	1	2%
Spend more time with them	1	1%	1	5%	0	0%
Do things for them	1	1%	1	5%	0	0%
To make them good children	1	1%	0	0%	1	2%
At this age we cannot teach them anything	1	1%	1	5%	0	0%

Why should we try to develop self-confidence in our children?

Reasons for developing self-confidence in children ranged from “making them brave” to making them truthful, loyal and better members of the community.

Thirty-seven different answers for this question were received from the Atolls and 19 different answers from Male’. Seven respondents in Male’ did not answer the question whereas everyone from the Atolls attempted to answer. The top responses are listed in *Table 21*.

In Male’, when asked about the reasons for developing self-confidence in children, 38% of respondents said the obvious; that said it is to develop self-confidence. In contrast, the highest ranking response from the Atolls that was listed by 17% of the respondents was “to make them brave”. The reasons quoted for raising self-confidence include developing one’s truthfulness, to increase academic ability of the child and to make the child a contributing member of the society.

Table 21a: Reasons for developing self-confidence in children (Male’)

	Total	%	Male	%	Female	%
To gain self confidence	18	26%	3	10%	15	38%
To make the child a truthful and loyal person	10	14%	9	31%	1	3%
To make the child bright/better	8	12%	5	17%	3	8%
To make the child better for the community	5	7%	1	3%	4	10%
To make the child be able to express to adults and children	4	6%	0	0%	4	10%

Table 21b: Reasons for developing self-confidence in children (Atolls)

	Total	%	Male	%	Female	%
To make them brave	13	17%	2	9%	11	21%
To make the child a useful member of the community	11	15%	6	27%	5	9%
To develop self confidence	8	11%	1	5%	7	13%
To make them good children	8	11%	2	9%	6	11%
To nurture independence	6	8%	4	18%	2	4%
To teach them to trust	6	8%	1	5%	5	9%

Why is it important to nurture self-esteem in children?

The concept of nurturing self-esteem is ill understood. Most associate self-esteem with self-confidence

Our initial intention was to inquire about the development of self-esteem. However, the concept of self-esteem was used instead because the concept of “self-esteem” could not be meaningfully translated into Dhivehi. The Dhivehi language does not have a word or sentence to explain the concept of self-esteem. It was assumed, therefore, that parents would understand the concept of loving and respecting oneself. The study asked why it was important to nurture self-esteem. The answers to this question are listed in *Table 22*.

Seventeen percent of the respondents in Male and 12% of those in the Atolls did not answer this question. This shows some respondents’ difficulty in understanding even the concept of self-esteem. Those who answered seem to associate self-esteem with self-confidence because, as mentioned earlier, self-confidence is better understood. Thirteen percent of the respondents in Male’ simply said that it is important to develop self-esteem so that children will learn self-confidence. Similarly 12% of the respondents in the Atolls said that learning to love self would lead to a sense of self-security and self-confidence. A few mentioned that learning to love self is important to learn how to trust and love others. When all answers are taken collectively, it becomes clear that the concept of self-esteem was not well understood.

Table 22a: Why is it important to nurture self-esteem in children (Male’)

	Total	%	Male	%	Female	%
To improve self confidence	9	13%	3	10%	6	15%
To make them a useful member of the community	5	7%	2	7%	3	8%
To teach them to love others	4	6%	2	7%	2	5%
To nurture independence	3	4%	0	0%	3	8%
Learning to love their self and to provide security & confidence	3	4%	1	3%	2	5%
Teaching to maintain public integrity of oneself	3	4%	3	10%	0	0%
To keep them happy by providing love and care	3	4%	1	3%	2	5%

Table 22b: Why is it important to nurture self-esteem in children (Atolls)

	Total	%	Male	%	Female	%
Learning to love their selves and to provide security & confidence	9	12%	5	23%	4	8%
To teach them to love others/to be loved by others	9	12%	3	14%	6	11%
To make them a useful member of the community	6	8%	0	0%	6	11%
To improve self confidence	6	8%	2	9%	4	8%
To nurture independence	3	4%	0	0%	3	6%
To make them good children	3	4%	0	0%	3	6%

What do caregivers do to develop self-esteem in children?

When asked about what caregivers do to develop self-esteem, the answer given confirms the finding that self-esteem is a concept not well understood (Table 23). Sixteen percent of the respondents from Male’ and 4% from Atolls did not answer the question. Those who answered from Male’ listed “making them understand things” (visnaidhinun) at the top, but only 17% provided this answer. “Praising children” was ranked second by 14% of the respondents in Male’. This same response was ranked highest in the Atolls by 11% of respondents. A noteworthy observation is that some of the responses provided would, most likely, develop self-esteem in children.

Table 23a: What caregivers do to develop self-esteem in children (Male’)

	Total	%	Male	%	Female	%
Counsel them and make them understand things (visnaidhinun)	12	17%	5	17%	7	18%
Praise them	10	14%	6	21%	4	10%
Provide love, specially from parents	7	10%	1	3%	6	15%
Keeping the child clean	6	9%	4	14%	2	5%
Teaching them “good” things (religious)	4	6%	2	7%	2	5%

Table 23b: What caregivers do to develop self-esteem in children (Atolls)

	Total	%	Male	%	Female	%
Praise them	8	11%	1	5%	7	13%
To nurture independence	7	9%	0	0%	7	13%
Provide advice	5	7%	1	5%	4	8%
Teach them to develop self confidence	4	5%	2	9%	2	4%
Teach them “good” things (religious)	4	5%	2	9%	2	4%
Correct their mistake	4	5%	0	0%	4	8%
Learn to do different things	4	5%	2	9%	2	4%
Trust them	4	5%	1	5%	3	6%

2.15 Do we discriminate between fair-skinned and dark-skinned children?

Forty-five percent of respondents in Male’ said that dark and fair skinned children are treated differently, but only 24% of those in the Atolls felt the same.

The study asked if fair-skinned and dark-skinned children are treated differently by parents and other caregivers. The answer indicates that the society’s opinion is divided on this issue.

As shown in Table 24, 45% of the respondents in Male’ said “yes” while 49% said “no”. Six percent refused to answer the question. When gender breakdown is considered, 58% of the women said “no” whereas only 38% said “yes”. The results from Male’ show clearly that more men than women agree

that there is a discrimination between fair skinned and dark skinned children. This difference in opinion between men and women needs further research before a conclusion could be reached. However, a noteworthy observation in Male’ is that 45% of the respondents feel that there is discrimination in the treatment of fair-skinned and dark-skinned children. This is a large enough percentage to assume that some level of discrimination does exist in the society, at least in Male’.

The situation is quite different in the Atolls. Twenty percent of the people refused to answer this question and both men and women said that there is no difference in the treatment of fair and dark skinned children. Obviously a considerable difference exist in the opinion of those from the Atolls and Male’ – an overwhelming number of respondents said that no such discrimination exist in the society. This could be that while difference in treatment exists in Male’ such a situation is not present in the Atolls. One could assume that this is unlikely since the cultural beliefs and practices across the Maldives, including the capital, is somewhat similar. Therefore, it could also be possible that those who live in Male’ are more sensitized to issues of various forms of discrimination.

Table 24a: Do people treat fair skinned and dark skinned children differently? (Male’)

	Total	%	Male	%	Female	%
Yes, fair skinned and dark skinned are treated differently	31	45%	16	55%	15	38%
No, fair skinned and dark skinned are not treated differently	34	49%	11	38%	23	58%
No answer	4	6%	2	7%	2	5%

Table 24b: Do people treat fair skinned and dark skinned children differently? (Atolls)

	Total	%	Male	%	Female	%
Yes, fair skinned and dark skinned are treated differently	18	24%	8	36%	10	19%
No, fair skinned and dark skinned are not treated differently	42	56%	14	64%	28	53%
No answer	15	20%	0	0%	15	28%

Respondents who felt that dark and fair skinned children are treated differently also listed the differences in treatment of children in these two groups. These differences are listed in *Table 25*. Respondents from both Male’ and Atolls felt that fair children receive more love and care from parents and other caregivers. They also felt that fair children receive more “things” (e.g. toys and clothes). Some felt that caregivers are more likely to get angry with dark children.

