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RESEARCH ON KNOWLEDGE, ATTITUDES AND PRACTICES ABOUT EARLY CHILDHOOD DEVELOPMENT

March 2021

This public opinion poll in Montenegro was conducted by Ipsos within the initiative “EU and UNICEF for Early Childhood Development in Montenegro” 2020–2023 implemented by UNICEF Montenegro with the support of the European Union



METHODOLOGY – quantitative survey

Realization:	Data collection was performed from 12 February–4 March 2021
Sample frame:	Population of parents or caregivers of preschool children (0–6 years) in Montenegro
Sample size:	1,002 respondents
Type of sample:	One-stage representative stratified sample
	Respondents within the household
Type of survey:	Combination of telephone and online survey with questionnaire of an average duration of 20 minutes
Fieldwork:	23 municipalities from Montenegro – urban, suburban and rural environments
Post stratification:	By region, type of settlement and age of the child

METHODOLOGY – qualitative survey

- **Within the qualitative part of the research on breastfeeding, we carried out:**
 - Three online focus groups with mothers who exclusively practice breastfeeding and those who do not exclusively practice breastfeeding (one group each). In addition, one group was held with the partners of women who exclusively practice breastfeeding.
 - Participants of the focus groups were of various educational profiles, different professions and from all regions of Montenegro.
 - Four in-depth interviews with health workers and with breastfeeding counsellors at the Association “Parents”:
 - 1 interview with peer breastfeeding counsellors from Podgorica
 - 1 interview with a home-visiting nurse from Podgorica
 - 1 interview with a paediatrician from Podgorica
 - 1 interview with a nurse from the maternity hospital in Podgorica
- **Within the qualitative part of the survey on preschool education we carried out:**
 - Two online focus groups with two groups of parents who live in the north of Montenegro – those whose children attend kindergarten and those whose children do not attend.
 - Two in-depth interviews:
 - 1 interview with an NGO representative who has professional experience with preschool education of children from vulnerable groups
 - 1 interview with parents of children with disabilities

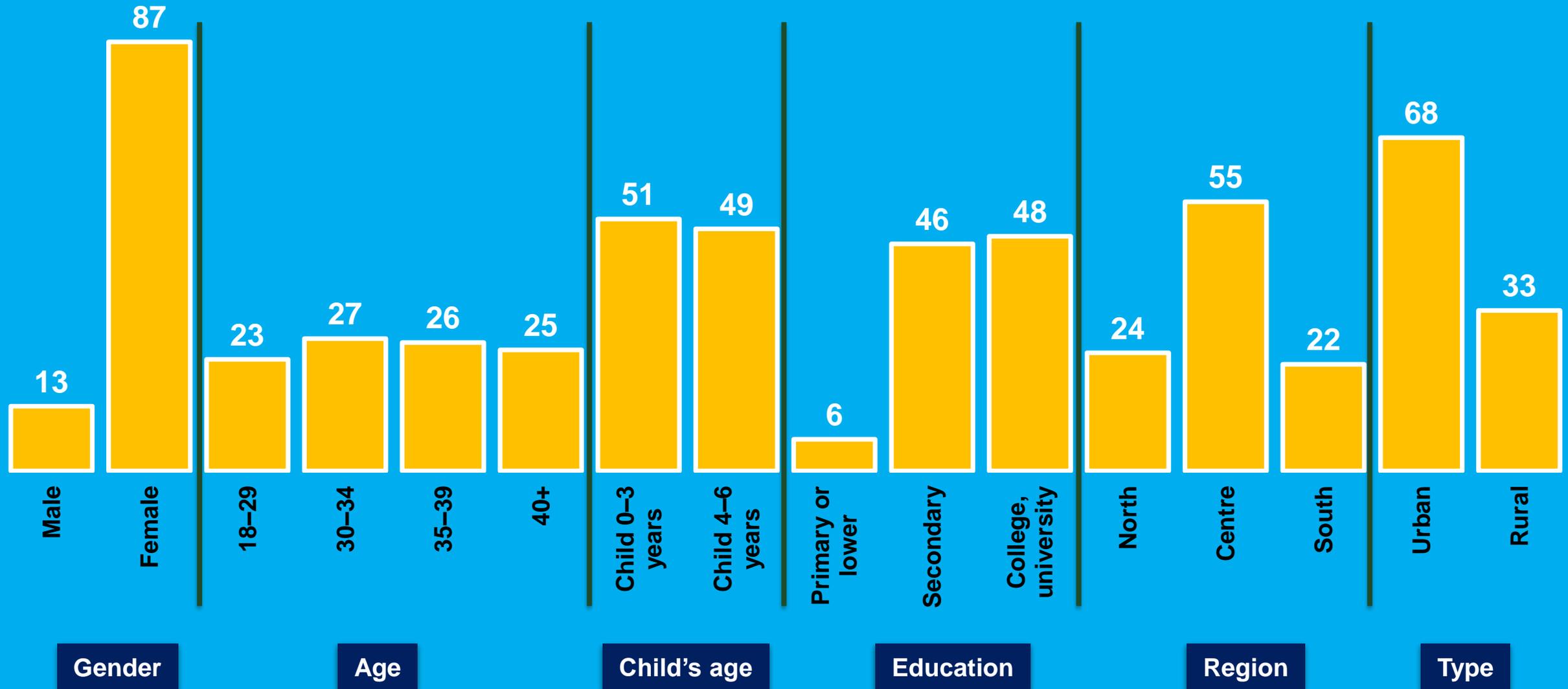
METHODOLOGY – Research ethics

- The entire survey was conducted in accordance with standards, and the methodology and the final reports were approved by the UNICEF Montenegro Ethical Review Board.
- The conducted research did not in any way cause pain, suffering or harm to the respondents – the participants in the research were exclusively adult inhabitants of Montenegro who voluntarily agreed to participate in it.
- All the questions in the questionnaire were formulated in such a way that they did not harm the respondents (physically or mentally) in any way – no incidents or unexpected situations were recorded during the fieldwork.
- Prior to the fieldwork, detailed training of interviewers was conducted – special focus was placed on topics relating to early childhood development, but also on research ethics.
- Training of interviewers about how to behave with respondents was also included, as well as training on how to react in unexpected situations – all interviewers received a written protocol of behaviour.
- The conducted research fully respected the anonymity, privacy and confidentiality of all the respondents – summary-style presentation of the data without revealing personal information to other parties, storage of the database on a password-protected server, to which only the research team of this project has access.
- Conflicts of interest were completely avoided during this research.

SAMPLE

MARCH 2021

N = 1,002 Σ = 100%



SAMPLE

MARCH 2021

N = 1,002 Σ = 100%

74

59

41

20

5

2

22

36

23

18

56

22

10

2

3

3

Employed

Unemployed

Married couple with children

Multi-generational family

Single parent

2

3

4

5

6+

Montenegrin

Serbin

Muslim/Bosniak

Albanian

Other

Indecisive

Working status

Household structure

Number of household members

Nationality

RESULTS



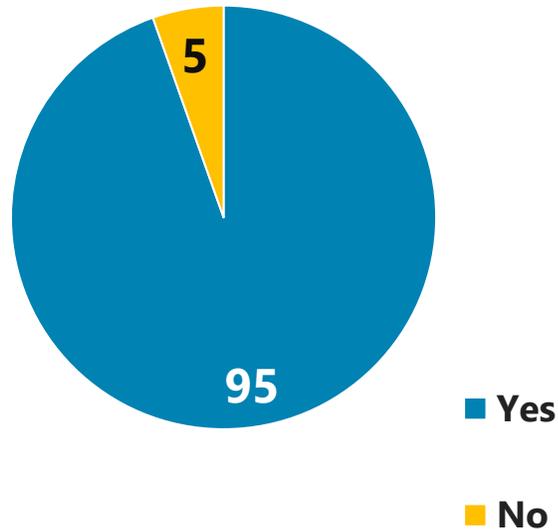
PREGNANCY



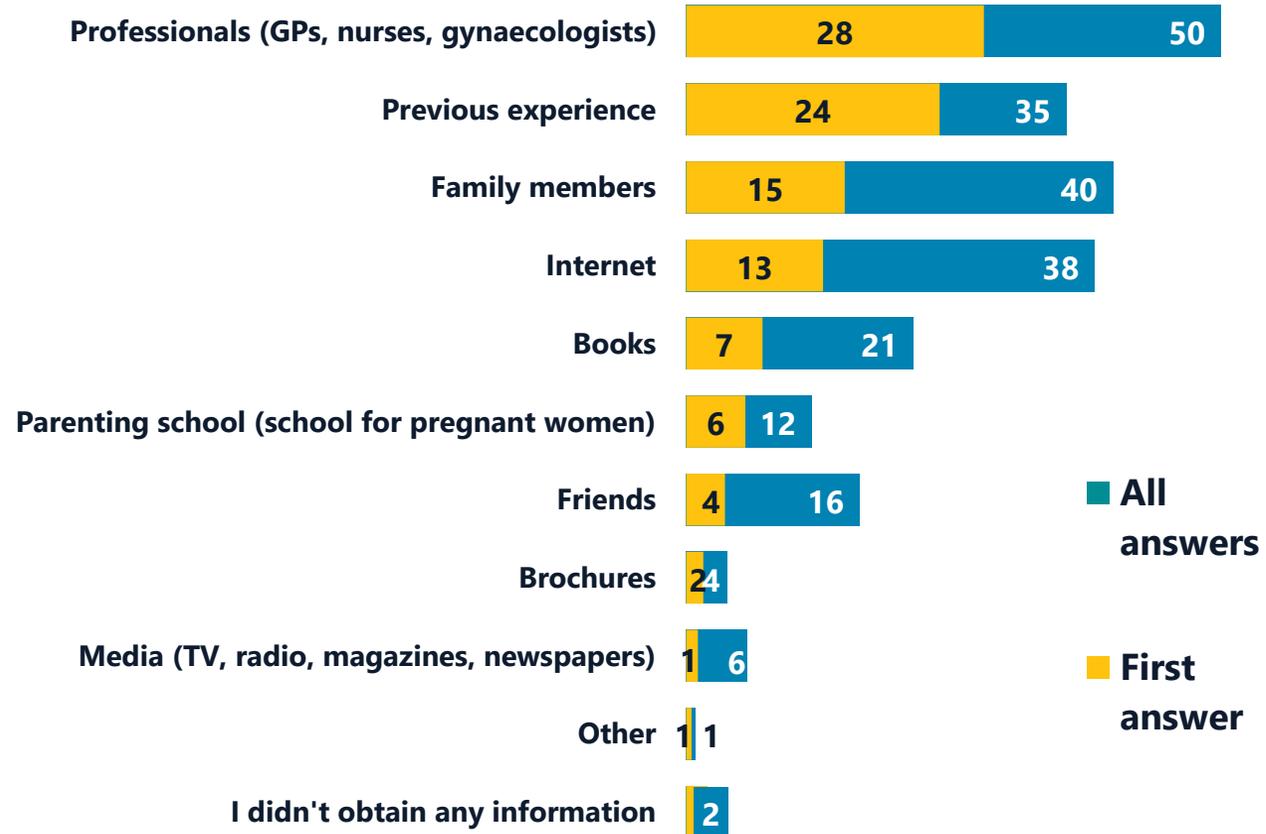
SOURCES OF INFORMATION ABOUT PREGNANCY

When it comes to pregnancy, care of newborns and related aspects, it seems that mothers in Montenegro trust the opinion and advice of health workers the most – 28% of the experts mention them as the main source of information, and for half of them they are among the top three. A quarter of women primarily rely on their own previous experience, and 15% rely on the advice of family members. Observed collectively, the family and the internet are among the key sources of information for about 40% of mothers.

The data is in %



Are you the biological mother of the child we are talking about?
Base: Mothers, N=852



How did you get information during pregnancy about things related to pregnancy, newborn care, etc.? Multiple responses
Base: Biological mothers, N=806

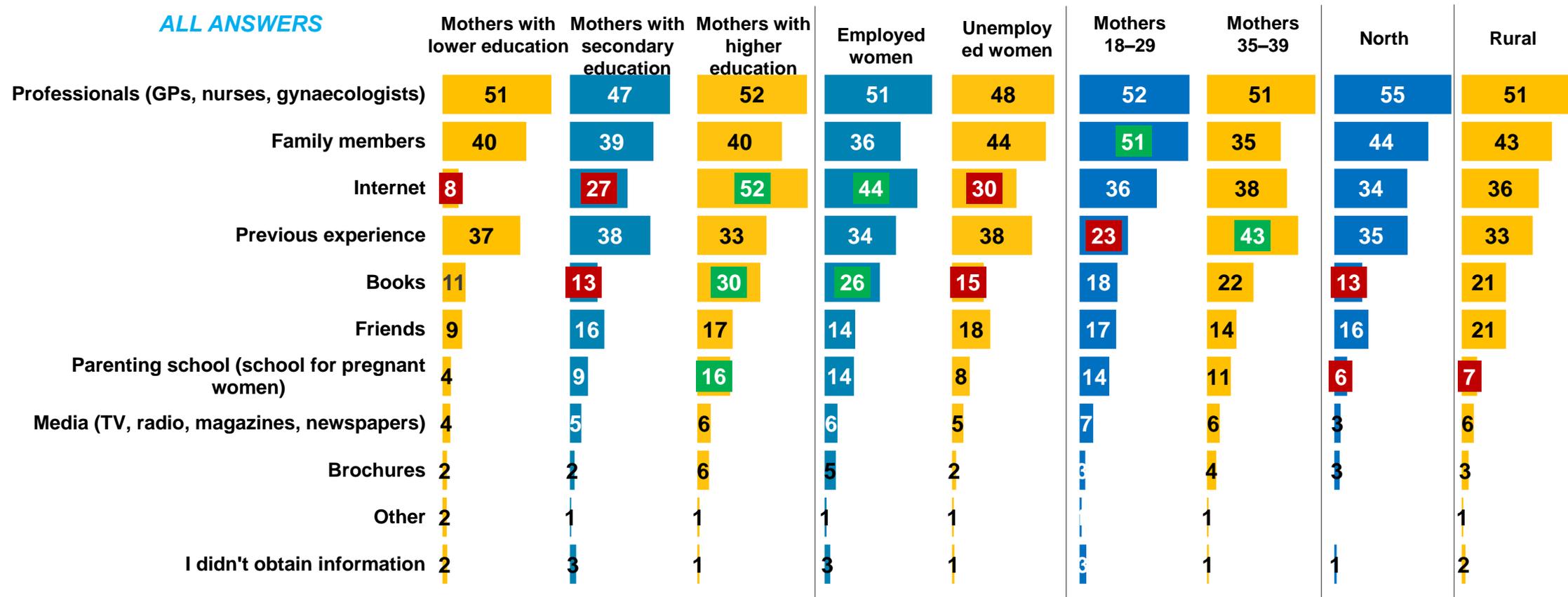
SOURCES OF INFORMATION ABOUT PREGNANCY

(categories with statistically significant differences with respect to the overall population)

Regardless of the socio-demographic characteristics of the surveyed population, it is doctors and nurses that stand out as the most reliable source of information on pregnancy and related topics. The youngest mothers (18–29 years old) rely more than others on family advice, while employed and better-educated women search the internet and read books to an above-average extent for this purpose. Personal experience, naturally, is more often cited by mothers in their late thirties, and less often by younger women.