Table 25a: How dark and fair skinned children are treated differently (Male')

	Total	%	Male	%	Female	%
Give love and care to the fair child	11	16%	2	7%	9	23%
Do/give things for fair children	7	10%	1	3%	6	15%
Treat them differently	5	7%	3	10%	2	5%
Get angry with dark children	4	6%	1	3%	3	8%
Don't talk to them	4	6%	0	0%	4	10%
Buy nice/more things for the fair child	4	6%	3	10%	1	3%
Fair children are nicer more beautiful	3	4%	1	3%	2	5%
Tease the dark children	2	3%	0	0%	2	5%
Refer to the fair child as "dhonkabulo" (fair lady) or tell how cute she is	2	3%	2	7%	0	0%
Be more friendly with the fair child	2	3%	2	7%	0	0%

Table 25b: How dark and fair skinned children are treated differently (Atolls)

	Total	%	Male	%	Female	%
Give love and care to the fair child	6	8%	3	14%	3	6%
Do/give things for fair children	4	5%	2	9%	2	4%
Get angry with dark kids	3	4%	1	5%	2	4%
Treat differently	3	4%	1	5%	2	4%
Responding warmly to fairer children	2	3%	0	0%	2	4%

2.16 Beliefs and practices regarding children with disabilities

General perception about infants and toddlers with disabilities

Children with disabilities are perceived as needing more special care, love, affection, and assistance. There is a need to raise public awareness about children with disabilities.

Incorporated into the study were questions regarding how people perceive and treat children with disabilities. These questions were meant to explore the prevailing attitudes and practices towards children with disabilities.

First we asked about the general perception and beliefs about children with disabilities. This question was clearly a sensitive one in Male'; 23% of respondents from Male' did not answer the question. However, only 1% of the respondents from the atolls failed to answer this question. The top responses are listed in *Table 26*.

A close look at all the responses brings out two key perceptions that the society holds about children with disabilities. Second, some respondents (9% in Male' and 19% in the Atolls) feel that these children will be of little use to the community. This finding points to the need to raise public awareness about children with disabilities.

Table 26a: What respondents say about community perception on children with disabilities (Male')

	Total	%	Male	%	Female	%
Provide care, love and affection	12	17%	4	14%	8	20%
Not useful for the community	6	9%	2	7%	4	10%
Help them do things	4	6%	1	3%	3	8%
Treat like normal people	4	6%	0	0%	4	10%
Give them importance	4	6%	1	3%	3	8%
Give them no importance	4	6%	2	7%	2	5%
Respect them	4	6%	4	14%	0	0%

Table 26b: What respondents say about community perception on children with disabilities (Atolls)

	Total	%	Male	%	Female	%
Not needed for the community	14	19%	7	32%	7	13%
Treat like normal people	13	17%	3	14%	10	19%
Give love and affection	10	13%	2	9%	8	15%
Help them/they need help and kindness	8	11%	2	9%	6	11%
They can be of use to the community	7	9%	5	23%	2	4%
Feel sad about them	6	8%	1	5%	5	9%
Sick people/Disabled people	5	7%	1	5%	4	8%
Pay more attention than the other kids	4	5%	2	9%	2	4%
Give importance to them	3	4%	0	0%	3	6%
Don't give any importance	3	4%	0	0%	3	6%

What parents are able to do with children with disabilities.

Respondents were generally positive about what parents and other caregivers are able to do with children with disabilities.

What's reported above is what respondents think about how "others" feel about children with disabilities. But, to comment further, each respondent has to be acquainted with a child who has a disability. Forty-one percent of the respondents from Male' and 43% from the Atolls knew of a child with a disability. These respondents reported the specific conditions (i.e. disabilities) of the children they knew. Inability to talk (mentioned by many), deafness, inability to walk, blindness, polio, mental retardation, learning disabilities, and physical deformities were listed.

The respondents were then asked about what they think what parents are *able* to do and *unable* to do with physically and mentally challenged children. Obviously, what a child with a disability could and could not do depends on the nature of the disability. When the specific answers are analyzed collectively, a general understanding of respondents' beliefs regarding what children with disabilities can and cannot do, emerged. The respondents' answers are provided in *Table 27*.

Those who responded from Male' portrayed a generally positive, i.e. an affirmative, picture about the "abilities" of the children with disabilities. And, in general, parents seem to be overprotective of children with disabilities. Further, most who responded believe that parents are able to play with them, teach them, eat with them, talk to them, and tell them stories. In other words, activities that parents do with "non-disabled" children seem possible with physically or mentally challenged children. However, relatively few respondents reported doing activities such as story-telling, going for walks, and studying with disabled children as they would normally do with non-disabled children.

Table 27a: What parents are able to do with children with disabilities (Male')

	Total	%	Male	%	Female	%
Do activities/things to make them happy	8	12%	1	3%	7	18%
Play with them	8	12%	2	7%	6	15%
Do what they are able to do	7	10%	5	17%	2	5%
Help them	6	9%	3	10%	3	8%
Eat with them	5	7%	0	0%	5	13%
Teach them to do things	4	6%	3	10%	1	3%
Study with them	3	4%	1	3%	2	5%
Tell them stories	3	4%	0	0%	3	8%
Try to give things they want	2	3%	1	3%	1	3%
Go to places/walk	2	3%	0	0%	2	5%

Table 27b: What parents are able to do with children with disabilities (Atolls)

	Total	%	Male	%	Female	%
Play with them	8	11%	3	14%	5	9%
Go to places/walk	5	7%	0	0%	5	9%
Help them	5	7%	0	0%	5	9%
Do activities/things to make them happy	4	5%	1	5%	3	6%
Can do everything with them	4	5%	4	18%	0	0%
Study with them	3	4%	2	9%	1	2%
Talk to them	3	4%	1	5%	2	4%
Bathing	2	3%	1	5%	1	2%
Eat with them/feed them	2	3%	1	5%	1	2%
Tell them stories	2	3%	0	0%	2	4%
Teach them to do things	2	3%	1	5%	1	2%

What are parents unable to do with children with disabilities?

What are parents *unable* to do with children with disabilities? The answers are provided in *Table 28*. Thirty percent of respondents from Male' and 9% of those in the Atolls did not answer this question. And, answers of those who responded did not reveal much: most rightly said that what children with disabilities cannot do depends on the specific disabilities. By closely looking at all the answers, one gets the feeling that the respondents are positive and optimistic about the ability of children with disabilities. Only a small percentage of people said that it is difficult or impossible to do many things with them.

We also asked why it was difficult for parents to do certain things with physically and mentally challenged children. Thirty-two percent of respondents from Male' and 11% from the Atolls did not respond. The main reason given by those who responded was that these children were simply sick or disabled. Twenty-two percent of the respondents in Male' and 19% of those in the Atolls gave this answer. Other responses related to specific disabilities such as inability to see, hear or talk. Interestingly 6% of the respondents in Male' said that parents are unable to do things with children with disabilities because parents are too busy.

Table 28a: What parents are unable to do with children with disabilities (Male')

	Total	%	Male	%	Female	%
Things which are not suitable for them	3	4%	1	3%	2	5%
Difficult to do things with them or cannot do anything	3	4%	2	7%	1	3%
They can do few things only	3	4%	1	3%	2	5%
Cannot take out for walks if the child cannot walk	3	4%	2	7%	1	3%
Teach them or do things like picture reading	2	3%	0	0%	2	5%
There is nothing they cannot do	2	3%	0	0%	2	5%
Help them do things alone	2	3%	1	3%	1	3%
Cannot talk with them	2	3%	2	7%	0	0%

Table 28b: What parents are unable to do with children with disabilities (Atolls)

	Total	%	Male	%	Female	%
Cannot talk to them	7	9%	2	9%	5	9%
Things which are not suitable for them	6	8%	2	9%	4	8%
There is nothing they cannot do	5	7%	3	14%	2	4%
If the child cannot walk cannot take with us for walks	3	4%	0	0%	3	6%
Do things like picture reading	2	3%	1	5%	1	2%
Help them	2	3%	1	5%	1	2%
Help them to do things	2	3%	1	5%	1	2%

What parents normally do for children with disabilities?

Routine/normal activities with physically and mentally challenged children are not much different from routine activities parents conduct with “normal” children: feeding, bathing and cleaning

The survey also attempted to identify what parents routinely do for children with disabilities. The results show that routine activities listed by most are feeding, bathing, and cleaning the child. A few answered with other activities such as teaching, making them happy and going for walks. The results are included in *Table 29*. The reader should note that most respondents in this survey do not have direct child-rearing experience with disabled children. Their answers, therefore, were what they assume other parents routinely do for such children whom they know. What these respondents say about routine activities based on their observation of others who care for children with disabilities may not entirely reflect the reality. To paint a realistic picture we have to pose this question to those who are directly involved in caring for children with disabilities.