The data is in %

ALL ANSWERS



How did you get information during pregnancy about things related to pregnancy, newborn care, etc.? Multiple responses
 Base: Biological mothers, N=806

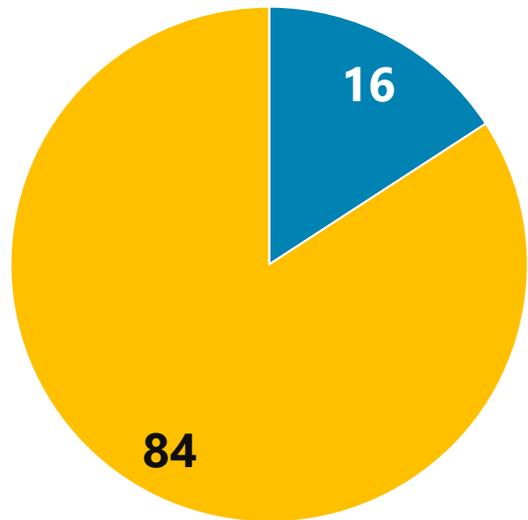
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

PARENTING SCHOOL

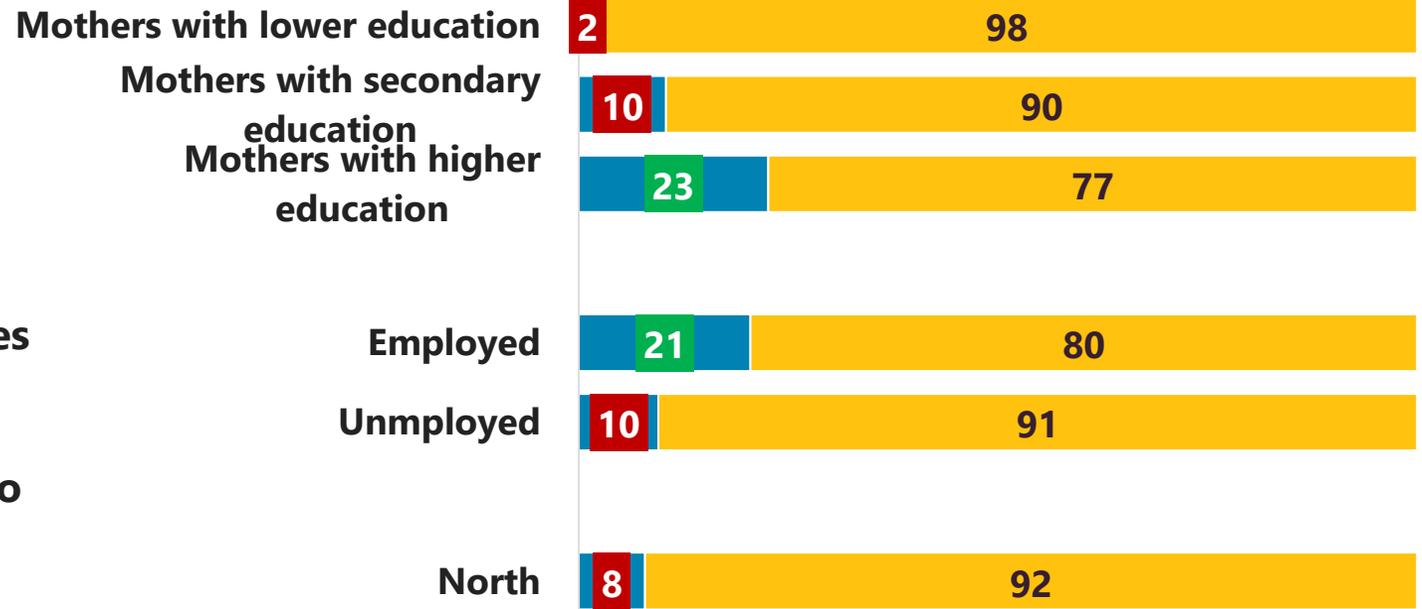
Approximately every sixth mother in Montenegro attends parenting school during pregnancy (16%). It is especially popular among mothers with higher education (23%) and those who are employed (21%), while mothers with only primary (2%) or secondary school (10%), unemployed mothers (10%) and those from the north of the country (8%) attend parenting school less frequently than others.

The data is in %



■ Yes
■ No

Categories with statistically significant differences relative to the overall population



During your pregnancy, did you attend a parenting school (school for pregnant women) organized in health centres?
Base: Biological mothers, N=806

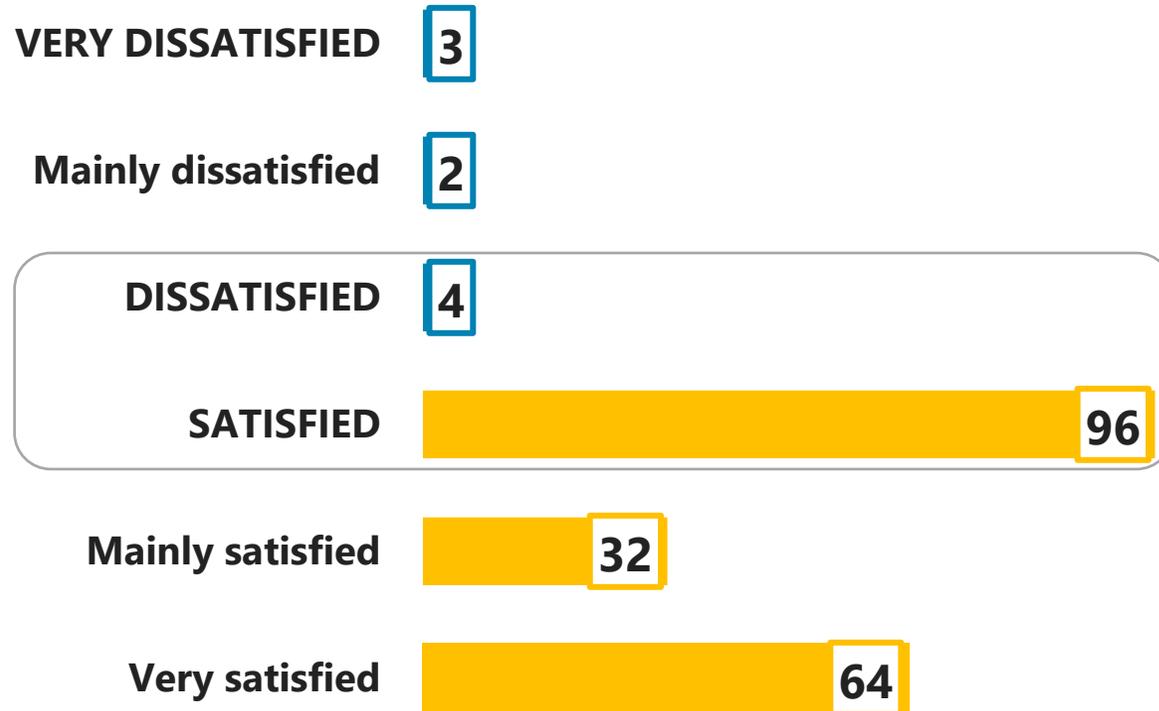
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

SATISFACTION WITH PARENTING SCHOOL

Without significant differences between socio-demographic categories, almost all mothers who attended parenting school were satisfied with the information and knowledge they received there (96%).

The data is in %



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

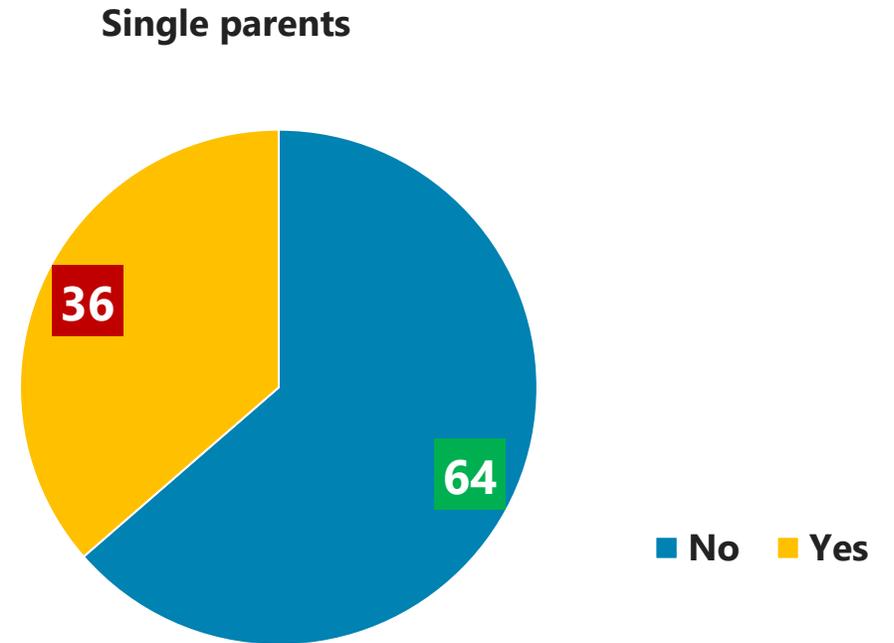
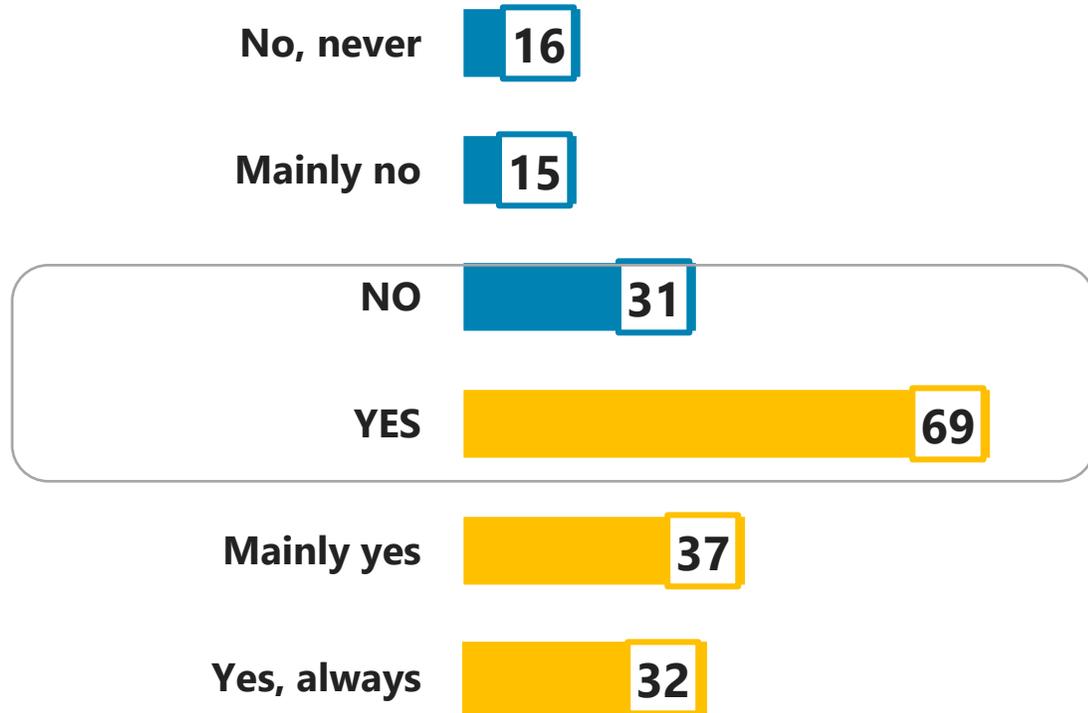
How satisfied are you with the information and knowledge you received in school?

Base: Mothers who attended parenting school, N=127

VISITS TO DOCTORS WITH PARTNER

Seven out of 10 mothers state that they were accompanied by their partner when they went for medical examinations during pregnancy, while 31% of them were not. Not surprisingly, the situation is reversed among single parents, where almost two-thirds of mothers visited the doctor without a partner.

The data is in %



Did your partner visit a doctor with you during pregnancy?
Base: Biological mothers, N=806

Statistically significantly more, relative to the overall population

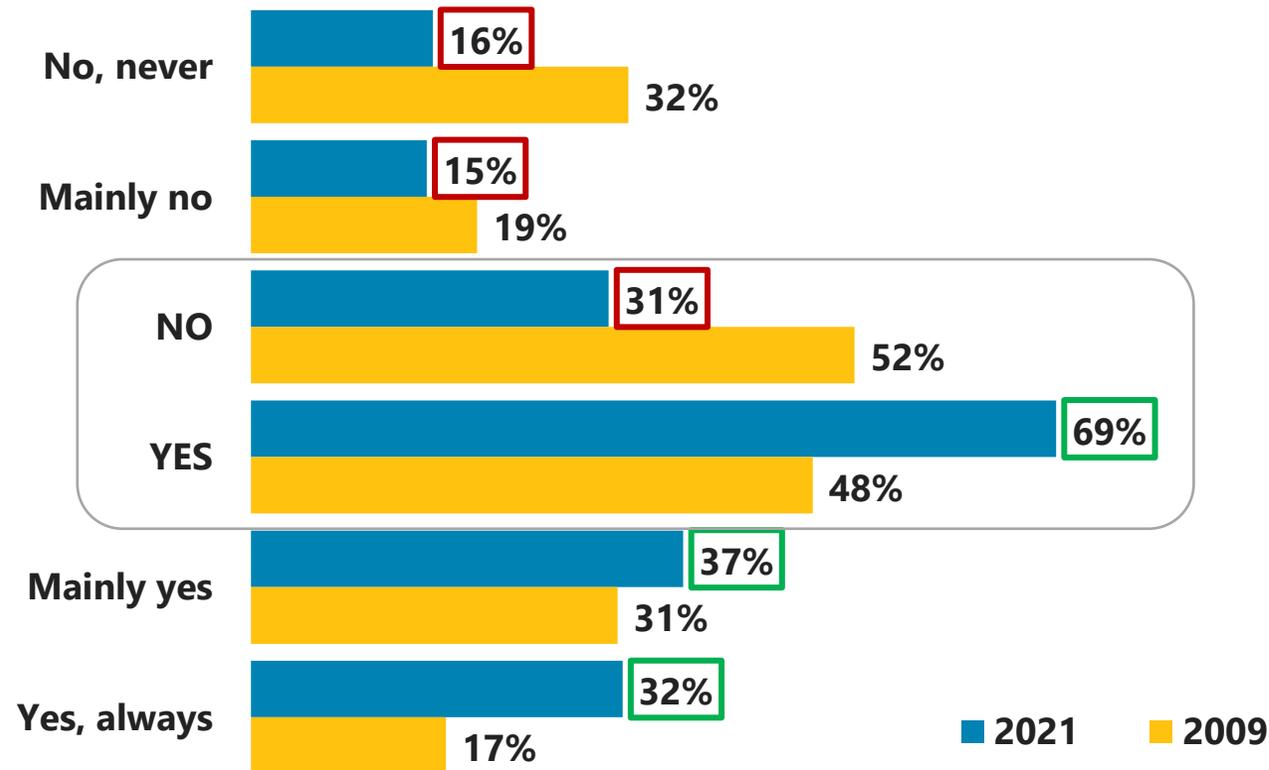
Statistically significantly less, relative to the overall population

VISITS TO DOCTORS WITH PARTNER

(Comparison of waves)

Compared to 2009, far more mothers confirm that they went for medical examinations during pregnancy together with their partner. Ten years ago, half of all mothers had such an experience (48%), while now, as mentioned, the figure is almost 70%.

The data is in %



Did your partner visit a doctor with you during pregnancy?
Base: Biological mothers, N=806 (2021), N=902 (2009)

 Statistically significantly more, compared to 2009
 Statistically significantly less, compared to 2009

INTERVIEWS AND FOCUS GROUPS



The internet is the first source of information on parenthood, and in case of any doubts, respondents turn to relatives and friends, then paediatricians. Parenting schools are rarely mentioned.

- **All mothers who participated in two focus groups (those breastfeeding exclusively and the ones not breastfeeding exclusively) got informed primarily online.** Websites and forums are the most common source of information, and if in doubt, they rely on advice primarily from relatives and friends, and then on advice given by paediatricians and other medical professionals.
- **None of the partners of mothers who are exclusively breastfeeding attended any training or parenting course held in Montenegro,** while one husband reported a course that he and his wife attended during a stay in Belgrade, where such courses are more common. In addition, yoga for women is mentioned, but it is not usual practice for men to attend these prenatal courses. **Two reasons for lower participation were mentioned: a perceived lack of opportunities for attending such courses in Montenegro** (in the north it is believed that they are practically non-existent, but possibly there are some in Podgorica and larger cities); **and public attitudes towards them** (the courses are still mostly seen as unnecessary or as a fad, which may discourage some partners from participating more actively).
- **Despite the conclusion that today's parents are more and more actively preparing for parenthood, the impression remains among health workers that these are primarily younger, more educated and emancipated parents and future parents.** This group of parents also has fewer dilemmas and asks clearer questions. On the other hand, the impression is that the multitude of information overwhelms and frightens parents, especially when they rely on the internet, so it seems that there are those who, after being informed, call paediatricians in an even more confused state.

QUOTES

I was once in Belgrade at a counselling, my wife was pregnant at the time, and we went together. There was also talk of breastfeeding and here I picked up some first information related to breastfeeding and its importance, as well as how and in what situations to act. – *Partner of a mother who is exclusively breastfeeding*

My wife and I were not [at the parenting school], and I think the biggest problem is the environment where we live, Bijelo Polje. I think the north, as is the case with some other things, is neglected. Not only in education but also in many other things. I think the main reason is that we are considered people of lower class. – *Partner of a mother who is exclusively breastfeeding*

Young parents are nowadays more and more interested, they are more and more informed... Now, the question is how adequate these instructions and their preparations are. Because young people are using the internet more and more, and accessing some information, they simply accept it as relevant and accurate as soon as they find it on the internet. – *Home visiting nurse*

You see it in people, when you are in that service and when you work with them, you feel in people that they are asking you the right questions, that is, exactly how it should be. – *Nurse from a maternity hospital*

I think that everything depends on education, specifically from my personal experience, it does not necessarily mean that this is the norm. I've noticed in women who are – remember, this is not 100 percent definitive – but in women who are from a younger generation, up to 30 years old, who become mothers and who are, shall we say, educated, but not in the classical sense of education, who have graduated from college, but women who are focused on learning – I noticed that they are more willing to cooperate and find it much easier to turn to an expert and listen to specific advice. And since we communicate a lot on the phone, it seems to me that sometimes... when I talk to someone, by the way someone expresses themselves, I know what to expect. – *Breastfeeding counsellors*

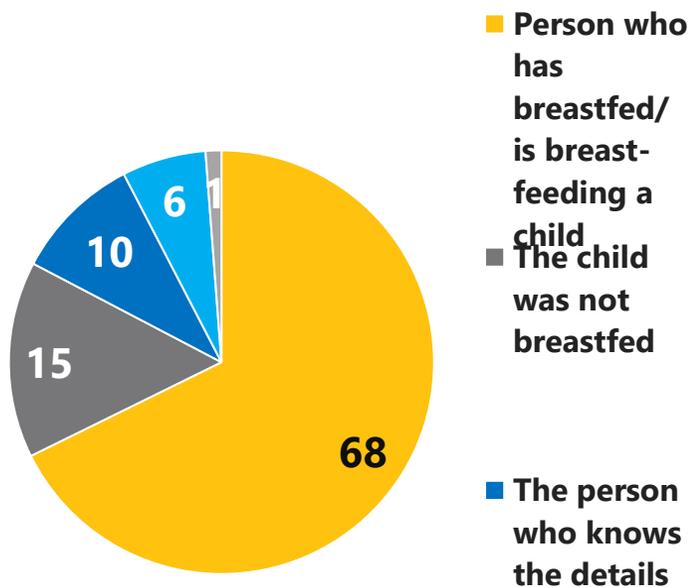
BREASTFEEDING AND NUTRITION



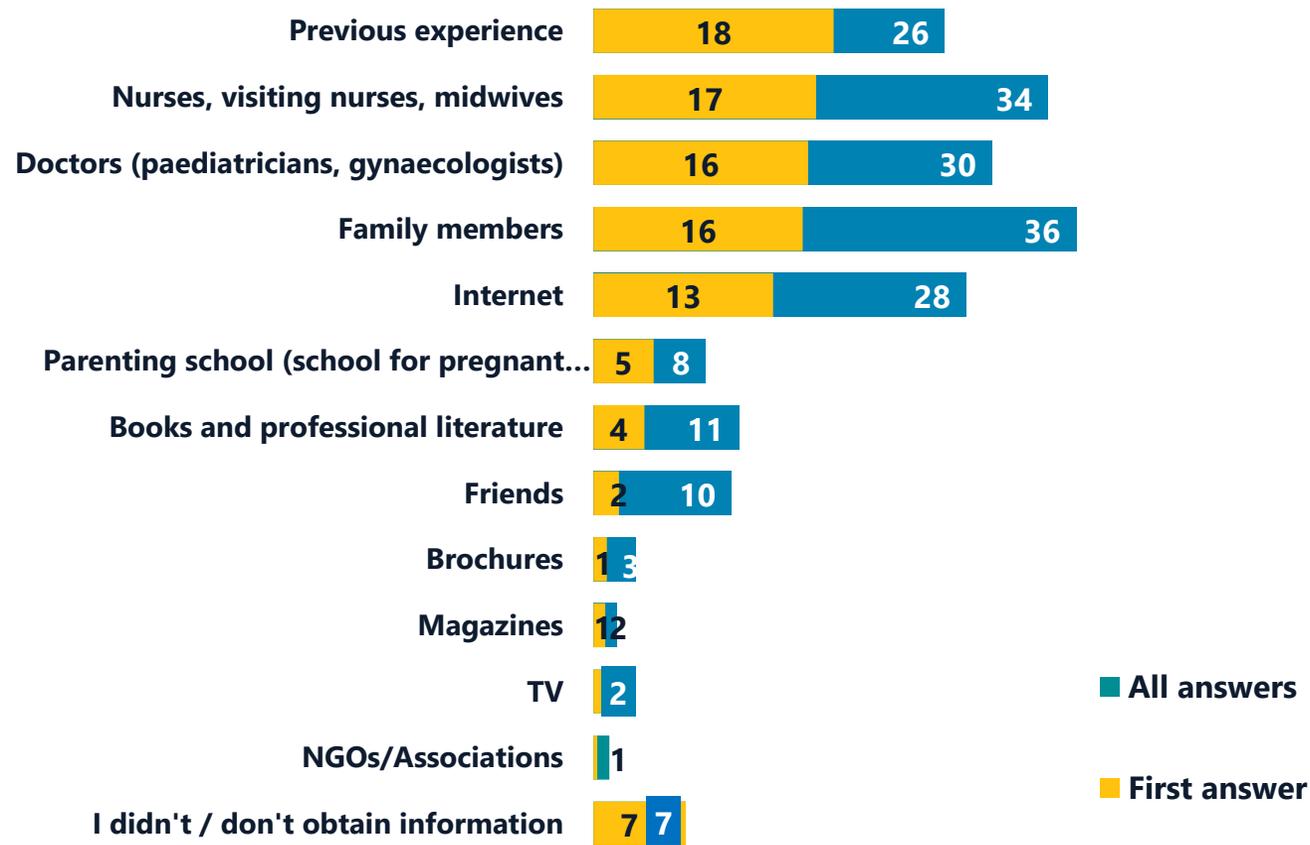
SOURCES OF INFORMATION ABOUT BREASTFEEDING OF CHILDREN

Mothers in Montenegro are informed about breastfeeding in different ways. Slightly more than a third will prefer to listen to the advice of family members (36%) and of nurses and midwives (34%). Roughly 30% of mothers mention doctors and the internet as their main sources of information, while one in four mothers rely on their own experience.

The data is in %



Are you the person who breastfed/is breastfeeding the child that we are talking about or you know the details on how the child was breastfed, N=1,002



Where did you MOST OFTEN inform yourself about breastfeeding? And which source was in the second and third place? Multiple response

Base: Mothers who breastfed/are breastfeeding the child, N=67

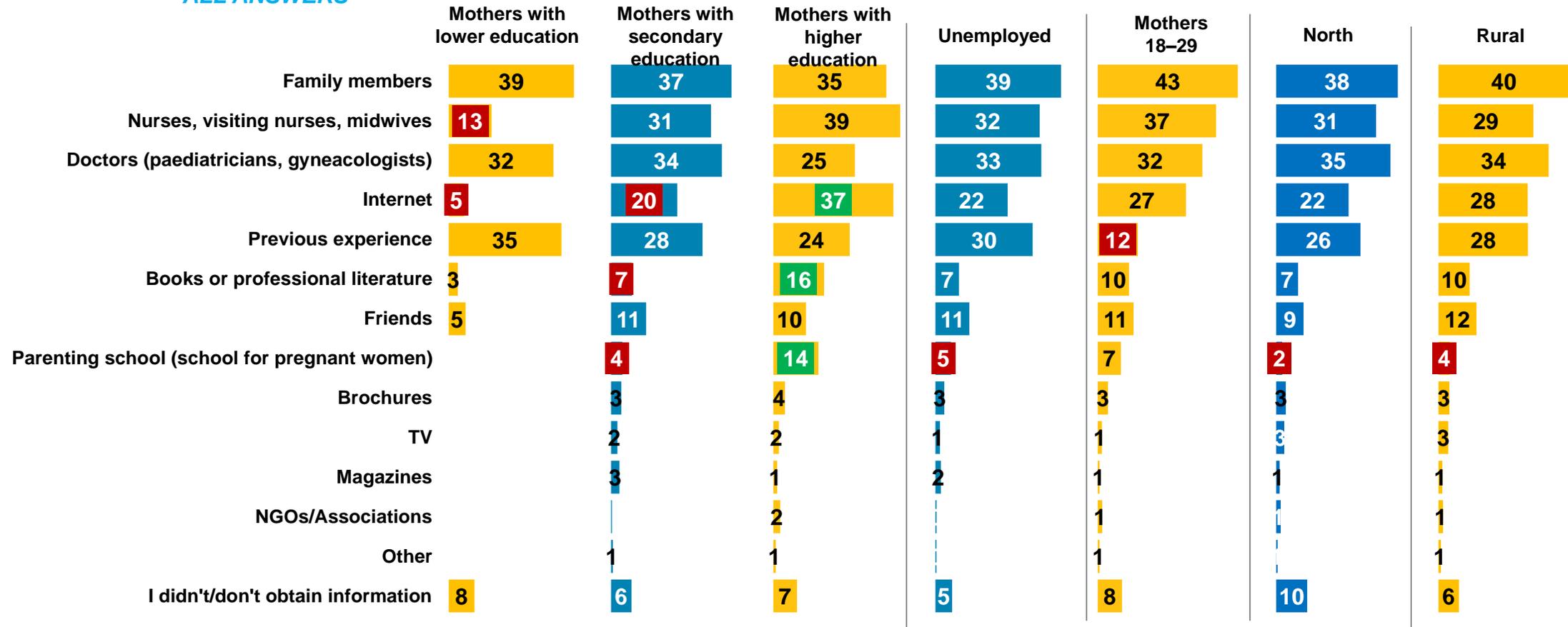
SOURCES OF INFORMATION ABOUT BREASTFEEDING OF CHILD

(Categories with statistically significant differences, relative to the overall population)

As with pregnancy, highly educated mothers are informed about breastfeeding online, from books and professional literature, and at the parenting school significantly more than others. On the other hand, mothers with primary school are less likely than average to cite visiting nurses, midwives and the Internet as sources of information.

The data is in %

ALL ANSWERS



Where did you MOST OFTEN inform yourself about breastfeeding? And which source was in the second place? And in the third place?

Multiple responses

Base: Mothers who breastfed/are breastfeeding the child, N=679

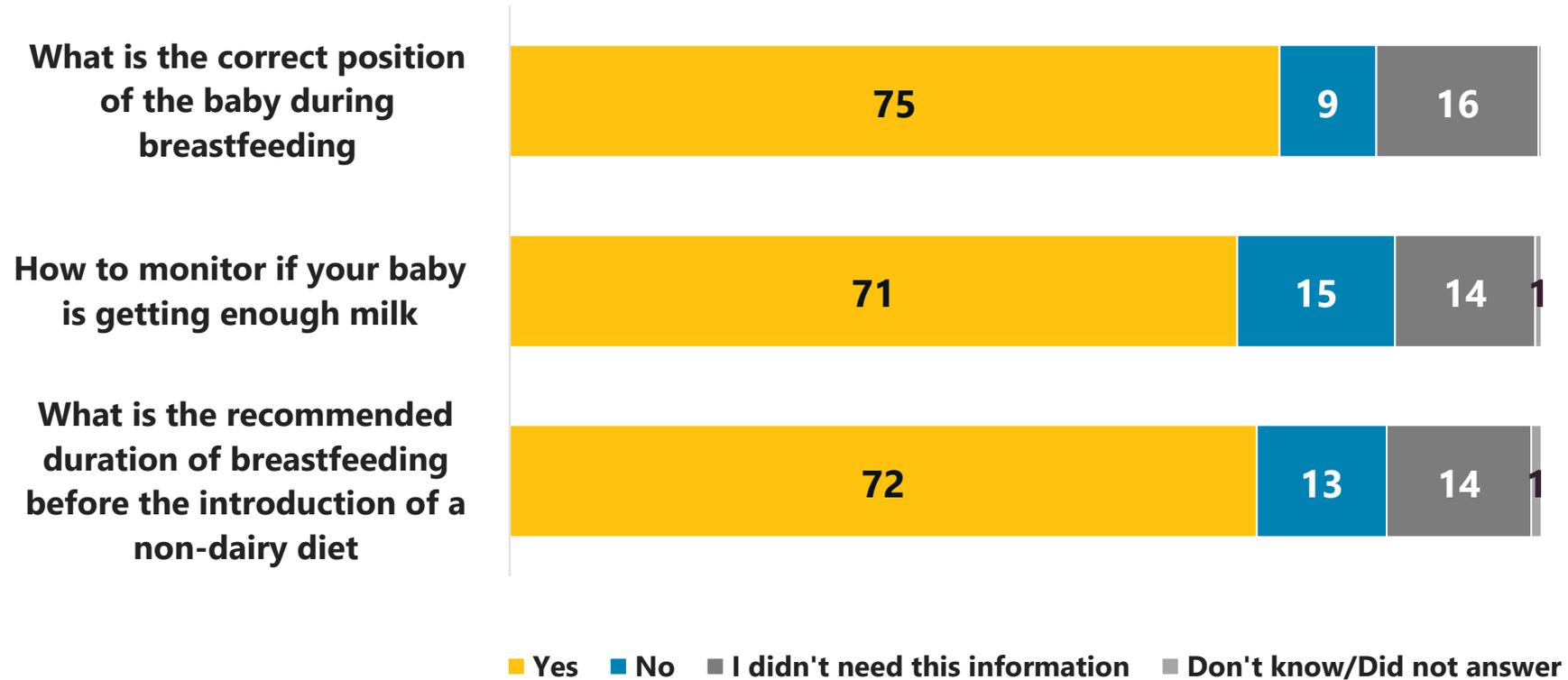
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

RELEVANCE OF INFORMATION

Regardless of the source, most mothers are satisfied with the information provided regarding breastfeeding. Thus, seven out of 10 point out that they were clearly explained how to monitor whether the baby has received enough milk and how long the breastfeeding period should last before complementary feeding is introduced. Also, three-quarters of them received relevant advice on the correct position of the baby during breastfeeding.

The data is in %



Regardless of the method/source you used/use, are you getting clear and relevant information on the following issues ?