Table 29a: What parents normally do for children with disabilities (Male')

	Total	%	Male	%	Female	%
Feeding	14	20%	6	21%	8	20%
Keep them tidy and clean	8	12%	6	21%	2	5%
Bathing	6	9%	1	3%	5	13%
Do the things they need/want	5	7%	0	0%	5	13%
Teaching/give education	4	6%	1	3%	3	8%
Look after them with care	4	6%	1	3%	3	8%
Give love	4	6%	2	7%	2	5%
Visit the doctor	3	4%	1	3%	2	5%
Play with them	3	4%	1	3%	2	5%
Go for walks	3	4%	1	3%	2	5%
Do everything suitable for their age	3	4%	2	7%	1	3%

Table 29b: What parents normally do for children with disabilities (Atolls)

	Total	%	Male	%	Female	%
Feeding	13	17%	5	23%	8	15%
Do the things they need/want	12	16%	1	5%	11	21%
Bathing	12	16%	4	18%	8	15%
Make them happy	4	5%	2	9%	2	4%
Help them	4	5%	1	5%	3	6%
Look after them with care	3	4%	0	0%	3	6%
Show that we love them	3	4%	0	0%	3	6%
Keep them always near us	3	4%	1	5%	2	4%
Give medicine regularly	3	4%	2	9%	1	2%

2.17 Child Play: Belief and Parental Involvement

Do parents and other caregivers believe that play is an important part of childhood?

Play is how infants and toddlers learn. Through playing with others they learn to live and work with others – relationships are developed and enhanced. While this is the case, how many parents do believe that play is important for those under five. An overwhelming 90% of respondents believe in the importance of play for under five-year olds.



Do parents understand what children learn during play?

Only about 25% of the respondents in Male’ and 8% of respondents in the Atolls seem to be aware that thinking skills (cognitive development) occurs as a result of play

Parents’ understanding of what children learn during play was also explored in this study. The responses in Table 30 shows that only about a quarter of the respondents has some level of understanding of what children learn through play. For example, 22% of the respondents in Male’ believe that children improve their cognitive skills through play (the top response in Male’) and 25% of the respondents in Atolls believe that children learn to play (i.e. teamwork) with other children and friends. A fair number of respondents in Male’ also responded with other benefits of play such as becoming creative and active, learning good habits and discovering new things. A few of the respondents from the Atolls (between 7-10%) have listed benefits such as learning good habits, learning to think, learning to talk, and learning life skills.

Table 30a: Parents’ understanding of what children learn through play (Male’)

	Total	%	Male	%	Female	%
Improve thinking	15	22%	6	21%	9	23%
Learn to play with other children/be friends	13	19%	5	17%	8	20%
Learn a lots of things	11	16%	4	14%	7	18%
Get more knowledge/be creative/active	9	13%	2	7%	7	18%
Learn good habits	8	12%	1	3%	7	18%
Learn to play games	6	9%	3	10%	3	8%
Learn to make new things and different sound	5	7%	1	3%	4	10%
Learn the names/colours of things	5	7%	2	7%	3	8%
Learns reading and counting/learning	3	4%	0	0%	3	8%
Learn to look after the toys/things	3	4%	1	3%	2	5%

Table 30b: Parents' understanding of what children learn through play (Atolls)

	Total	%	Male	%	Female	%
Learn to play with other children/be friends	19	25%	3	14%	16	30%
Learn to play games	13	17%	3	14%	10	19%
Learn a lots of things	9	12%	2	9%	7	13%
Learn good habits	6	8%	1	5%	5	9%
Improve thinking	6	8%	3	14%	3	6%
Learn how to talk	5	7%	3	14%	2	4%
Life skills	5	7%	2	9%	3	6%
How people live	5	7%	3	14%	2	4%
Dancing/skipping/jumping	5	7%	1	5%	4	8%
Get more knowledge/be creative	4	5%	2	9%	2	4%
Learns Reading and counting	4	5%	1	5%	3	6%
Learn to obey the rules	3	4%	0	0%	3	6%
Learn how to make fun	3	4%	0	0%	3	6%

Do parents become involved in playing with their toddlers and young children?

Ninety-one percent of respondents in Male' and 81% of those in the Atolls said that they participate in the play activities of their children

When parents participate in a child's play, they participate in the child's world. Do our parents get actively involved in playing with their children who are under five? Ninety-one percent of the respondents in Male' and 81% of those in the Atolls said that they do participate in their children's world of play. This includes 90% males in Male' and 77% of females in the Atolls.

32% of parents in Male' participate in "playing ball" with their children under five-years. 16% participate in "pretend cooking" (*baiykkakkaa*) with their children – only 10% of fathers do this while 20% of mothers do. Other activities in which parents become involved are in playing with bricks or blocks (only 3% males and 23% females) and playing with toys.

Parents in the Atolls sample also said that "playing ball" is the most common type of play that they participate with their children (39%). Other playing activities that they participate include "pretend cooking", fixing puzzles and playing carom. Details of these findings are reported in *Table 31* below.

Table 31a: Types of child play activities that parents participate (Male')

	Total	%	Male	%	Female	%
Playing ball	22	32%	10	34%	12	30%
Pretend cooking	11	16%	3	10%	8	20%
Playing bricks/blocks	10	14%	1	3%	9	23%
Playing with toys	8	12%	3	10%	5	13%

Play what the child want	8	12%	5	17%	3	8%
Puzzle	7	10%	1	3%	6	15%
Playing carom	6	9%	3	10%	3	8%
Catch (aiylaa)	6	9%	1	3%	5	13%
Play games	5	7%	1	3%	4	10%
Running	5	7%	1	3%	4	10%
Teaching plays	5	7%	2	7%	3	8%

Table 31b: Types of child play activities that parents participate (Atolls)

	Total	%	Male	%	Female	%
Playing ball	29	39%	9	41%	20	38%
Pretend cooking	8	11%	1	5%	7	13%
Puzzle	8	11%	2	9%	6	11%
Playing carom	7	9%	4	18%	3	6%
Play what they want	7	9%	0	0%	7	13%
Teaching plays	6	8%	2	9%	4	8%
Painting and drawing	4	5%	1	5%	3	6%
Bashi (local ball game)	4	5%	0	0%	4	8%
Be with them when they play	4	5%	0	0%	4	8%

2.18 Stimulating Learning or Teaching the under-three year old

Some parents accumulate expensive toys, flashcards, children’s videotapes, and many more teaching resources to ensure that their children get a head start in the life-long journey of learning. Some child psychologists say that these expensive toys are not essential. What is necessary for infants and toddlers is a high dose of love, hugs and interaction – i.e. proper stimulation of the young one’s cognitive, social and emotional development is what is important.

What do parents do to stimulate learning?

When asked what parents teach children under three, teaching to read and write and teaching good manners received most prominence.

What do Maldivian parents do to stimulate the learning of children under three? When all responses are tabulated, 34 different ways in which parents *teach* their children became apparent. It should be noted that these are ways in which they “teach as oppose to “stimulate” because the concept of “stimulating” is not well understood and a comparable word in Dhivehi could not be found. Among 34 ways *Table 32* includes those that were listed by a significant percent of parents.

Table 32a: What do parents teach children under three (Male')

	Total	%	Male	%	Female	%
Studying/reading	14	20%	6	21%	8	20%
Good behaviour or Islamic regulations	13	19%	5	17%	8	20%
How to clean up oneself	7	10%	1	3%	6	15%
How to draw and paint	6	9%	1	3%	5	13%
Writing letters of the alphabet (Dhivehi , English)	6	9%	3	10%	3	8%
Different types of games	6	9%	3	10%	3	8%
What is right and wrong	5	7%	2	7%	3	8%
How to eat	5	7%	2	7%	3	8%
Good manners of talking	4	6%	1	3%	3	8%
Cleaning the living place	4	6%	1	3%	3	8%
Rules in doing things	4	6%	0	0%	4	10%
Respect for each other when playing	4	6%	2	7%	2	5%

Table 32b: What parent teach children under three (Atolls)

	Total	%	Male	%	Female	%
Good behaviour	16	21%	8	36%	8	15%
Writing letters of the alphabet (Dhivehi, English)	12	16%	1	5%	11	21%
How to read	11	15%	1	5%	10	19%
How to walk/run	11	15%	2	9%	9	17%
Studying	9	12%	3	14%	6	11%
Talking properly	8	11%	1	5%	7	13%
How to clean up yourself	8	11%	1	5%	7	13%
Counting	8	11%	0	0%	8	15%
"Shahhaadhai kiun" (prayers)	7	9%	1	5%	6	11%
How to pray/recite Quran/religion	7	9%	3	14%	4	8%
How to eat	6	8%	1	5%	5	9%
Different types of games	6	8%	3	14%	3	6%
Teach them to respect others	5	7%	1	5%	4	8%

"Teaching how to read" (20% in Male' and 15% in the Atolls) and "teaching of good behaviour" (21% in the Atolls and 19% in Male') are the two most prominent things that parents teach children under three. Teaching to write the letters of the alphabet (Dhivehi, English and Arabic) is also a popular teaching objective among parents. Parents also teach their under three-year olds "how to clean up oneself"; what is meant here likely is how to clean after using the toilet. Teaching is about good manners – manners for eating and talking – were listed by some parents as well. In a nutshell, stimulating learning during the first three years boils down to teaching how to read, how to write, how to clean oneself, and socially preferred manners of talking and eating.