Base: Mothers who breastfed/are breastfeeding the child, N=679

INTERVIEWS AND FOCUS GROUPS

In this case as well, the internet is the most mentioned source of information



- **Mothers who are exclusively breastfeeding made this decision after reading texts on the internet, but above all in contact with peer breastfeeding counsellors from the Association „Parents“.** The influence of breastfeeding counsellors is also visible when one paediatrician suggested that the mother introduce supplementary feeding because “her milk is not of sufficient quality”, but the mother, together with the counsellor, decided to continue exclusive breastfeeding, because she instinctively trusted the counsellor’s advice over the paediatrician’s opinion that her milk was bad. **Although mothers who do not practice exclusive breastfeeding, particularly two mothers with multiple children, consider themselves sufficiently prepared and familiar with various aspects of pregnancy and the condition and problems after it, the impression remains that they are neither sufficiently informed nor prepared for everything that awaits them.** In addition to insufficient general information, the impression is that these mothers are not open and motivated enough to engage in seeking and comparing information from different sources. **From the angle of partners of exclusively breastfeeding mothers, the main sources of information about breastfeeding are books on parenting, internet portals and the information they receive from experts and more experienced people from their environment.**
- **According to a visiting nurse, there is a difference between parents who get information exclusively via the internet and those who consult more and follow the recommendations of health workers (gynaecologists, patronage nurses who have the opportunity to come and prepare the mother for breastfeeding).** **The impression is that mothers do not use the second option enough.** When it comes to the recommendation of health professionals, the nurse believes that all actors in the process, from gynaecologists, through nurses to paediatricians, should recommend breastfeeding to mothers as the first option, except in cases when they are too busy and they don’t have time to tackle this topic.

QUOTES

We read books about parenting. I think that's the best. There is a lot of interesting and instructive literature, and mostly we are looking to find a good book about it. Secondly, we know some values which have been passed down from generation to generation, but we are raising our children in such a way that we do not shout or yell at them, there is no beating, no one has ever spanked a child, it is a little different and a more modern system of raising children, where we talk to them. – *Partner of a mother who is exclusively breastfeeding*

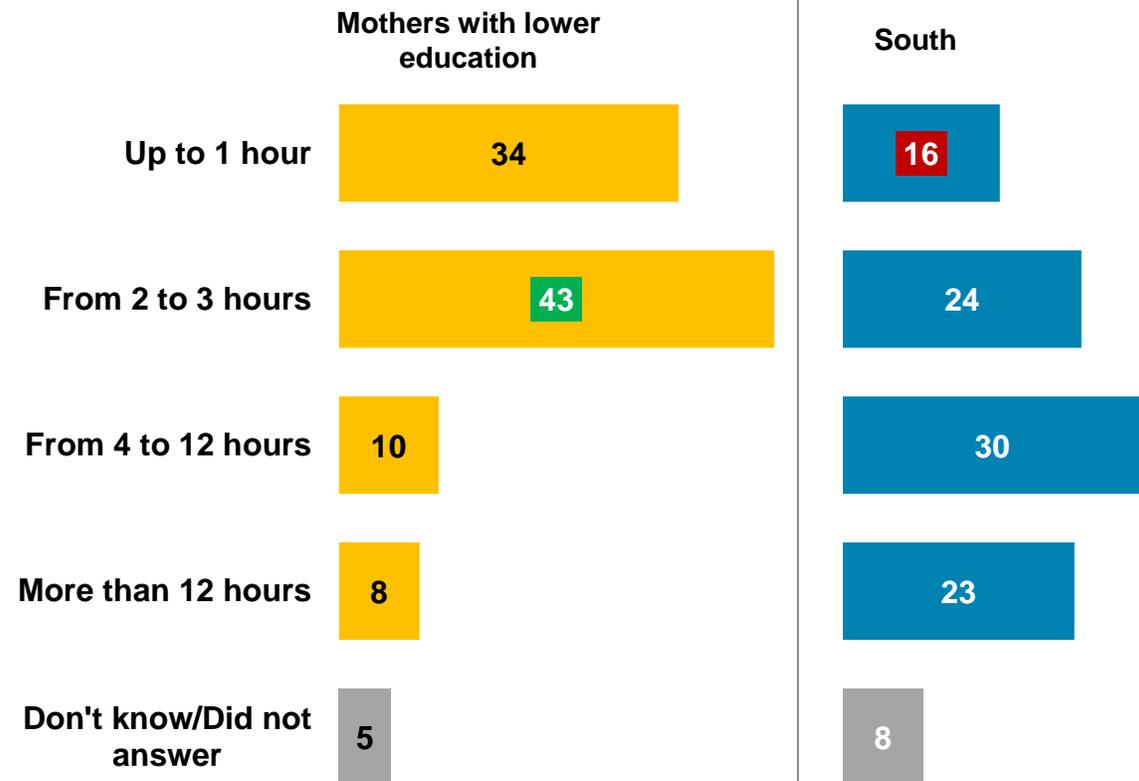
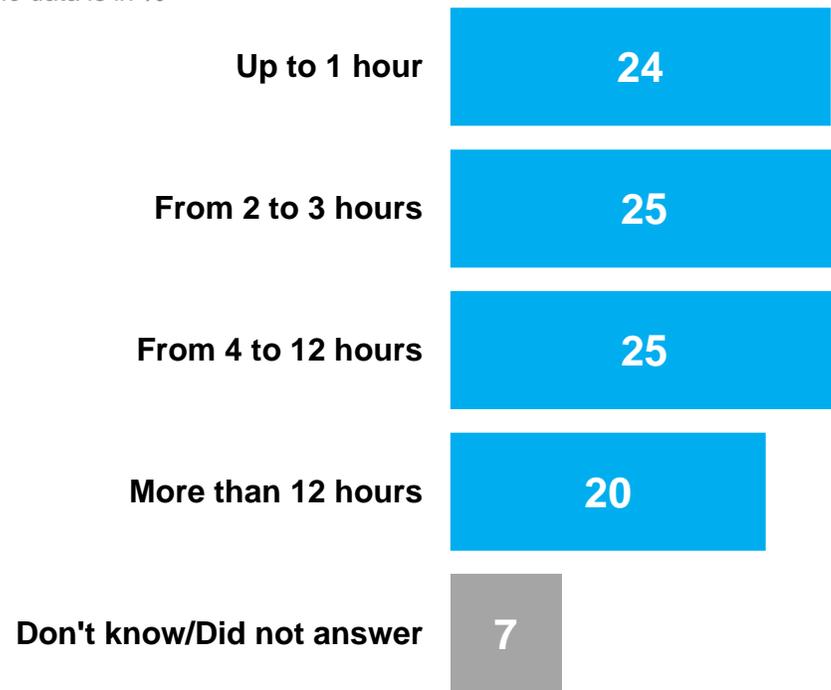
I wouldn't change anything about that. Next time, I would go to the school for pregnant women, definitely. Regarding the advice and all that, I would not change anything, of course I would like next time to go for exclusive breastfeeding. As for everything else, I wouldn't change anything here. I would like them to have more understanding in the maternity hospital... to show, teach us... I was told to go get supplementary food and give it to the baby. I took the baby in my arms for the first time then, I can't even remember how or what happened then. I just took that supplement, later there was a fear about whether the baby would vomit, whether he would not vomit... I would like them to have more understanding and more attention. – *Mother who doesn't breastfeed exclusively*

Mothers are prepared in terms of what they find on the internet, and those mothers who regularly check and visit the counselling centre, you immediately recognize them because there they go through various topics related to nutrition and, even if they are not on the right path, the paediatrician immediately directs them, so that they automatically get all the information after 15 days, what they should do and how. I think they are informed, but since they stay in the maternity hospital for 2–3 days, they are immediately visited by a visiting nurse. The newborn-visiting nurses point them in the right direction, each of them recommends only breastfeeding, a paediatrician is immediately recommended and I think that this can be solved quite well by joint efforts. – *Visiting nurse*

THE FIRST BREASTFEEDING

Based on the research findings, it could be concluded that the practice concerning the first breastfeeding differs from maternity hospital to maternity hospital. A quarter of mothers breastfed their baby for the first time in the first hour after giving birth, and half of them did so at an interval of 3 hours after the baby was born. A quarter of mothers did this 4 to 12 hours after the birth of the baby, and a fifth of them state that more than 12 hours passed between birth and the first breastfeeding. Mothers from the south of the country point out less often than others that the first breastfeeding was already in the first hour after the birth of the baby, and a much higher percentage of mothers with only primary school education specify an interval from 2 to 3 hours.

The data is in %



When was the first breastfeeding, how long after the birth?
 Base: Mothers who breastfed/are breastfeeding the child, N=679

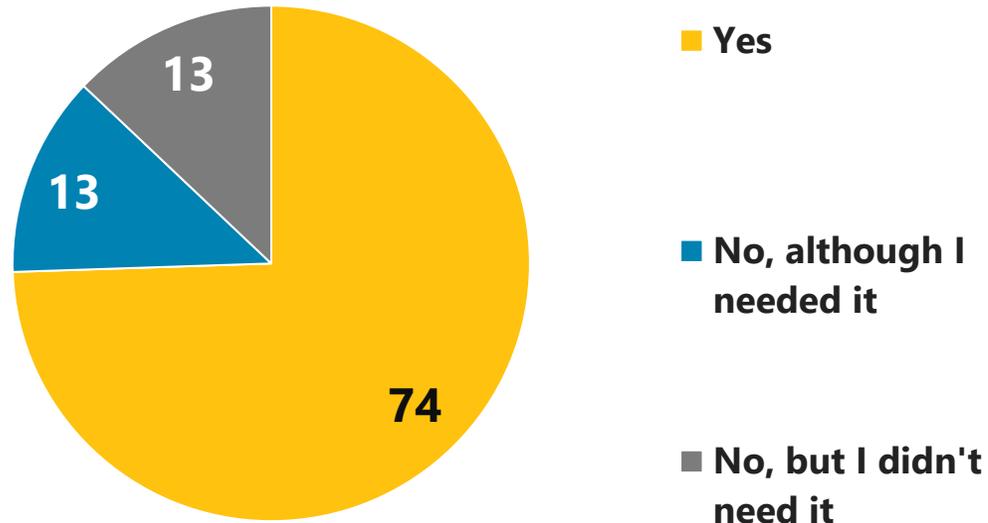
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

HELP WITH BREASTFEEDING IN THE MATERNITY HOSPITAL

Three-quarters of mothers in the maternity hospital received help and support with breastfeeding through conversation with their nurse or midwife. On the other hand, 13% of mothers have the opposite experience, and an equal percentage of them state that there was no assistance, but that they did not need it either.

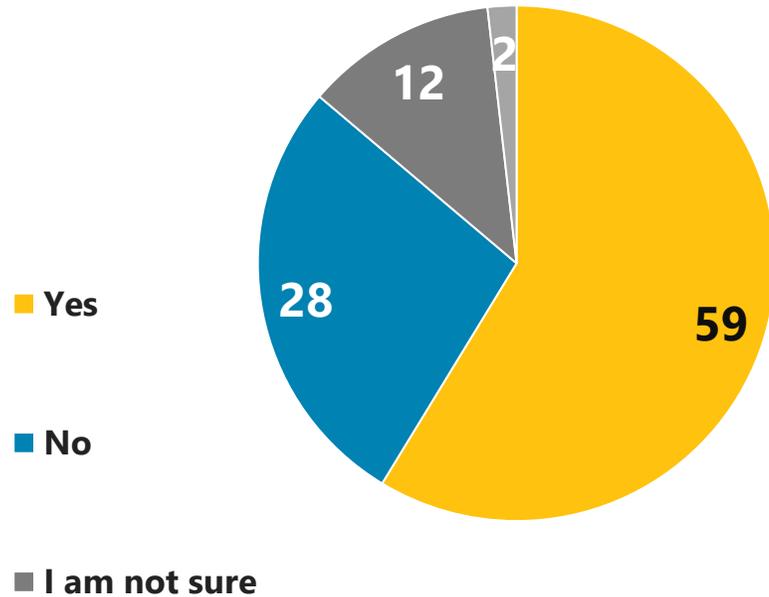
The data is in %



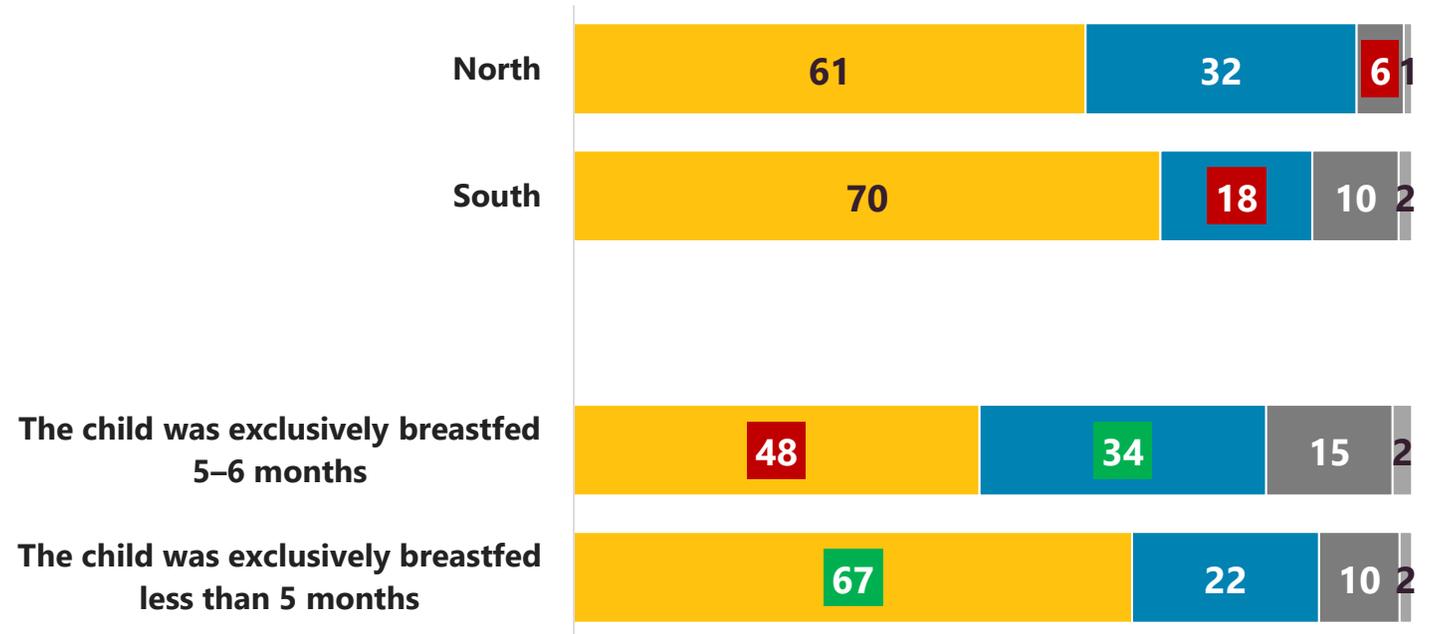
SUPPLEMENTARY FEEDING OF BABIES IN MATERNITY HOSPITAL

Almost 60% of mothers confirm that their baby received supplementary feeding in the maternity hospital. This is significantly more often pointed out by those mothers who exclusively breastfed the child for less than 5 months (67%). In contrast to them, 28% of mothers stated that there was no supplementation in the maternity hospital, and among those whose child was exclusively breastfed for 5–6 months, this percentage is far higher (48%). Also, a much lower-than-average percentage of mothers from the south answer this question negatively.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

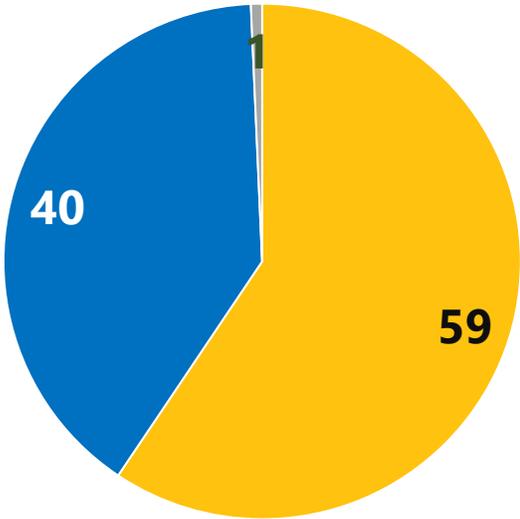
Was your baby's nutrition supplemented with water, sweetened water or milk formula during his or her stay in the maternity ward?

Base: Mothers who breastfed/are breastfeeding the child, N=679

EXPLANATION REGARDING SUPPLEMENTARY FEEDING IN MATERNITY HOSPITAL

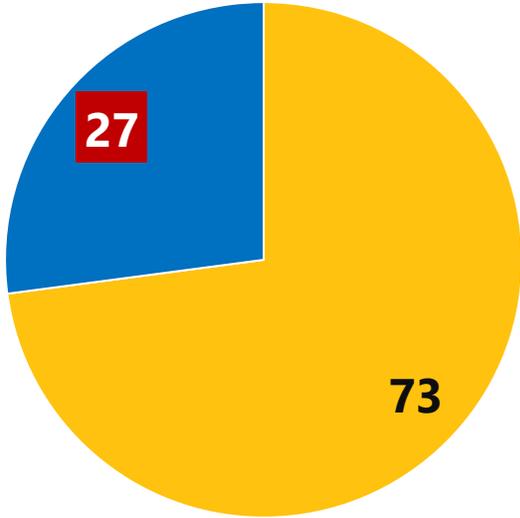
Three-fifths of mothers received an explanation as to why their baby needed supplementation, and 40% stated that this was not the case. Mothers from the north seem to be less likely to be denied this explanation.

The data is in %



- Yes
- No
- Don't know/Did not answer

North



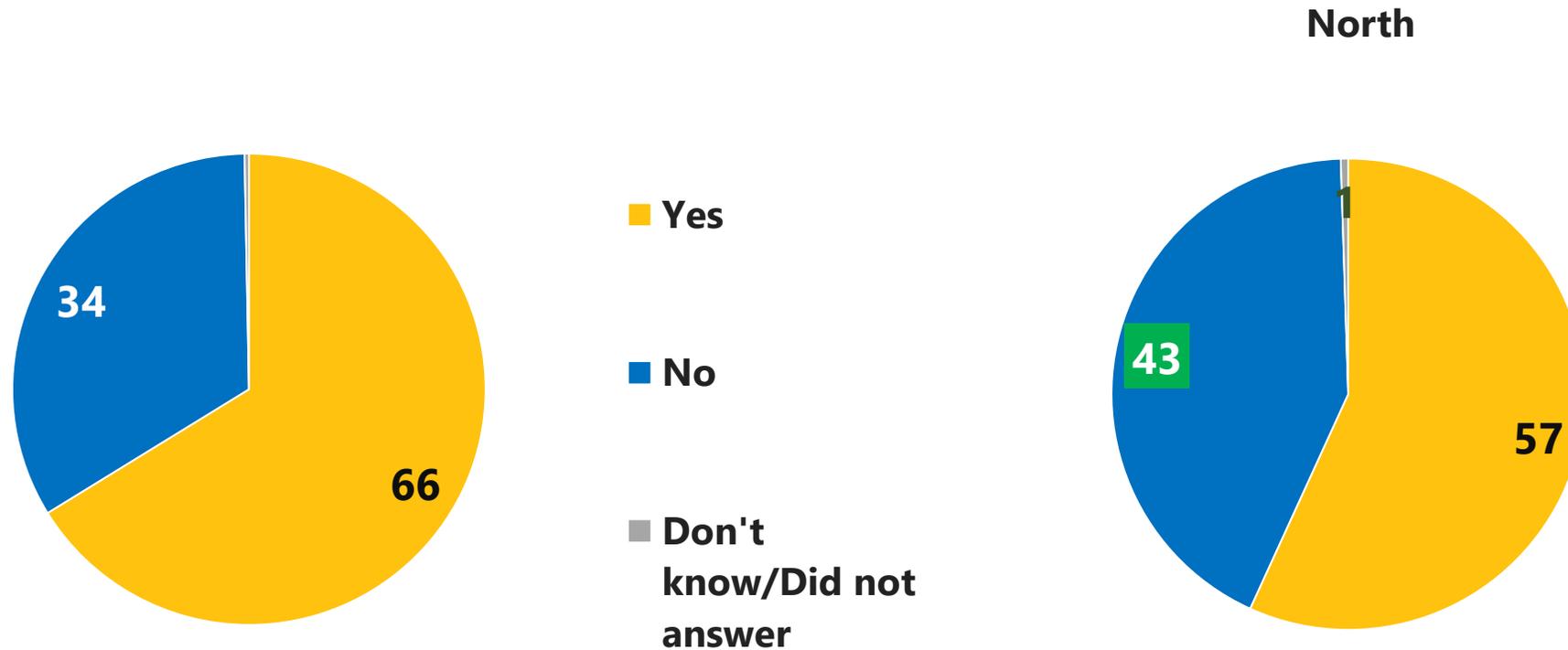
Was it explained to you why that was done?
Base: Mothers whose babies received supplementary feeding in maternity hospital, N=399

Statistically significantly more, relative to the overall population
Statistically significantly less, relative to the overall population

HELP WITH BREASTFEEDING AFTER RETURNING FROM THE MATERNITY HOSPITAL

As was the case in the maternity hospital, most mothers had breastfeeding support immediately after returning home (66%). On the other hand, one-third of all mothers did not have this experience – mothers from the north (43%) to a much greater extent than the others.

The data is in %



In the first 72 hours, or else 3 days after arriving home, did you have help and support with breastfeeding, either from family members or professionals?

Base: Mothers who breastfed/are breastfeeding the child, N=679

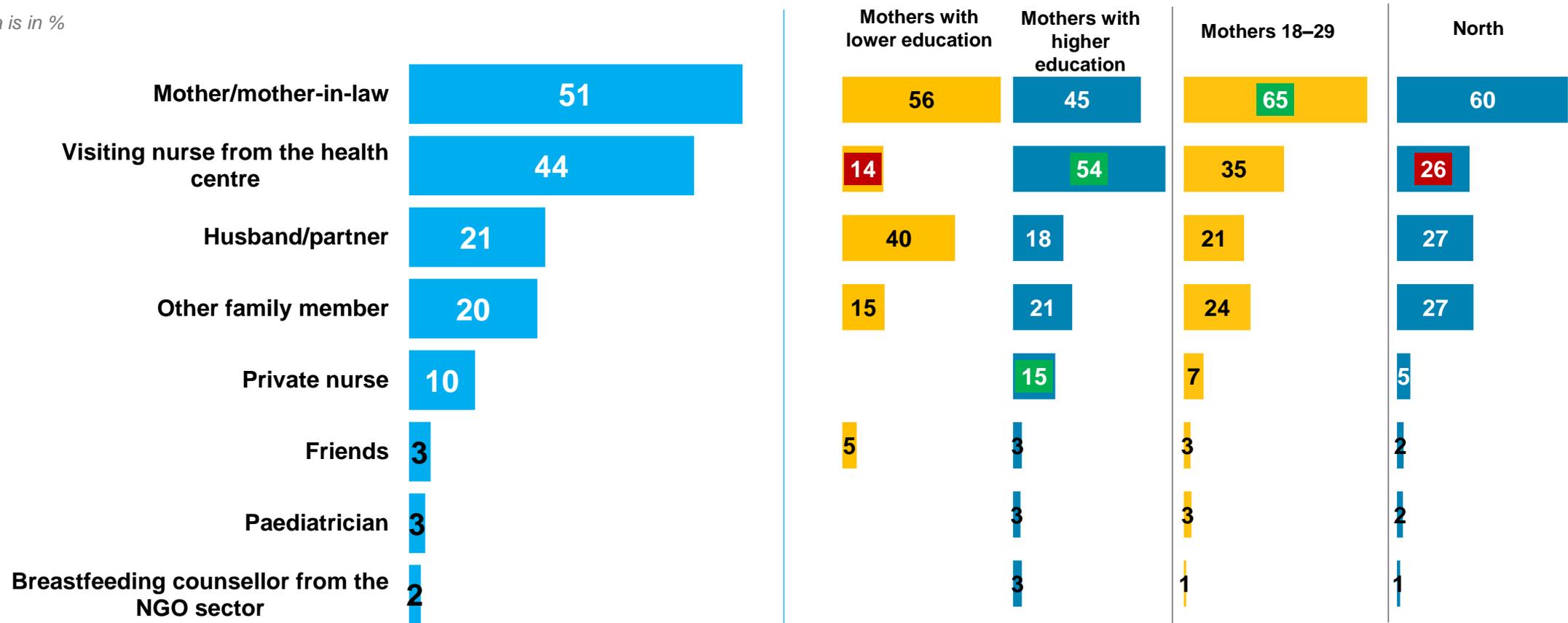
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

HELP WITH BREASTFEEDING UPON RETURNING FROM THE MATERNITY HOSPITAL

Half of the mothers who confirmed this support after coming from the maternity hospital were helped by their mother or mother-in-law regarding breastfeeding. This is especially true for mothers aged 18–29 years (65%). More than two-fifths of mothers highlight help from a visiting nurse from the health centre (44%), which is much more often than the average mentioned by highly educated mothers (54%), and much less often by mothers with lower education (14%) and those from the north (26%). One-fifth of mothers cite the support of their partner or another family member, and one in 10 mothers had the opportunity to hire a nurse privately (better educated ones more often than others).

The data is in %



Who helped you? Multiple responses

Base: Mothers who had help with breastfeeding immediately upon returning from the maternity hospital, N=451

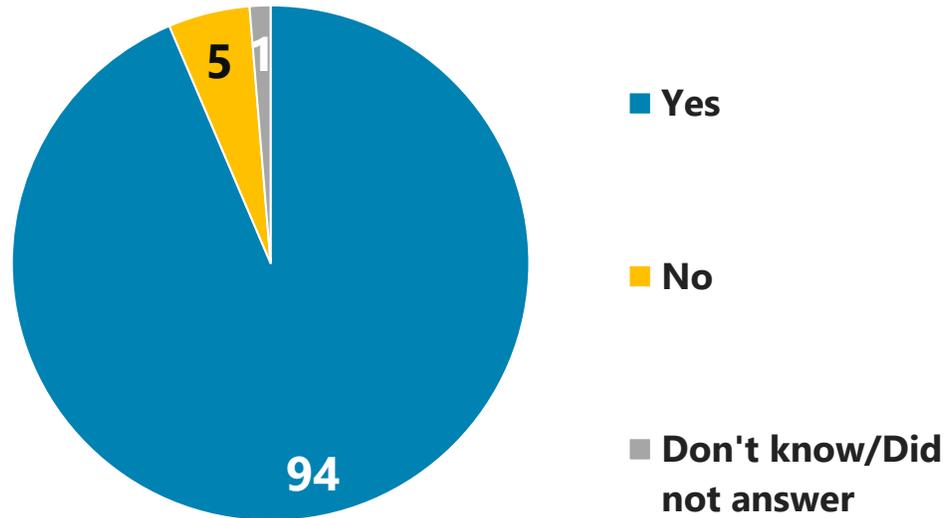
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

IMPROVEMENT OF BREASTFEEDING SUPPORT

The vast majority of mothers agree that it is necessary to improve the support that mothers receive from health professionals in order to breastfeed as successfully as possible (94%).

The data is in %



The vast majority of mothers agree that it is necessary to improve the support that mothers receive from health professionals in order to breastfeed as successfully as possible (94%). Do you agree?

Base: Mothers who breastfed/are breastfeeding the child, N=679



Support in maternity hospitals has the lowest score, help from one's family and partner is valuable

- **When it comes to the support that exclusively breastfeeding mothers receive in different places, the lowest-rated support is in the maternity hospital** (although some mothers have noticed a positive shift), where everything still depends on the good will of the individuals employed in the maternity hospital, rather than systemic support for breastfeeding and mothers. It is similar with the visiting nurse service – it all depends on who comes, so in the end, mothers mostly rely on themselves and their instincts and their partner's support. **This relationship with one's partner was rated as valuable**, and it was noted that it also contributes to the general harmonization of relationships in the community.
- **When it comes to the experience of primiparas in a group of mothers who are not breastfeeding exclusively, both of the women in question faced primarily a traumatic experience in the maternity hospital, where the persistence of the mother herself determined whether the nurses accommodated her and her desire to breastfeed.** It was assessed that there is no systematic training and process within which mothers are explained anything about breastfeeding for the first time, and that they are rather left to their own devices, and the assessment is that babies are fed formula first in all cases. **What is a relief in the following days, according to the mother, is going home where there is help, both from the newborn-visiting service, and from relatives, mothers, mothers-in-law, godparents, etc.** It also happens that the newborn-visiting service provides only a bathing of the child, without further explanations or answers to questions, so a private patronage service is an alternative.
- **From the point of view of the partners of breastfeeding mothers, after coming home, the most frequent visits and help were received from visiting nurses and midwives, if there were any problems with clogging of the milk ducts, while the rest of the help was mostly received from relatives.** In this process, the partners mostly had a secondary role, to be a support and to provide other logistics if something needed to be bought. This secondary role continues practically until the end of the period of exclusive breastfeeding, but it is accepted because there is certainly no way for the father to replace breastfeeding in any way.

QUOTES

I had help from my mother, she was there, and my mother-in-law, so we practiced here... then they prepared me and taught me how it all goes, how to put the breast in the baby's mouth. The visiting nurse just comes, bathes the baby... at least that was so in my case. She does not give any advice about breastfeeding, mastitis. That was only on the first day. After that she visited us only after two days. She bathed the baby and left. – *Mother who doesn't breastfeed exclusively*

A visiting nurse came to us 2–3 times and we hired a midwife, because my wife's ducts were clogged, she taught me to massage her, and then again after 20 days we hired a midwife, because we didn't know – the child woke up every half an hour to be fed, and then my wife was driven out of her mind, tired and all, so she explained to us that she had to teach the child to feed every 3–4 hours, it was up to her to establish a rhythm and not the child. – *Partner of a mother who is exclusively breastfeeding*

This lady from the maternity hospital came to my home both times. She is a nurse who takes care of the babies in the maternity hospital. And it is generally known that she helps absolutely everyone there, and I have a feeling that the other nurses, knowing that she helps, do not care about the mothers and babies the way she does. So both times it was her, because I had a lot of problems, she came to visit me for a very long time. As for the other support, it's the partner's support first, because we had to endure all that, so that's it. – *Mother who is exclusively breastfeeding*

What I hear from mothers coming from the maternity hospital is that their baby wasn't hungry and didn't want to feed when they brought the baby to mother. I would maybe insist on it at the beginning, breastfeeding in the maternity hospital, so after they bring the baby back to the box they can give it supplementation, instead of bringing a fed baby to the mother – *Visiting nurse*