How do parents teach children under three?

An interesting contrast in the way parents from Male' and Atolls teach becomes obvious in Table 33. Those in Male' stated that they teach "by doing" (*dhaskohdheegen*), which could also mean by imparting knowledge of things. It could also be meant as a deliberate act of teaching the child, e.g. keeping the child at a table to learn something. Twenty-six percent, over a quarter of the respondents, in Male' listed this approach. In contrast, 25% of the parents in the Atoll sample said they keep the child with them when doing things. In other words, they expect the child to learn through observation just as the parent is performing routine activities. Among them too, 12% said that they teach "by doing". Furthermore, 19% of respondents in Male' and 8% of the respondents in the Atolls said that they do things together with the child so that they will learn.

Table 33a: How parents teach children under three (Male')

	Total	%	Male	%	Female	%
By teaching	18	26%	6	21%	12	30%
Doing things together	13	19%	5	17%	8	20%
When doing things keep the child with you	9	13%	3	10%	6	15%
Be with them	4	6%	0	0%	4	10%
Allow the child to play on his own	4	6%	0	0%	4	10%
By giving advice	4	6%	2	7%	2	5%
Understanding	4	6%	0	0%	4	10%
Through playing we teach them	4	6%	4	14%	0	0%

Table 33b: How parents teach children under three (Atolls)

	Total	%	Male	%	Female	%
When doing things keep the child with you	19	25%	5	23%	14	26%
By teaching	9	12%	4	18%	5	9%
Doing things together	6	8%	2	9%	4	8%
Explain things carefully	5	7%	0	0%	5	9%
Understanding	4	5%	2	9%	2	4%
Make them to do things	4	5%	1	5%	3	6%
Allow the child to play on his own	3	4%	2	9%	1	2%
By teaching children verbally	2	3%	0	0%	2	4%
While they play they learn	2	3%	0	0%	2	4%

2.19 Safety at Home

Injuries caused by falling are the most commonly mentioned accidents. Only 10% or less of respondents in Male' mentioned accidents related to burns, cuts, electric shock, falling into wells and consuming kerosene oil.

How safe is the home for our fragile infants and curious toddlers? To ascertain the level of home safety, this survey first asked about common home accidents involving young children. Sixty-one percent of parents in the Male' and 48% of the Atoll sample said that injuries caused by falling are

common. Cuts, burns and electric shocks are the other commonly mentioned accidents. The results are tabulated in *Table 34*.

Table 34a: Common accidents that involve infants and toddlers (Male')

	Total	%	Male	%	Female	%
Falling	42	61%	19	66%	23	58%
Illness	13	19%	5	17%	8	20%
Burning	7	10%	5	17%	2	5%
Cuts	6	9%	3	10%	3	8%
Electric shock	6	9%	3	10%	3	8%
Fear shocks	5	7%	1	3%	4	10%
Falling into a well	5	7%	2	7%	3	8%

Table 34b: Common accidents that involve infants and toddlers (Atolls)

	Total	%	Male	%	Female	%
Injuries caused by falling	36	48%	11	50%	25	47%
Cut	22	29%	8	36%	14	26%
Burning	21	28%	4	18%	17	32%
Electric shock	13	17%	5	23%	8	15%
Fear shocks	6	8%	2	9%	4	8%
Crushing a toe	3	4%	0	0%	3	6%

What measures do parents take to prevent children from home accidents?

What precautionary measures need to be taken in our homes? The survey sheds some light on what measures parents currently take to prevent accidents at home. *Table 35* shows that “not leaving the child alone” (26% in Male' and 25% in Atolls) and “keeping things out of reach” (17% Male and 40% in Atolls) are the two most common measures taken to prevent young children from home accidents. Staying with infants and toddlers will likely reduce accidents caused by falling, and keeping dangerous items away from children will obviously reduce cuts and burns. A third measure that becomes apparent in *Table 35* was of instructing children about keeping away from dangerous places, things and activities.

Table 35a: Preventive measures taken to avoid accidents (Male')

	Total	%	Male	%	Female	%
Don't leave the child alone	18	26%	6	21%	12	30%
Keep things out of reach	12	17%	5	17%	7	18%
Give advice on what will happen	8	12%	4	14%	4	10%
Tell them to be careful	7	10%	4	14%	3	8%
Keep them away from all dangerous things	6	9%	4	14%	2	5%
Tell them not to do so	5	7%	2	7%	3	8%
Not get them to climb on things	4	6%	1	3%	3	8%
Be with them always	4	6%	0	0%	4	10%

Table 35b: Preventive measures taken to avoid accidents (Atolls)

	Total	%	Male	%	Female	%
Keep things out of reach	30	40%	12	55%	18	34%
Don't leave the child alone	19	25%	7	32%	12	23%
Be with them always	9	12%	2	9%	7	13%
Place a lid on the well	8	11%	0	0%	8	15%
Don't allow them to climb on things	5	7%	0	0%	5	9%
Give advice	5	7%	1	5%	4	8%
Tell them not to do so	4	5%	1	5%	3	6%
Tell them about dangerous things	4	5%	1	5%	3	6%

2.20 Discipline of Children Under Five Years

Apart from what was assumed to be the public perception, the majority of respondents do not believe that personal and public conduct of children has deteriorated over the past 10 years.

The final theme explored was discipline of children, especially children below five years because this age group pertains to this study. This survey was conducted at a time when it appears that children today misbehave more than those of previous generations. This may not be the reality. Some say that public and personal conduct of children has deteriorated, resulting from the influence of television and loosening of social and family values. The survey, therefore, asked if respondents believe that conduct of children today is worse when compared to 10 years ago. The collective wisdom of the respondents was contrary to what we assumed was the public perception - that is the conduct of children today is not necessarily worse than what it was 10 years ago. Fifty-one percent of respondents in Male' and 67% of those in the Atolls supported this view.

In what ways do children under five years misbehave?

Misbehaviour in one form or another is part of everyone's growing experience. What is a misbehaviour in the eyes of one parent may not be so in the eyes of another. However, certain actions exist in any

society that is considered unacceptable by the community at large. We asked respondents to list what they consider to be common forms of misconduct among children below five years. Among many, the commonest ways of misconduct listed were “not listening” or “doing things when told not to do them”, “wandering out of the house ” and “lacking respect for adults”. *Table 36* represents the results.

Table 36a: How children misbehave (Male')

	Total	%	Male	%	Female	%
Do not listen	20	29%	7	24%	13	33%
Wandering around/going out	8	12%	2	7%	6	15%
Less respect for adults	7	10%	0	0%	7	18%
Do things we ask them not to do	6	9%	1	3%	5	13%
Fighting/ make others angry	6	9%	1	3%	5	13%
Do things that their friends say/do	6	9%	3	10%	3	8%
Throw tantrums	5	7%	2	7%	3	8%

Table 36b: How children misbehave (Atolls)

	Total	%	Male	%	Female	%
Do things we ask them not to do	19	25%	8	36%	11	21%
Do not listen	18	24%	7	32%	11	21%
Throw tantrums	10	13%	4	18%	6	11%
Fighting	8	11%	5	23%	3	6%
Wandering around	6	8%	2	9%	4	8%
Want to do what they want	5	7%	1	5%	4	8%
Go out	4	5%	1	5%	3	6%

Why do children misbehave?

The key reason for children’s misbehaviour is the way parents deal with children, say the respondents.

What do parents believe regarding the reasons why children misbehave? Most parents place the blame on themselves and said that it is because of the way we (parents) deal with children. Various responses in *Table 37* place responsibility of children’s misbehaviour in the hands of parents. Many parents feel that children misbehave because parents don’t do what children want them to do. Many also believe that lack of adequate love and care lead children to misbehave.