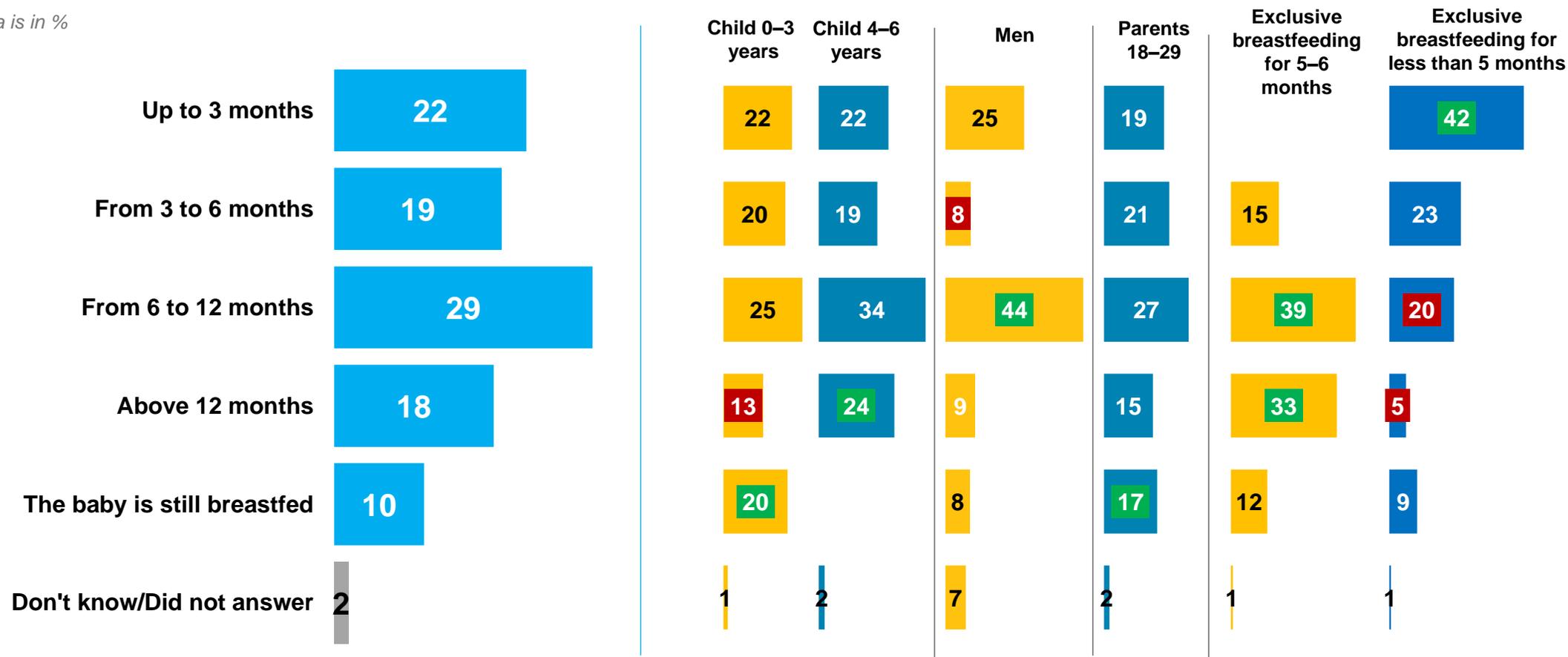
My experience is... I stayed in the hospital for 4 days because I had a caesarean section, it was only on the fourth day, when I was going home, that I had contact with the midwife to tell me how to breastfeed the baby, how to feed him, what supplement to use, until then I could not catch them. So I was alone, I had to manage on my own and that is what it is. I gave birth by caesarean section and I couldn't function, turn over, or move too much. I didn't have that experience, it was a little irrelevant to me and I had to manage on my own even though it was my first baby. – *Mother who doesn't breastfeed exclusively*

They didn't ask if it was my first, second or third child, they would bring the baby, leave her by the bed, I didn't have milk, I called to see what to do, because the baby didn't get milk, I called to check, to see, they said the milk wasn't flowing, and they told me to come for supplementation, to give the baby food and that's it. Then I called the second time for them to show me how to put the baby to the nipple, then they told me that I had retracted nipples, so they would bring me artificial nipples. So we waited for artificial nipples to be brought to me, then they tried for half an hour to put the baby on the breast with the artificial nipples, one nurse came to put on an artificial nipple, then another nurse came to do it, and a third one came and asked me who suggested these artificial nipples. – *Mother who doesn't breastfeed exclusively*

DURATION OF BREASTFEEDING OF THE CHILD

The experience of breastfeeding duration is quite different. However, it is most commonly stated that the baby was breastfed for between 6 and 12 months (29%). Men familiar with breastfeeding (44%) and those whose child was exclusively breastfed for 5–6 months (39%) especially often point to this interval. Somewhat more than one-fifth state that the child was breastfed for 3 months (22%), and somewhat less than that state that the period of breastfeeding was up to 6 months (19%), or over 12 months (18%). On the other hand, 15% of parents/caregivers state that their child was not breastfed at all.

The data is in %



For how long after birth was the child breastfed?

Base: Mothers who breastfed their child and people who know the details of breastfeeding, N=775

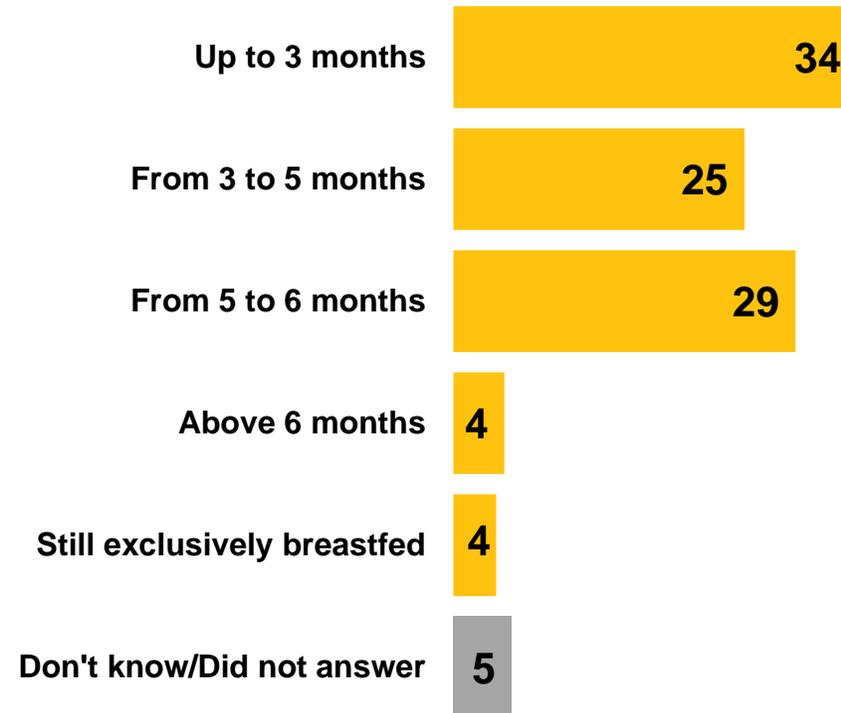
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

EXCLUSIVE BREASTFEEDING

When it comes to exclusive breastfeeding, one-third of parents who are familiar with breastfeeding state that it lasted for up to 3 months, one quarter between 3 and 5 months, and 29% state that the child was exclusively breastfed between 5 and 6 months.

The data is in %



For how long after birth is the baby breastfed exclusively with breast milk (even without water)?

Base: Mothers who breastfed/are breastfeeding the child and persons familiar with details about breastfeeding, N=775

DURATION OF BREASTFEEDING OF A CHILD WHO IS STILL BEING BREASTFED

More than 60% of mothers who still breastfeed their children state that they will do it as long as they think that their child likes it.

The data is in %



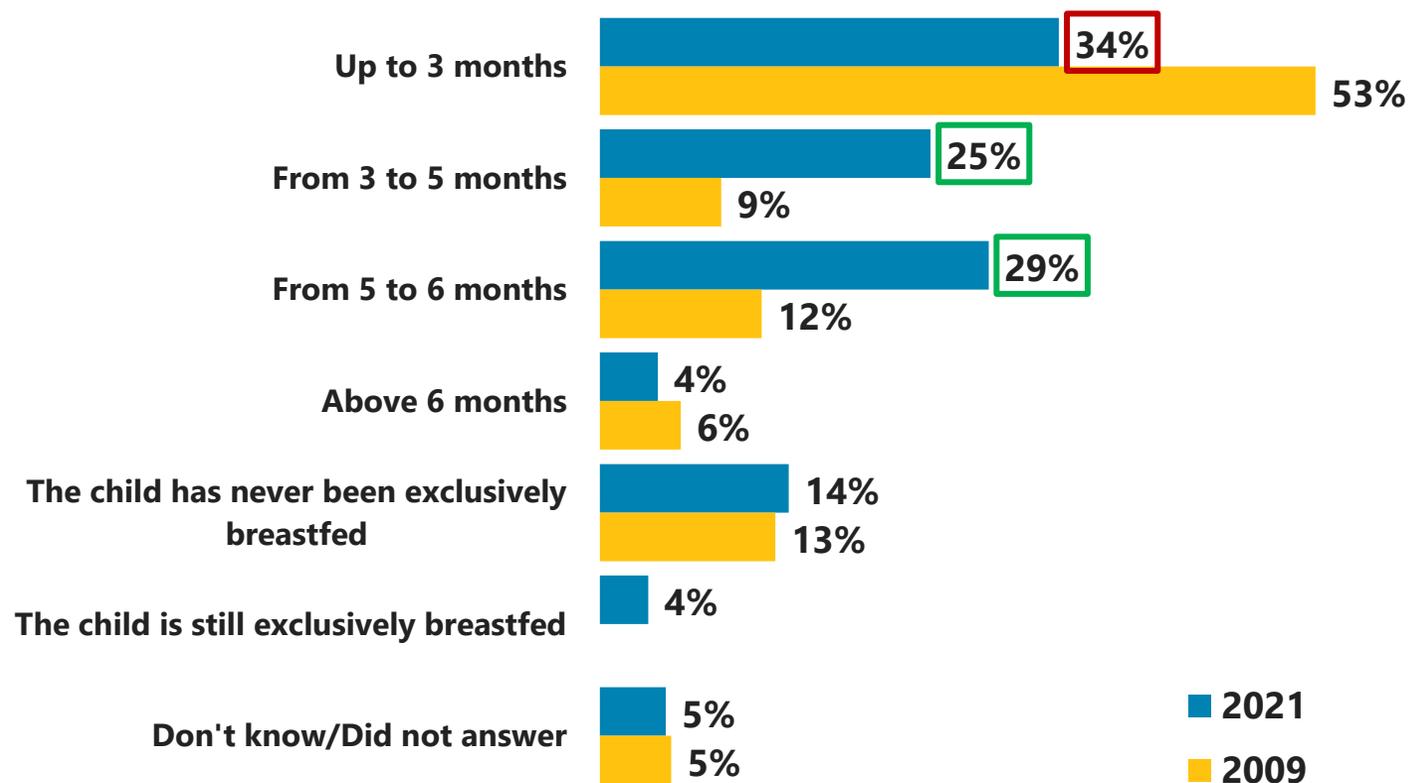
For how long will you breastfeed the child all in all?

Base: Mothers whose baby is still breastfed and people who know the details of breastfeeding the baby who is still being breastfed, N=81

EXCLUSIVE BREASTFEEDING

(Comparison of waves)

Comparing the results from the two waves has shown that, in the past 10 or so years, there has been a significant increase in the percentage of mothers who decide to go for exclusive breastfeeding of their children for as long as possible. Namely, in 2009 only one-fifth of those familiar with breastfeeding stated that the child was exclusively breastfed between 3 and 6 months, while the same is confirmed by more than a half of those who are familiar with breastfeeding in 2021. In accordance with this, there is a far smaller percentage of mothers who state that their baby was breastfed only during the first 3 months after birth (34% in 2021 versus 53% in 2009).



 Statistically significantly more, compared to 2009
 Statistically significantly less, compared to 2009

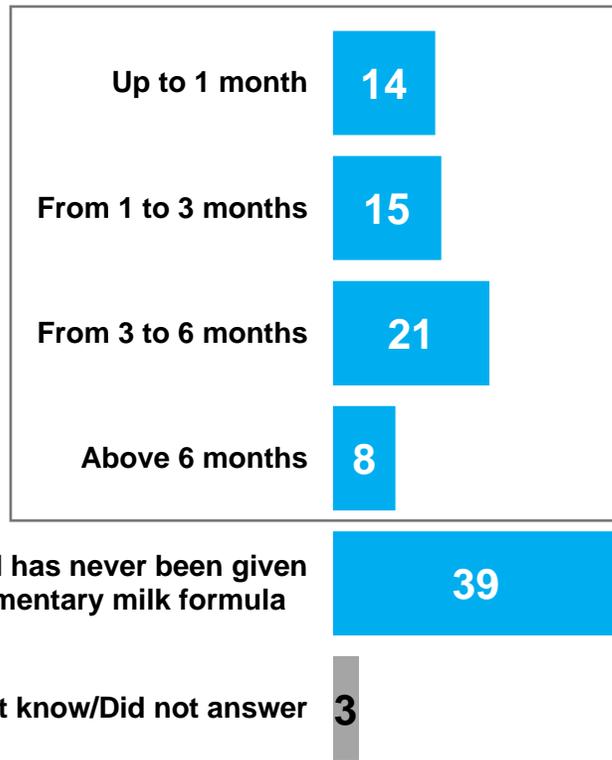
For how long after birth is the baby breastfed exclusively with breastmilk (even without water)?

Base: Mothers who breastfed the child and people who know the details of breastfeeding, N=775 (2021), N=801 (2009)

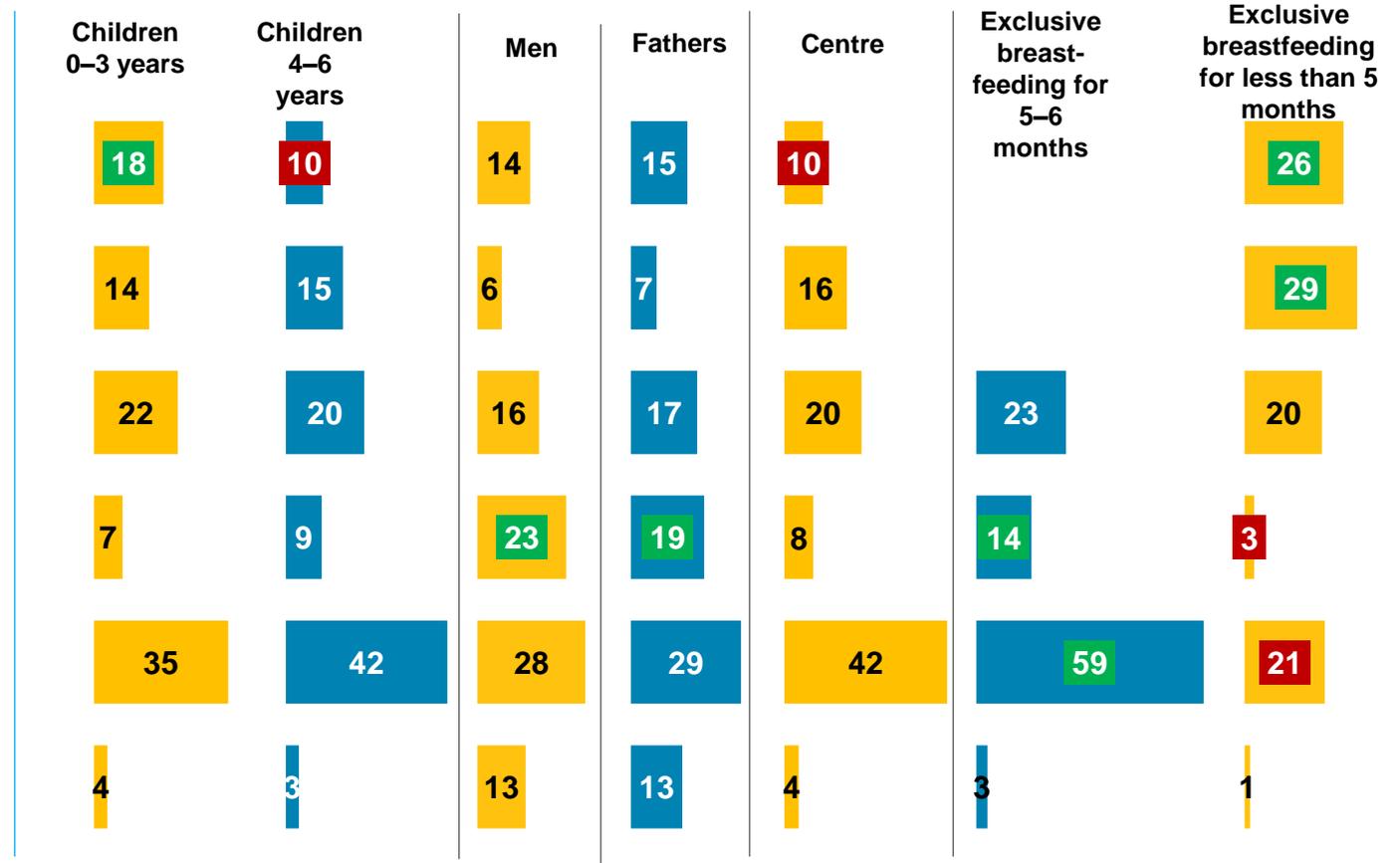
SUPPLEMENTARY FEEDING WITH ADAPTED MILK FORMULA

While 58% of those who know the details of breastfeeding state that they have given their child supplementary milk formula, 39% claim that this was not the case. Logically, in the case of babies that were exclusively breastfed for at least 5 months, this percentage is significantly higher (59%). Approximately three in 10 of those who know the details of breastfeeding (29%) state that their child was given supplementary milk formula already in the first three months, while one-fifth of them state that supplementary milk formula was introduced 3 to 6 months after birth. A higher percentage of parents/caregivers of children aged 0–3 years state that the baby was being given adapted milk formula already in the first month after birth (18%). The opposite trend was recorded among parents/caregivers of older children (10%).