Table 37a: Why parents think their children misbehave (Male')

	Total	%	Male	%	Female	%
Because parents don't do what they want	17	25%	6	21%	11	28%
Children don't get enough love and care	14	20%	4	14%	10	25%
Because of the way we look after them	9	13%	6	21%	3	8%
When we don't keep promises	5	7%	2	7%	3	8%
Because we argue with them	5	7%	3	10%	2	5%
Because we are rude to them	4	6%	1	3%	3	8%
Because of friends	4	6%	0	0%	4	10%

Table 37b: Why parents think their children misbehave (Atolls)

	Total	%	Male	%	Female	%
Because we don't do what they want	14	19%	3	14%	11	21%
Because we are rude to them	8	11%	3	14%	5	9%
It's the way we look after them	7	9%	5	23%	2	4%
Child don't get enough love and care	6	8%	1	5%	5	9%
Family breakdown	6	8%	2	9%	4	8%
Because we don't have much time to spend with them	4	5%	1	5%	3	6%
Because we keep them alone	4	5%	0	0%	4	8%

What do parents say to children in anger?

Occasionally, every parent reacts in anger towards a child's misbehaviour. A common such reaction is scolding the child. What we say in anger may have a lasting impact in a child's development, particularly if certain messages are repeated over a period of time. *Table 38* lists common phrases some parents use out of anger. The two most common phrases used are "naughty or bad child" and "don't do that". Other phrases, although not used so commonly are "leave home" and "I will not do anything that you want me to do". Further research is needed to determine if these would have a lasting impact on children. One could assume that calling a child a "bad child" repeatedly is certainly unhealthy.

Table 38a: Common phrases used by parents in anger (Male')

	Total	%	Male	%	Female	%
Naughty/bad child	17	25%	4	14%	13	33%
Don't do that	12	17%	8	28%	4	10%
I will tell your father that you are naughty	6	9%	3	10%	3	8%
I will not buy you anything you want	6	9%	2	7%	4	10%
I will not do anything you want to do	6	9%	3	10%	3	8%
Don't come home again/leave home	5	7%	4	14%	1	3%
If you do not listen I will send you out of the house	4	6%	1	3%	3	8%
I will hit you	4	6%	3	10%	1	3%
You are a nuisance	4	6%	0	0%	4	10%

Table 38b: Common phrases used by parents in anger (Atolls)

	Total	%	Male	%	Female	%
Naughty child	23	31%	5	23%	18	34%
Don't do that	6	8%	3	14%	3	6%
I will not do anything you want to do	5	7%	0	0%	5	9%
Go away	5	7%	1	5%	4	8%
I will not buy you anything you want	4	5%	0	0%	4	8%
"What the heck is this?"	4	5%	0	0%	4	8%
Hey! Come here	4	5%	1	5%	3	6%

2.21 Teaching What's Right and Wrong

Most parents believe that they can discipline their children by telling them what is right or wrong. There is little or no mention of the importance of role-modelling or showing by example.

Finally, we asked what parents normally do to teach children to differentiate between what is right and what is wrong. The responses did not provide a very clear picture of how parents teach right and wrong. Many parents said that they teach right and wrong by “explaining and teaching what is right and wrong”. A few respondents (between 7 – 10%) listed specific ways such as “praising children when they do something good” and “teaching children Islamic etiquette”. The results are displayed in *Table 39*.

Table 39a: How parents teach what is right and wrong (Male')

	Total	%	Male	%	Female	%
Explain to them it's wrong	23	33%	8	28%	15	38%
Teach them right and wrong	15	22%	8	28%	7	18%
Advice them	12	17%	6	21%	6	15%
Teach them good things	9	13%	3	10%	6	15%
Praise them when they do good things	7	10%	1	3%	6	15%
Teach them the Islamic etiquette	6	9%	0	0%	6	15%
Understanding	5	7%	0	0%	5	13%
Give advice to go in the right path	4	6%	0	0%	4	10%

Table 39b: How parents teach what is right and wrong (Atolls)

	Total	%	Male	%	Female	%
Teach them right and wrong	20	27%	4	18%	16	30%
Explain to them it's wrong	17	23%	5	23%	12	23%
Teach them good things	9	12%	2	9%	7	13%
Praise them when they do good things	9	12%	3	14%	6	11%
Give advice to go in the right path	8	11%	5	23%	3	6%
Understanding	8	11%	2	9%	6	11%

Teach them	3	4%	3	14%	0	0%
Talk to them very often/Spend time with them	3	4%	2	9%	1	2%
Teach them to tell the truth	3	4%	1	5%	2	4%

The answers demonstrate that most parents could not provide concrete ways in which they teach right and wrong to their children. If any, the usual method seem to be by explaining what is good and what is bad. We know that children acquire understanding of right and wrong by observing the conduct of others and generally through socialization. Many parents may not be aware that children learn many things, particularly values, through observing others, through overt messages they receive, and through personal experiences that generate emotional responses.

Section B

SIBLINGS

The Maldivian culture and societal norms embeds taking care of the young ones within the extended family. Extended family ties are still strong among many families; however, these ties are gradually been loosened under the pressure of changing economic and societal norms. Living in extended families is common and as a result grandparents and older siblings participate in child rearing, leaving little room for day-care-centers and similar institutions. Given this scenario, this survey attempted to capture the role and practice of siblings in assisting child rearing. The focus was on understanding (1) how much time siblings spend with their young ones and (2) in listing the activities that older siblings involve themselves in when they spend time with younger ones. Thus, the following questions were asked from the siblings:

1. *Do you spend any time with your young ones? If so, how much time?*
2. *What do you do while you are with your younger brothers and sisters?*
3. *Do you like doing these things? If so, why?*

The findings below are based on the responses received from 132 siblings (13 –15 years olds) from five island communities, including the capital island. To report the findings succinctly, no separate tables for Male’ and Atolls are provided. The findings reported are meant to represent the general practice of siblings.

2.22 Quantity of Time Spend with Younger Sisters and Brothers

All siblings reported spending time with younger brothers and sisters. And surprisingly, a quarter of the siblings spends more than 5 hours with young ones (see *Table 40*). This demonstrates the level of responsibility placed on older siblings for taking care of younger sisters and brothers. Forty-five percent of the siblings spent 1 to 2 hours with younger sisters and brothers and 19% and 11% spent 2-3 and 3-4 respectively.

Table 40: The amount of time older siblings spend with younger sisters and brothers

	Total	%	Male	%	Female	%
1-2hrs	59	45%	34	54%	25	36%
>5hrs	33	25%	12	19%	21	30%
2-3hrs	25	19%	10	16%	15	22%
3-4hrs	15	11%	7	11%	8	12%

2.23 Quality of Time Spent with Younger Brothers and Sisters

To get a glimpse of the quality of interactions between older and younger siblings, we asked about what older siblings do with the younger ones. Eighty-one percent said that they play with their younger sisters and brothers. This is encouraging because play stimulates learning. Other activities that stimulate learning listed by respondents include ‘teaching them to read and write’ (42%), ‘reading books or telling stories’ (20%) and “going for walks (44%). It should be noted at this point that a significant number of siblings also reported performing care-giving activities such as feeding and

giving baths to younger sisters and brothers. It could, therefore, be concluded that the quality of participation of older siblings in child rearing is adequate or good.

Table 41: What older siblings do with their younger brothers and sisters

	Total	%	Male	%	Female	%
Playing with them	107	81%	51	81%	56	81%
Go for a walk/ out	58	44%	24	38%	34	49%
Teaching them to read and write	55	42%	19	30%	36	52%
Give them baths	36	27%	5	8%	31	45%
Feeding or eating with them	32	24%	7	11%	25	36%
Reading books and telling stories	27	20%	11	17%	16	23%
Have fun with them	25	19%	12	19%	13	19%

2.24 Siblings’ Attitude Towards Taking Care of Younger Sisters and Brothers

Taking care of younger siblings is crucial but enjoying the time spent with them is essential. Do older siblings enjoy their involvement with the younger siblings? The survey asked this question because the quality of the relationship between older siblings and younger siblings depends on the extent to which both parties enjoy the time spent together. The answers displayed in *Table 42* show that except one, the 132 siblings enjoy the time spend with their younger sisters and brothers. This further confirms the earlier judgement that the quality of the relationship between older and younger siblings is positive.



Table 42: Do older siblings enjoy spending time with younger ones?

	Total	%	Male	%	Female	%
Yes	131	99%	62	98%	69	100%
No	1	1%	1	2%	0	0%

This survey further asked why older siblings enjoy spending time with younger ones. The answers as shown in *Table 43* the majority said that it is because they love them (44%) and to make them happy (23%). Very encouraging to note is that no response indicates that they spend time with their children because they were asked to do so.

Table 43: Why older siblings enjoy spending time with the younger ones

	Total	%	Male	%	Female	%
I love them	58	44%	28	44%	30	43%
To make them happy	31	23%	12	19%	19	28%
They are younger to me	18	14%	9	14%	9	13%
To build their future	14	11%	8	13%	6	9%
Course he/she is my brother/sister	10	8%	4	6%	6	9%
I like to do it	10	8%	0	0%	10	14%

Section C
TEACHERS

This baseline survey also gathered information from teachers regarding their understanding of child-rearing practices. We explored teachers’ beliefs and attitudes regarding the key issues included in the survey. The results are discussed in this section with comparisons made to the responses received from parents and grandparents.

Thirty-nine pre-school teachers were surveyed, consisting of 33 females and 6 males. Eighteen were from Male’ and 21 from the Atolls. The *Table 44* contains educational attainments of the teachers surveyed; majority of them has either completed Grade 10 or Grade 7. Most pre-school teachers from Male’ have completed lower secondary education whereas those in the Atolls have completed only up to Grade 7.

Table 44: Educational attainment of teachers surveyed

Educational Attainment	% of teachers
Completed up to Gr. 5	8%
Completed up to Gr. 7	26%
Completed up to Gr. 10	41%
Completed A' Levels	0%
Holding a Degree	3%
Others	23%

The findings elaborated below serves two purposes. First, these findings help to triangulate the observations made in Part One, the section on parents. What teachers had to say, in most cases, are similar to what parents said and, therefore, validate the findings of this survey. The second purpose these findings serve is that they help to speculate the quality of pre-school teaching. No doubt, reflection on the findings included here will lead the reader to assume that pre-school teachers need further knowledge about early childhood care and development issues.

2.25 Teachers’ Understanding of How Soon Babies Could See, Hear, Feel and Think

The teachers’ understanding of how early babies could see, hear, feel and think are shown in *Table 45*. Most teachers believe that a newborn can **see** either between one and two months (41%) or after three months (31%). These responses are quite similar to what was provided by the parent sample in this survey. When asked how teachers know when a baby could see, 41% responded by saying that it is when the child reacts to or looks at objects. Twenty-one percent also said that they know when an infant could see when the infant smiles at people. These responses too are very similar to what the parent sample provided.

Forty-nine percent of the teachers believe that the unborn child could **hear** while in the womb. This shows that teachers differ considerably in their understanding of how early infants can hear – only 5% of parents said that unborn could hear. Eighty-one percent of teachers said that they know when an infant can hear when he/she reacts to noises, including while the infant is in the womb.

A good number of teachers (41%) felt that unborn children could **feel**, whereas 28% believes that infants could only feel immediately after birth. Teachers’ response to this question also differs from the response of parents. Only a few (6%) of the parents said that unborn children could hear while the child is in the womb. When asked how they know when an infant could hear, the top two responses received were it is when the baby cries when hurt (46%) or it is when she/he responds to touch (21%).

Majority of teachers said that infants begin to **think** after three months (38%) or between one and two months (28%). Just as for parents, teachers found it difficult to tackle the question on how they know when a baby could think – 28% of the teachers did not answer this question. Among those who answered, 18% said that a baby’s ability to identify family members denotes that she/he could think and 10% said that it is when a baby purposefully starts to do things.

Table 45: Teachers understanding of how soon a baby could see, hear, feel and think

	See	Hear	Feel	Think
While in the womb	-	49%	41%	8%
Immediately after birth	8%	23%	28%	13%
Between one and two months	41%	13%	15%	23%
After three months	31%	13%	10%	38%
Other	21%	3%	5%	18%

2.26 Caring for the Pregnant Mother

What would teachers say about how to care for a pregnant mother to ensure that the baby is born healthy? Answers to this question, in *Table 46*, shows that the responses of teachers were the same as that of parents. The top three responses given are the same for teachers and parents. The responses confirm the high level of attention given to feeding good food to expecting mothers. The responses also show that over fifty percent of the people do consider regular visits to the doctor an important part of caring for the pregnancy.

Table 46: Teachers understanding of how to care for pregnant mothers

	Total	%
Give good food (fruit and vegetables)	37	95%
Show to the doctor regularly	22	56%
Give advice love and make her comfortable	22	56%
Give time to rest	12	31%
Do things upon doctor’s advice	5	13%

2.27 Caring for the Infant and Toddlers

Teachers believe that feeding well, vaccinating, and breast-feeding are the three most important things to do during the first year of an infant, as shown in *Table 47*. The responses given by teachers are similar to those given by parents except for the importance of breast-feeding. Forty-six percent of

teachers listed breast-feeding but only 29% of parents mentioned this as an important thing for the baby during the first year.

Table 47: Teachers’ understanding of what should be done during the first year to ensure that the baby remains healthy.

	Total	%
Good food	29	74%
Vaccine	19	49%
Breast-feeding	18	46%
Bathing regularly/keep them clean	14	36%
Visit the Dr. when they get sick	5	13%

When teachers were asked about what should be done to prevent the under-three year old from getting sick, they responded as shown in *Table 48*.

Table 48: Teacher’s understanding of what should be done to prevent the infant from getting sick

	No. of Teachers	%
Keep the child always clean	19	49%
Vaccine	13	33%
Give good food	12	31%
Give boiled water	10	26%
Keep the environment clean	9	23%

Teachers were also asked about routine care provided by caregivers to children under three. As in *Table 49*, they responded by listing feeding good food, bathing/cleaning and providing love as the top responses. These responses are quite similar to what was provided by parents as well.

Table 49: Teachers’ responses regarding routine care for children under three

	No. of Teachers	%
Feeding good food.	27	69%
Bathing / cleaning	22	56%
Give love	13	33%
Provide them good education	13	33%
Get the things needed for them.	10	26%
Put them to sleep	10	26%
Teach what is right and wrong	8	21%
Teaching	6	15%
Spend time with the child	6	15%
Provide the basic necessities	6	15%

2.28 Stimulating the senses

Except two, teachers surveyed agreed that developing senses is crucial to child development. When asked about how caregivers assist in stimulating the senses of infants and toddlers, 28% of the teachers said that it is done by providing toys and colorful objects for children to play and 21% said that it is by teaching names of things. Twenty-one percent also said that helping children to identify different objects, people, places and sounds is also important in this respect. As discussed in Part One, parents too placed providing toys at the top but also considered telling stories and singing songs (13% of parents) as important activities in developing senses.

2.29 Beginning to Read

Just as we asked parents, we asked teachers about the earliest they begin to read for children, either picture books or storybooks. Forty-six percent said that it is between 1 and 2 years that they begin to read for children. And twenty-eight percent said that it is between 6 and 12 months. When responses from parents and teachers are compared, a difference becomes apparent in the number who begin to read for children after three years. Over a quarter of the parents (28% of the parents) said that they begin to read for children after three years whereas only 15% of teachers gave the same answer. The overall results show that in general teachers begin to read for children slightly earlier than parents do.

Teachers were also asked why they begin to read for children. Sixty-seven percent said that it is to improve memory as children grow and 31% said that it is to make learning interesting. Further 15% of teachers said that it is to improve the child’s imagination. When we compare responses from teachers and parents, the most popular reason given by parents, i.e. improving memory, was matched with the most popular response of parents from the Atolls (28%).

2.30 Role of Fathers

Teachers reported the following as the top three activities that fathers do for their children: (1) buying things that children need, (2) spending time with children and (3) taking children for walks or rides (see *Table 50*). Parents also gave these three responses in the same order, validating the three common activities that fathers do for children.

Table 50: What fathers normally do for their children

	No. of Teachers	%
Buy things they need	14	36%
Spend time with the child	14	36%
Going for a walk/ride/places	14	36%
Give love and make them happy	12	31%
Play with the child	7	18%
Feed them/give good food	5	13%

When asked what fathers who are away could do to show their love towards their children, 49% said that it is by spending time with children when fathers have the opportunity to be at home. Forty-four percent of the teachers also listed “bringing home something children want” as a way of demonstrating father’s love to children. Parents too provided similar responses. *Table 51* shows the other responses received to this question.

Table 51: Teachers’ response regarding what fathers whom are away could do to let their children know that they love them.