The data is in %



58%



How long after the birth of the baby did you introduce adapted milk formula?

Base: Mothers whose baby is still being breastfed and people who know the details of breastfeeding the baby (the child is not being exclusively breastfed at the moment), N=747

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

INTERVIEWS AND FOCUS GROUPS

Six months is the most frequently mentioned period of exclusive breastfeeding



- **When it comes to the duration of breastfeeding, mothers estimate that “normal” breastfeeding lasts 8 months to a year, and that after this period there is no need for breastfeeding because the baby is already taking all the necessary ingredients through other foods. When it comes to exclusive breastfeeding, the basic position of mothers who do so is that it is necessary to apply this type of diet for at least 6 months after birth. Mothers who do not practice exclusive breastfeeding state that the child should be exclusively breastfed for 4 months after birth, and those who managed to do this are very self confident and proud of their success (mothers with more than one child in the group). On the other hand, mothers who do not practice exclusive breastfeeding give their children water – primarily due to the influence of the environment and household members/family (if the house is warm, or because of a myth that the baby will talk sooner if given water), but also upon the recommendation of paediatricians (experiences with paediatricians from Tiršova Hospital were mentioned) who recommend giving water to babies from day one if they want to drink it.**
- **From the point of view of the partners of exclusively breastfeeding mothers, estimates of the optimal duration of breastfeeding vary from one year, to a year and a half, to two, but with the introduction of solid foods in parallel after 6 months of exclusive breastfeeding. This model is established among all the surveyed spouses and their social circles; they even exchange recipes on what is best to introduce for each month after the transition from exclusive breastfeeding.**
- **The opinion of paediatricians and breastfeeding counsellors coincide with the views of the WHO that exclusive breastfeeding is the best and a sufficient way to feed newborns up to 6 months of age. The attitude of the visiting nurse and nurse from the maternity hospital coincides with this – therefore, according to them, breastmilk is the best exclusive type of nutrition for babies, and exclusive breastfeeding, but they note “if there are conditions for that”. Although the visiting nurse and nurse from the maternity hospital are aware that exclusive breastfeeding for up to 4–6 months is ideal, these two respondents pointed out that there is a large number of mothers who cannot breastfeed, because their milk is not good enough or they are suffering too much, so it is easier to give the baby supplements in the form of adapted milk formula, or to introduce complementary feeding from the fourth month, than to insist on breastfeeding.**

Benefits from supplementary feeding are not seen except in cases when there are some justifiable reasons for that



- **When it comes to combining breastfeeding and supplementation in the form of adapted milk formula, exclusively breastfeeding mothers assess that this diet is represented primarily by mothers who had no one to support them and encourage them to be persistent in breastfeeding, or who are not well-educated about all the elements of the situation in which they found themselves.** Namely, mothers estimate that frustration because of a crying baby is a trigger to reach for a bottle of adapted milk formula. They also think that a big role can be played by nurses in the maternity hospital and visiting nurses, who can explain the situation well and encourage the mother to be persistent in breastfeeding. **The attitudes of the partners of breastfeeding mothers are decisive when it comes to supplementation – they treat it only as an alternative if there is some objective reason for the impossibility of breastfeeding, such as excessive complications or insufficient nutrients in breastmilk.**
- **All those in the group of mothers who do not breastfeed exclusively, in addition to trying to breastfeed, also introduced milk formulas or (for older babies) complementary foods into the repertoire for babies under 5–6 months.** The reasons for starting this combination, that is, the introduction of milk formula, are diverse: mastitis and inflammation, due to which the baby refuses to draw milk, calmer sleeping by the baby and mother, insufficient milk – one mother, who had a caesarean section and due to insufficient milk, began with supplemental feeding, allergic reactions. All mothers consulted their paediatrician before starting supplementary feeding.
- **When it comes to combining milk formula and breastfeeding, the paediatrician does not recommend combining these in situations where breastfeeding is possible and normal, but it happens that mothers opt for breastfeeding in situations when they have the impression that the baby is not gaining weight or is crying too much (which in most cases is interpreted as hunger), or when the mother's exhaustion and insomnia are excessive. When it comes to combined nutrition – breastfeeding and supplementation with adapted milk formula – counsellors do not recommend it in any case that does not carry medical justification.** These are situations of children born with a weight of up to 2.3 kg, or situations when the mother is on medication (for schizophrenia, epilepsy) or when there is an endocrine disorder.

QUOTES

It is recommended that a baby up to 6 months is only breastfed, and I read a lot about it before my first daughter during my pregnancy and was interested in educating myself before the baby came. I read a lot of articles and books related to breastfeeding, that literally a baby, by breastfeeding, gets both water and food, and all the antibodies from the mother, literally everything. In principle, the advice is that it is not necessary to give anything to the baby except breastfeeding in the first 6 months. – *mother who is exclusively breastfeeding*

Breastfeeding for up to 6 months, after that – solid food. We did so for all three children. With this youngest daughter, we started with solid food at the age of 7 months, but she continues to breastfeed. I also have colleagues who had children in the same period, so we have menus and exchange recipes, what until which month. But the doctor's recommendation is to breastfeed for up to 6 months, after that supplementation and breastfeeding. – *Partner of mother who is exclusively breastfeeding*

Let's say I give my baby supplements in the evening, honestly to sleep longer, so that he doesn't wake up during the night, he will be full longer. He gives us a little rest and more sleep. A five-month-old baby. At 4 months I started with a combination. He gets bathed in the evening, then I breastfeed him and add some Aptamil. Since I have two older daughters, we go to school, we have a lot of obligations and I see that he can eat a lot more. Sometimes he drinks more, sometimes he drinks less. – *Mother who doesn't breastfeed exclusively*

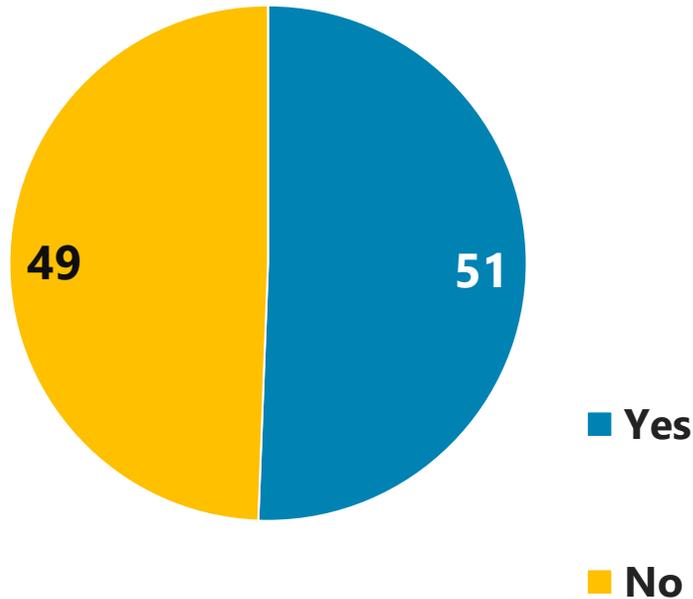
Our position is that breastfeeding and formula should not be combined in any situation. Not even after 6 months. The reason is that the more an adapted formula is used the more breastmilk is reduced. Breastfeeding is designed, breastmilk is designed so that it can satisfy all the needs of the child, nutritional, for up to a year. That is why solid food in the first year is only a supplement. Therefore, add the formula only for medical reasons. – *Breastfeeding counsellors*

This is when it seems to the parents that the baby is not progressing, then they introduce some of the formulas, the recommendations for the formula comes from friends, a neighbour; which formula they will introduce depends on their immediate environment and then they will come to you in 15 days with that combination. If you tell them that the baby has progressed quite well, and more, that even that formula can be freely abolished, there are parents, mothers who obey and at the next check-up they say we are just breastfeeding. But you also have those others who say I stopped breastfeeding, I don't want the baby to cry, he is constantly hungry and they are already on the formula. There are normal conditions when milk formula is indicated. When someone comes to you and she is already using the formula, what can you tell her but to continue with the formula. So the baby suckles, but it doesn't progress for 4–5 months, then you suggest a formula as a supplement, but you have to take care of who can do what. If the formula is introduced too easily and it is not taken into account that it is a bottle, that it goes drop by drop, it is easier for the baby to drink the formula than to suckle and the baby will not suckle anymore but switch to the formula. That is the rule. – *Paediatrician*

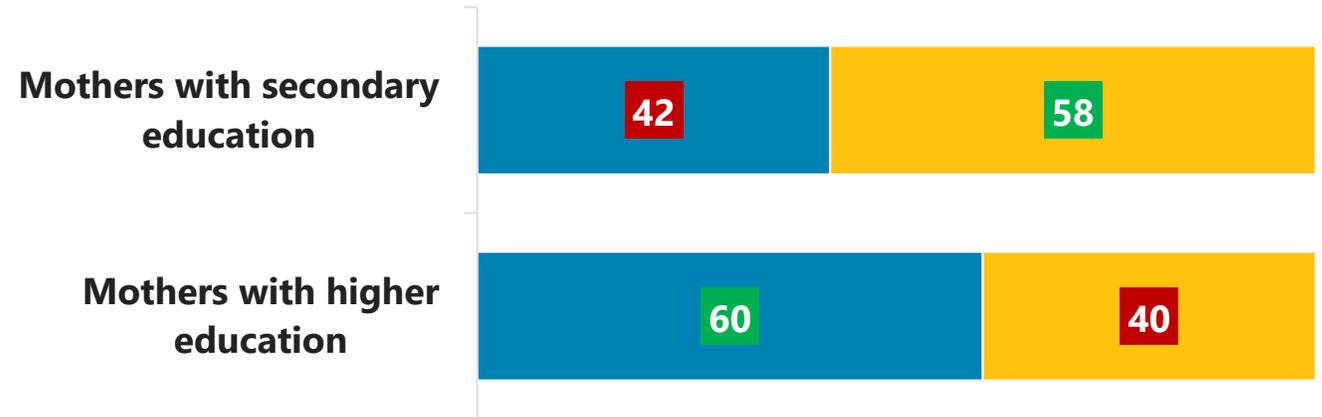
PROBLEMS WITH BREASTFEEDING

Half of the mothers faced difficulties related to breastfeeding. Various problems of this type are especially often reported by highly educated mothers (60%), while the situation is reversed among mothers who have completed secondary education (42%).

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

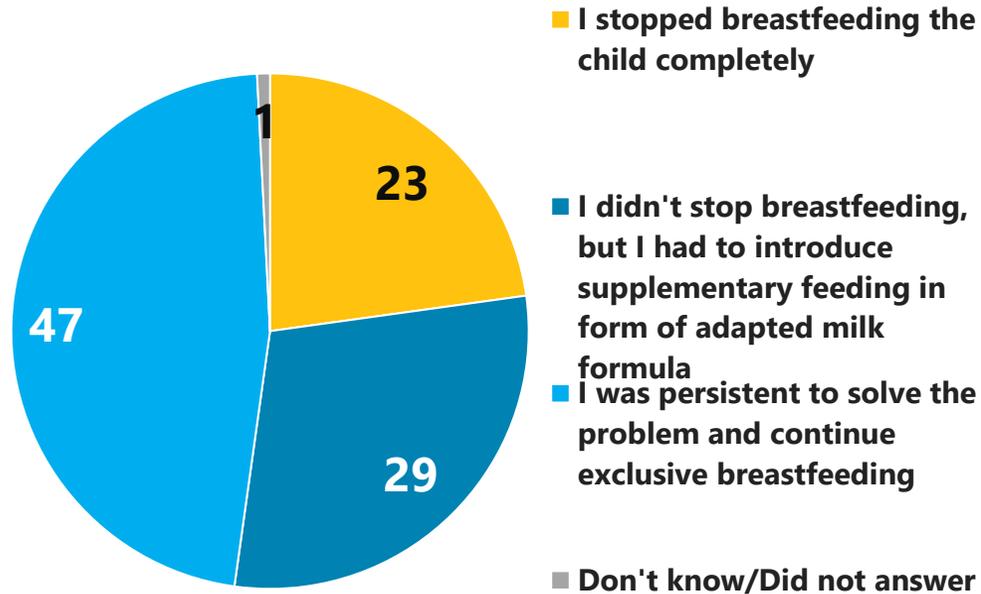
Have you experienced any problem or challenge/difficulty with breastfeeding the baby we are talking about (not enough milk, various breast or nipple problems, the baby has had a hard time learning how to draw milk, etc.)?

Base: Mothers who breastfed/are breastfeeding the child, N=679

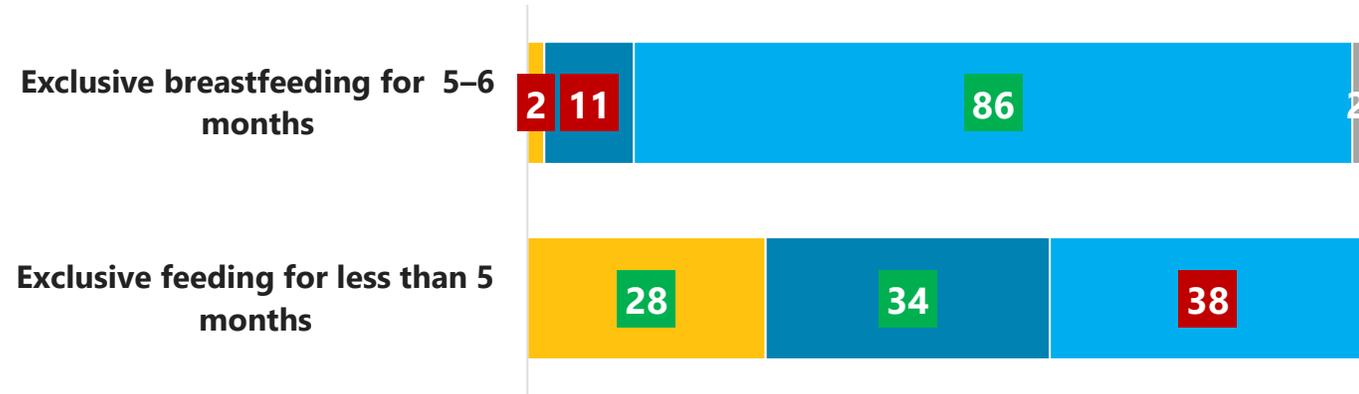
THE IMPACT OF PROBLEMS ON THE CONTINUATION OF BREASTFEEDING

Almost half of the mothers who experienced breastfeeding problems were persistent and continued to breastfeed exclusively with their milk (47%). Almost 30% state that they did not stop breastfeeding, but they had to introduce supplementary feeding in the form of adapted milk formula, and 23% admit that their problems forced them to stop breastfeeding their child completely. As expected, mothers who exclusively breastfed for 5–6 months were significantly more persistent than those who had previously introduced an adapted milk formula.