	No. of Teachers	%
When home spent time with the child	19	49%
Bring home something children want	17	44%
Phone and speak to the child	11	28%
Give love, hugs and kisses	9	23%
Talk with the child	7	18%
Go for a walk	7	18%

2.31 Nurturing self- confidence and self-esteem

Self-confidence and learning are intrinsically connected. Similarly, self-esteem and self-confidence are also linked to each other. Nurturing of these attributes is important for assisting the holistic development of a child’s physical and emotional self.

Thus, we asked teachers about what they do to develop **self-confidence** in children. Forty-four percent said that they praise children to develop their self-confidence and 33% said that they provide age-appropriate tasks. Twenty-six percent also reported trying to explain what children don’t know (i.e., teaching new things) to develop self-confidence. These three activities, including the other responses listed below in *Table 52*, are likely to nurture a child’s self-confidence. Teachers seem, therefore, aware of and doing the right things to nurture self-confidence in their students.

Table 52: What teachers do to develop the self-confidence in children

	No. of Teachers	%
Praise them	17	44%
Make them do things suitable for their age	13	33%
Try to explain what they don’t understand	10	26%
Allow them to do what they want to do	4	10%
Allow them to do good things	4	10%
Encourage them	4	10%

Learning to do things independently (26%) and developing the ability to communicate (23%) are the top two responses given by teachers regarding the reasons for developing self-confidence (see *Table 53*). The 3rd popular response was “to gain self-confidence” - a redundant response. Interestingly, this redundant response was the most popular one provided to this answer by parents

(see Part One), demonstrating the lack of understanding regarding the rationale for promoting self-confidence in children. The results in this case show that teachers have a better insight on the issue.

Table 53: Teachers understanding of the reasons for developing self-confidence in children

	No. of Teachers	%
They learn to do things on their own/independence	10	26%
To be able to express to adults and children	9	23%

Except one, all other teachers reported that developing self-esteem is an important aspect of child rearing. The reasons given for nurturing self love include (1) developing the ability to play with others and developing the ability to trust others (21%) and (2) developing “self-secureness” and self-confidence (21%). See Table 54 for further details. The results mean that about a quarter of the teachers may have an adequate understanding of this aspect of child rearing. However, we must not lose sight of the fact that over three fourth of teachers could not demonstrate an adequate understanding of the reasons for developing self-esteem in children. And, we must also note that very few parents were able to answer this question adequately.

Table 54: Teachers’ responses regarding why is it important to nurture self-esteem in children

	No. of Teachers	%
Be able to play with others/trust others	8	21%
Learn to love their self give security & confidence	8	21%
To improve self confidence	5	13%
To make them a better person for the community	4	10%

Table 55 lists what teachers do to develop self-esteem in children. These responses are very similar to what teachers listed regarding what they do to develop self-confidence in children. It appears that that teachers may not be able to clearly differentiate between the two concepts.

Table 55: What teachers do to develop self-esteem in children

	No. of Teachers	%
Praise them	12	31%
Let the child do things on her own	11	28%
Teach them to gain self confidence	4	10%
Give love to them specially by parents	4	10%
Correct their mistakes	4	10%

2.32 Treatment of fair and dark skinned children: Is there a difference?

When this question was asked from parents, the opinion was divided. But when asked from teachers 67% said that the people in general do discriminate between fair and dark skinned children. When teachers’ response is taken together with what parents had to say, it provides strong evidence to suggest that a significant number of people may be discriminating between children based on their skin colour. This likely is not a purposeful action yet a problem that needs addressing.

How is it that people discriminate between fair and dark skinned children? Forty-six percent of the teachers said that is it by giving more love and care to fairer children. Fifteen-percent also reported that people tend to give more things for fair children when compared to dark children. Parents too listed these two forms of discrimination.

2.33 Beliefs and practice regarding physically and mentally challenged children

Teachers too were asked about the general perception that the society holds about children with disabilities. Teachers’ opinions regarding what general public thinks about children with disabilities are included in *Table 56*. Teachers’ opinion of what the society thinks about children with disabilities is different from what parents had to say. The top response provided by parents was that society sees children with disabilities as needing special care and love. The top response given by 38% of the teachers is that children with disabilities are not needed by the community. Thirteen-percent of the teachers did not answer this question

Table 56: Teachers’ opinions of community perception

	No. of Teachers	%
Not needed for the community	15	38%
Make them do things	4	10%
Sick people or disabled people	4	10%
Give great importance to them	3	8%
They can be of use to the community	3	8%
Children who need help and kindness	3	8%
Treatment like the normal people	2	5%
Poor people	2	5%
Feel sad about them	2	5%

Fifty-one percent of the teachers in the survey knew of children or a child with a disability. When asked what could be done with children with disabilities, 72% of the teachers unfortunately failed to answer this question. Six out of the 39 teachers noted that caregivers could play with children. Another five teachers mentioned that caregivers could do many activities to make these children happy. It is surprising that 28 teachers did not answer this question. Similarly when asked what could not be done with children with disabilities, 29 out of the 39 teachers did not respond to this question. One could speculate from these results that not too many teachers have direct experience with children with disabilities.

2.34 Importance of child play

Thirty-seven out of the 39 teachers (i.e. 95%) believed that play is important for children. Parents also believed the same. The responses given by teachers as to why play is so important is displayed in *Table 57*. The results do not show a marked difference in the responses between teachers and parents.

Table 57: Teachers' response regarding why play is important

	No. of Teachers	%
Develop the ability to play or work with others	13	33%
Develop stronger friendships with children	13	33%
Learn reading and counting	7	18%
Learn good habits	6	15%
Gain self-confidence	6	15%
Learn life skills	6	15%
Improve thinking	5	13%
Learn to play games	4	10%

When asked if they become involved in playing with children, 27 out of the 39 teachers said that they do. Popular type of activities that teachers become involved in with children include playing with bricks (28%), playing ball (23%), making puzzles (23%) and cooking (21%). It is likely that teachers use many of these play activities in their teaching.

2.35 Teaching the Under Three-Year Old

Children under three do not usually go to pre-schools. However, we asked teachers about how and what they teach children under three, assuming that many have raised children of their own. Seventy-four percent of the teachers said that they try to teach certain specific things before children reach three years. The top five things they listed are included in *Table 58*. When responses from parents and teachers are compared, parents seem to place emphasis on teaching how to read and write (see *Table 32*). Teachers on the other hand seem to be more concerned about teaching children to talk and to develop good habits and behaviours.

Table 58: Specific things taught before age three

	Total	%
Talking properly	12	31%
Good behaviour	11	28%
Arranging toys	10	26%
Eating habits	8	21%
How to clean oneself	5	13%

Teachers were also asked how they teach these things to children under three and 9 teachers could not respond. Among those who responded the top three responses were, by teaching the specific things (31%), by doing things together with the children (18%) and allowing the child to play on her or his own (15%).

2.36 Conduct of Children Under Five

Teachers were also asked if children under five today misbehave more compared to children ten years ago. Forty-one percent (16 out of 39) teachers said that children today behave better than children of

ten years ago. When parents were asked the same question (see Section A) majority of them too said that children today behave better than those of ten years ago.

When asked for the reasons why some children tend to misbehave teachers placed the reason on the hands of adults, including parents and teachers. In other words the responses provided by the teachers are very similar to what was mentioned by the parents. Teachers do feel that it is the way in which adults deal with children that leads to misbehavior of children.

What are some of the names that parents call their children when angry? This question was asked from teachers as well. Fifty-one percent of the teachers said that when parents are angry they would often refer to a child as “naughty child”. The other three top responses listed were “don’t do that” (18%), “I will not do anything you want to do” (13%) and “if you do not listen I would ask you to leave home” (13%). When compared to how parents responded to this question, these responses also seem quite similar.

2.37 Teaching Right and Wrong

Just as we asked parents, we asked teachers what they do to teach children under five what is right and wrong. The answers provided are listed in Table 60. The results show that primarily teachers also directly try to teach what is right and wrong. In other words, explain or tell children what things are right and what are wrong.

Table 59: Teaching children what is right and wrong

	No. of Teachers	%
Explain them it is wrong	22	56%
Praise them when they do good things	15	38%
Teach them right and wrong	10	26%
Try to make them understand right and wrong	10	26%
Teach them good things	7	18%

PART THREE

KEY OBSERVATIONS AND RECOMMENDATIONS

In this part, key observations are recaptured with recommendations derived in light of them. The observations revisited are those that the authors have identified as needing special attention. Recommendations for the ECCD Project are incorporated. Indicators to measure the success of the ECCD Project could be derived out of the key recommendations listed.

1. Over a quarter of the parents (33%) believe that a baby could see only after 3 months. However, we know that babies can clearly see objects that are about 10 inches away from their faces during the first few months. Therefore, raising awareness of parents regarding how soon a baby can see is important because it is likely to enhance the quality of interaction between babies and their caregivers during the first few months.
2. Fifty-five percent of the respondents in Male' and 79% of those in the Atolls do not believe that a baby could hear at birth. The ECCD campaign should, therefore, include awareness raising about how early infants can hear so that this information will also enhance the quality of interaction between caregivers and infants. If parents believe that newborns cannot hear, they may not make effort to talk to their children during infancy.
3. Fiftynine percent of the respondents in Male' and 73% of those in the atolls believe that a baby could think only after three months. However, infants are cognitively active when they are born and brain development occurs rapidly during the first year. When babies are able to see and hear, parents know it from observing clues from babies. But a baby who is thinking may not display overt signs of his or her growing mental ability. The ECCD Project needs to place emphasis on raising awareness of what cognitive development is, how it occurs, and what types of early childhood experiences stimulate an infant's brain.
4. About half of the mothers (49.6%) who completed the questionnaire from Male' said that they exclusively breast-fed their babies for the first six months. And, 47% of mothers from the Atolls said the same. Only 17% exclusively breast-fed for the first three months. Although awareness regarding the importance of breast-feeding seems high, the ECCD project should raise the issue to generate interest among parents regarding breast-feeding.
5. Whereas 64% of the respondents in Male' listed vaccinating as an important practice during a child's first year, only 17% of those in the Atolls included this as an essential item for the first year of a baby. This demonstrates that public awareness regarding the importance of vaccination in the Atolls is low and needs to be re-considered.
6. Routine activities that parents perform for their babies are feeding, cleaning, putting them to sleep and teaching. Very few mentioned play as a routine activity. Only a handful mentioned of massaging the baby as a routine activity. It appears that essential practices in child rearing (feeding, keeping the baby clean and educating) are what many parents consider as daily activities. The ECCD Project could, therefore, suggest other routine activities such as massaging, singing, playing and cuddling. In other words, place emphasis on those that would stimulate the senses and learning of infants and toddlers.
7. When asked about how parents stimulate babies, 75% in Male' and 79% in the Atolls did not mention about talking to or singing for babies as something they do with the intention of stimulating their senses. Through experience and practical knowledge, the authors know that

Maldivian parents and members of the extended families do talk to infants and toddlers. The problem seems that the concept of optimally stimulating a baby's senses for physical and cognitive growth is ill understood by caregivers. So, although parents talk and sing to babies it is not a purposeful act conducted to stimulate babies. However, if parents are aware that talking and singing would stimulate babies they would certainly place greater emphasis on them. Therefore, raising awareness of what is stimulation and how to stimulate is important to improve the quality of childcare practices.

8. A high percentage of parents said that they begin to read for children when they are one or two years old. But, when asked about the purpose of reading to their children early, they listed what one may consider as "academic" purposes. For example, taken together 65% of respondents in Male' said that they read to prepare the child for Grade 1, or to make them learn faster, or to improve their memory, or to teach how to read and write properly when the child grows up. An insignificant number listed purposes such as to make learning interesting, to stimulate their minds, to develop their cognitive skills, or for the pleasure of it. Academic orientation to reading at this age may not be most effective. The purposes of reading for very young children and how to read for them need to be included in the ECCD campaign.
9. The results show that fathers' involvement in daily routines of children is a message that ECCD should include. The results show that fathers may not be adequately involved in the daily routines of their children.
10. Writing to children by fathers who are working away from families is not widely practiced in Maldives. The practice of writing letters, sending cards or mailing other forms of messages to express parental love to their child has not yet been rooted in the culture because postage services were not easily available in the atolls until recently. However, postal services are available now in most atolls and, therefore, writing to children by parents who are away from families could be encouraged.
11. The results demonstrate parents' awareness of the concept of self-confidence and a general understanding of how to nurture it. Incorporating the development of self-confidence into child-rearing practice could be easily achieved because the results seem to indicate that caregivers will be receptive to this. Therefore, the ECCD Project could communicate specific ways in which self-confidence building could be incorporated into child-rearing practice.
12. The concept of self-esteem is ill understood. Loving oneself could be considered a negative characteristic by some parents. Many seem to associate self-esteem with self-confidence. The ECCD Project needs not only to raise public awareness of the importance of self-esteem but also the concept of self-esteem and how to nurture it during childhood.
13. Forty-five percent of respondents in Male' (a considerable number) felt that dark skinned children are discriminated negatively in the treatment they receive from parents and caregivers. Twenty-four percent of respondents in the Atolls said the same. The number of those who refused to answer the question (20% in the Atolls and 6% in Male') shows that either the respondents are unsure of the answer or that the question was a sensitive one that many felt uncomfortable to answer. The results indicate that, although not practiced purposely, some level of discrimination does exist against dark-skinned. Therefore, this is an issue that needs to be raised in the ECCD Project – *the way in which this issue is raised should be carefully crafted because this is an issue that would generate an emotional response.*

14. The attitude towards physically and mentally challenged children is generally very positive. Most perceive that these children need special care, love and attention. Most also believe that what parents and other caregivers could do with these children are not limited as a result of their disabilities. Normal routine activities that are possible with so called “normal” children were also thought to be possible with children with disabilities. Yet, some believe that these children are of little use to the society. Therefore, the ECCD Project needs to advocate the usefulness of physically and mentally challenged children to society.
15. Play is crucial to developing a child’s thinking skills and the ability to learn. The survey findings demonstrate that only about a quarter of the population may have an adequate understanding of the importance of play during childhood. In particular, only a few may be aware that play stimulates brain development and cognitive abilities of infants and toddlers. It should be noted that although most parents may not understand the importance of play, the great majority of parents and caregivers do participate in the play of their children.
16. In Male' a quarter of respondents teach their children (under 3) either to read, write or good manners that the society respects. They teach through a purpose act of teaching, i.e. through an activity designated for teaching. Whereas the emphasis in the Atolls was on teaching good manners or conduct, the emphasis in Male' was on teaching to read and write. A quarter of the respondents in the Atolls teach by keeping children with parents when parents go about doing their routine work. Parents would usually interact with their children who are with them as they perform daily tasks. As for the ECCD Project, it could attempt to introduce and promote the concept of stimulating a child’s interest and imagination to learn; stimulating children to direct their own learning which comes to them naturally.
17. This survey does not tell us the frequency and percentage of various types of home accidents that involve infants and toddlers. But, it does provide useful information regarding the common forms of accidents that occur at homes. These include injuries caused by falling, and cuts and burns. Parents seem to be aware of what preventative measures that could be taken to reduce the incidents of injuries caused by harmful items. We need to raise awareness of how to prevent children from harmful falls.
18. In contrast to what was thought to be the public perception, most parents do not believe that conduct of children under five has deteriorated over the past ten years. Parents also place the blame of children’s misconduct in the way some parents deal with their children.
19. Respondents could not provide too many concrete means by which they teach what is right and wrong to their children. Most of them simply said that they explain what is right and wrong. It appears, therefore, that many parents are unaware of overt yet powerful ways in which children acquire values. Socialization is one process that is instrumental in internalizing of social values. This process includes overt and covert messages children receive from significant adults in their lives, observation of others, and personal experiences that generate negative and positive emotions. Other ways that children learn, apart from listening to parents, need to be addressed in the ECCD Project.
20. Forty-five percent of the older siblings spend 1 to 2 hours daily with younger brothers and sisters. A quarter of the siblings surveyed reported spending over 5 hours with younger sisters and brothers. These results signify the level of responsibility taken by older sibling in taking care of the younger ones.

21. The quality of time older sibling spent with younger ones seems either adequate or good. This remark is based on the result that eighty-one percent of siblings reported playing as the key activity they do with siblings. Furthermore, 42% said that they involve themselves in teaching younger siblings. The fact that 131 out of 132 siblings reported enjoying the time they spend with younger ones further confirms the judgement that the quality of relationship between younger and older siblings is satisfactory.
22. Teachers' understanding of child development seems better in some areas when compared to parents. However, in general teachers and parents did not show a significant difference in their knowledge, beliefs and attitudes regarding child-rearing practices. This survey points to the need to include pre-primary teachers, perhaps primary teachers too, as a target group in raising awareness of child-rearing practices. The survey results indicate the importance of conducting professional development activities for teachers regarding early childhood education philosophy, theories, content and teaching techniques. In particular, teachers need further information in the following:
- why and how to begin teaching children
 - the process of cognitive development in infants and toddlers
 - ways of teaching children with special needs

A P P E N D I C E S