The data is in %



Categories with statistically significant differences, relative to the overall population



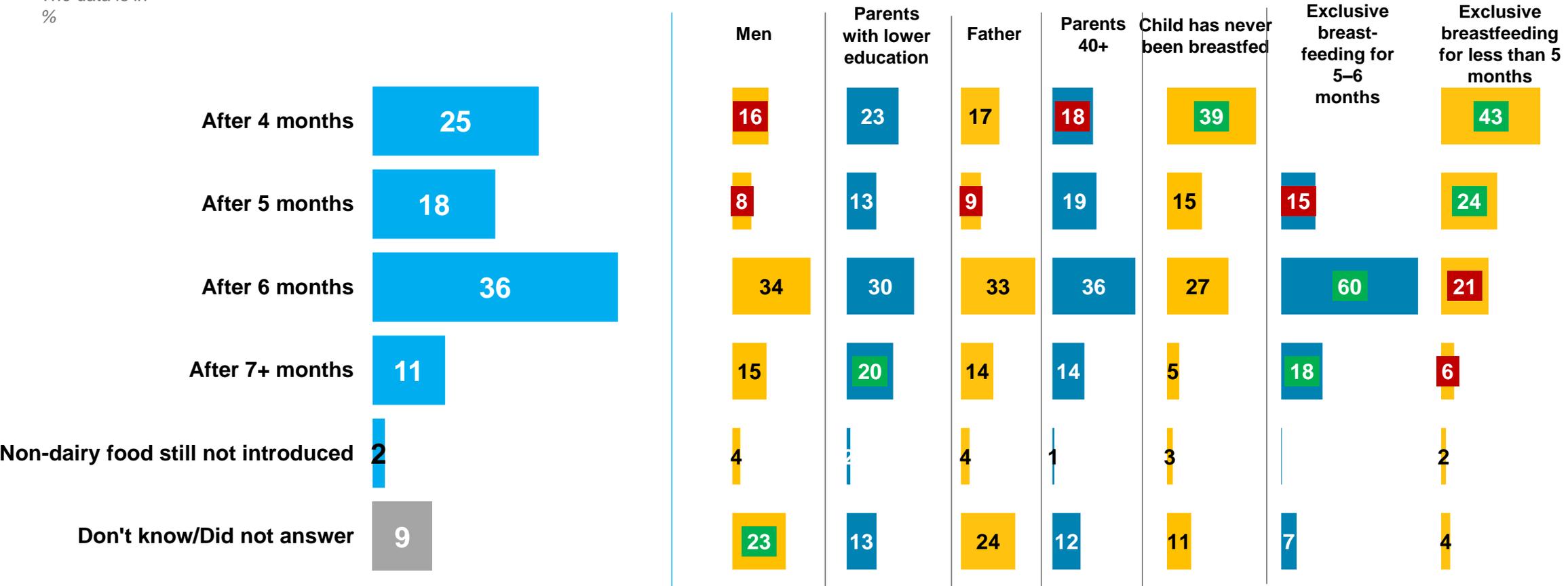
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

INTRODUCTION OF COMPLEMENTARY FEEDING

More than one-third of parents/caregivers state that the child was introduced to a complementary feeding after the age of 6 months (36%). This attitude is far more present among those whose child was exclusively breastfed for 5–6 months. One-quarter of mothers state that a complementary feeding was introduced 4 months after birth, which is significantly more often confirmed by those whose child has not been breastfed or has been exclusively breastfed for less than 5 months. 18% of parents/caregivers claim that they introduced complementary feeding when the child was 5 months old.

The data is in %



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

How long after birth was complementary feeding introduced?

Base: Total target population unless the child has not yet been introduced to complementary feeding, N=974

REASONS FOR NOT BREASTFEEDING/STOPPING BREASTFEEDING

The main reason that mothers mentioned for not breastfeeding or stopping breastfeeding is their conviction that they don't have enough milk (41%). The second most important reason is the opinion that the child has grown enough (27%). And among the reasons mentioned far less than these two, those related to the health of the mother stand out (7%) and connected with this, the advice of the doctor (7%).

The data is in
%



Can you please state the reasons why you did not breastfeed or you stopped breastfeeding the baby we are talking about?

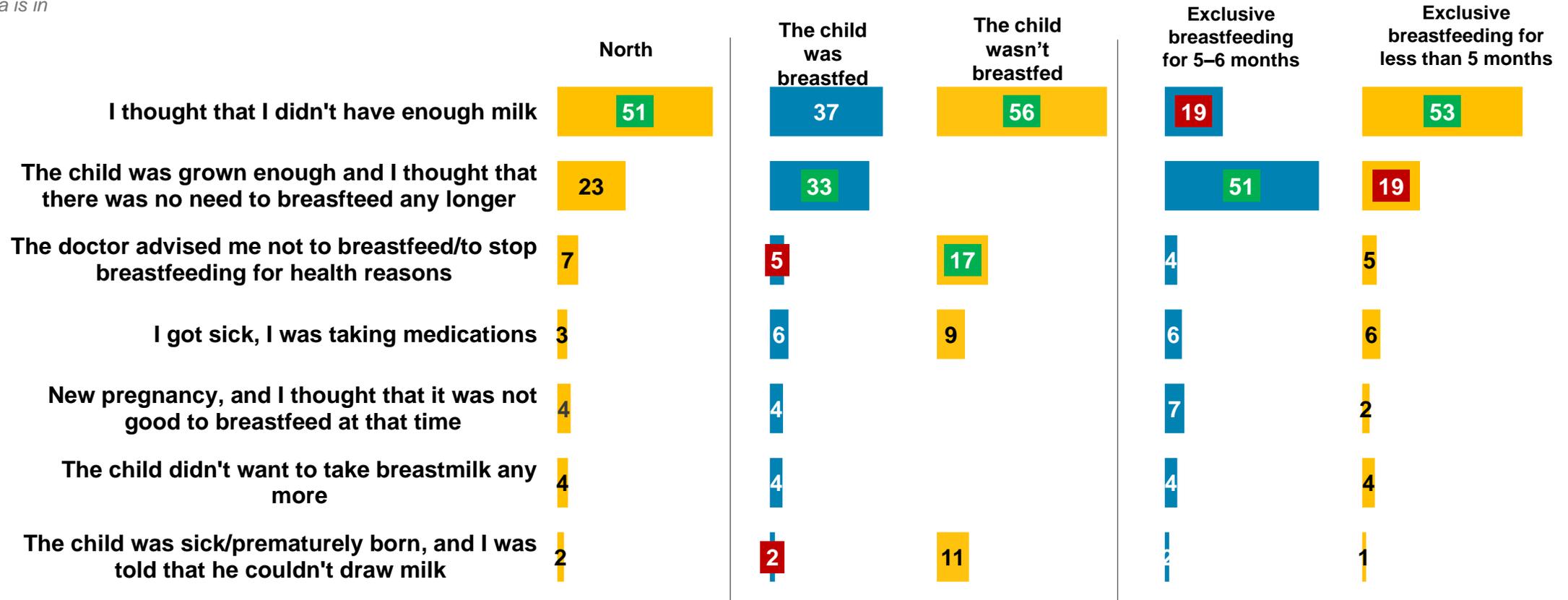
Base: Mothers who have never breastfed a baby or have stopped breastfeeding, N=732

REASONS FOR NOT BREASTFEEDING/STOPPING BREASTFEEDING

(Categories with statistically significant differences, relative to the overall population)

Mothers from the north and those who exclusively breastfed for less than 5 months state significantly more often than others that they thought they did not have enough milk. Mothers who did not breastfeed at all more often than the average state that it was for health reasons and upon the advice of a doctor.

The data is in %



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

Can you please state the reasons why you did not breastfeed or you stopped breastfeeding the baby we are talking about?

Base: Mothers who have never breastfed a baby or have stopped breastfeeding, N=732

INTERVIEWS AND FOCUS GROUPS



The reasons are mostly objective in nature, although health professionals also point out the lack of preparation of mothers and confusing advice from the environment.

- The most common situations that force the mothers who do not breastfeed exclusively to start supplementation are the following: the impression that there is not enough milk, when the baby is constantly crying, when the baby has sleep disorders, various types of inflammation. Breastfed babies are soothed by the arrival of a bottle after breastfeeding, and mothers explain that their milk is not enough to satisfy the baby. **Negative aspects such as mastitis, swelling and blockage of the milk ducts stand out as the biggest problems from the point of view of the partner of a breastfeeding mother, but with the reservation that, despite the problems, every mother should try to breastfeed if she is able to, that there is nothing better for the mother and child.**
- Insufficient preparation by the mother (unpreparedness of the breasts, not knowing how to place the baby in the proper position for breastfeeding), poor information in terms of ignorance about the benefits of breastfeeding, prejudices related to the belief of mothers that they have bad milk or bad nipples unsuitable for breastfeeding. **The mother's fear** was assessed as being paralyzing in certain situations, and the cause of the fact that a normal breastfeeding cycle cannot be established. **Challenges include physical and mental exhaustion of mothers, sleep deprivation, general postpartum frustration, and lability.** There are also numerous, and often **confusing, pieces of advice given to the mother** on what to do in case of breast problems, which further confuse the mother and prevent calm and collected decision-making about further breastfeeding, so all this often results in the mother giving up or stopping exclusive breastfeeding. The home-visiting nurse does not consider this factor too important, but emphasizes the mother's fear that the child is hungry if it cries. According to breastfeeding counsellors, **the biggest "danger" in this first phase**, is, in addition to uneducated health workers, pressures from the family (especially their mothers and mothers-in-law) who, guided by their experience and the idea that the child is hungry, put pressure on new mothers.

QUOTES

This is when in the beginning we put the baby on the breast, sometimes the baby is stronger and more aggressive and it draws milk so aggressively that it makes a mess. It is easy to make a crack on the breast – the mother is in pain, there is no milk, the baby draws milk and there is no milk and the mother hesitates to continue breastfeeding. In those days there is literally some mess, she does not empty the breast properly, much more milk comes. It's that fear of hers where she just won't put the baby to the breast because it's painful. Painful caesarean section, sore breast... she then does not put the baby on the breast after 3 hours, the milk starts, she listens to persuasions from others, drinks a lot of liquid to get the milk – you have to do this, you have to put warm, soft compresses. A woman is so confused that she creates general chaos. And then there is a complete cessation of breastfeeding. There should be institutions from the very beginning where someone will give stimulation to the woman, to give explanations about how a warm compress must be put there and everything, but the baby must also be put on the breast. – *Nurse from maternity hospital*

Because of the uncertainty, because they don't know if the baby is getting as much as it needs, they then reach for supplementary feeding and in essence the more you breastfeed the baby the more milk is produced, that's the principle of breastfeeding... supply and demand, but on the other hand some external factors, that someone else is there, whether the mother or the mother-in-law, she says to the woman, you don't have milk, give the baby food. I think we've all heard that. Why don't you give her a bottle, let her sleep, get some rest. – *Exclusively breastfeeding mother*

If the mother does not have enough milk, if the baby is not sleeping, cries constantly and so on, it is probably necessary to introduce supplementary feeding, because the baby lacks nothing else, it is certainly hungry. So I guess that's the moment. – *Mother who doesn't breastfeed exclusively*

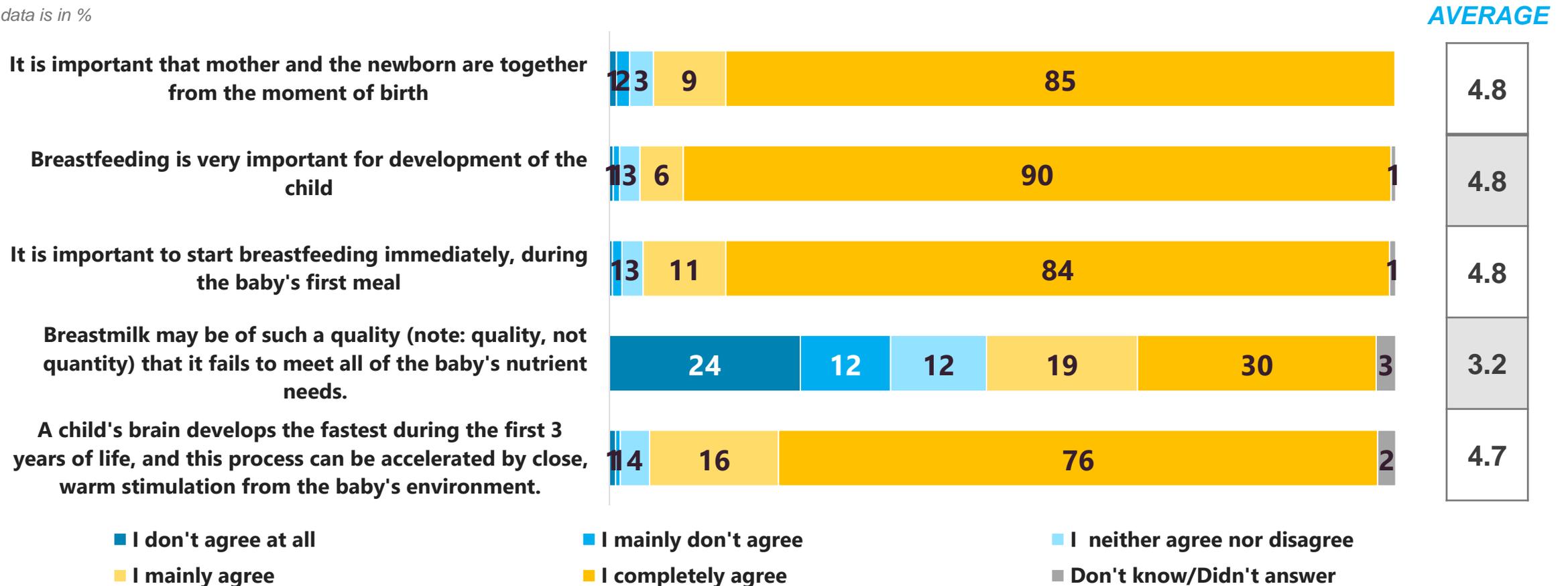
There should be a really small number of women who cannot breastfeed. And many women give up for no particular reason, because it's difficult, because they have to struggle, it takes a little time, and there are a lot of those problems that accompany breastfeeding, from swelling, constipation, mastitis, mostly the benefits are huge and for me there is no alternative, and as for the downsides I don't think there are downsides. – *Partner of a mother who is exclusively breastfeeding*

Well, first of all, regardless of the fact that breastfeeding is a natural thing and that it is so natural, they don't all manage to the same extent... they need support. There is physical pain, fever, insomnia, there are mental and psychological reasons, you have to be constantly available to the child, you can't sometimes go to the toilet or eat, imagine how it affects someone, for example: for a month and a half you can't sleep or go to the toilet, you have to be present non-stop. You are starving, someone tells you now leave it all and get up. Another reason is the fear that the child is hungry, if you do not have some support from the environment, professional support, the mother is left to herself. The family is very important here as well. We say the most dangerous ones are mothers and mothers-in-law, for example... In their time children were fed differently, there was more breastfeeding, but some foods were introduced earlier: here is my mother-in-law telling how my husband ate beans at 3 months, you understand? For example, he underwent gallbladder surgery at the age of 40, which later caused some problems. Because babies' intestines are not ready for food other than milk up to 6 months, just up to 6 months. – *Breastfeeding counsellors*

AGREEMENT WITH STATEMENTS ABOUT BREASTFEEDING AND CHILD DEVELOPMENT

Almost all parents/caregivers agree that breastfeeding is very important for the development of the child (96%), that it should be started from the first child's meal (95%), and that it is important for mother and baby to be together immediately after birth. (94%). The vast majority also believe that a child's brain develops fastest during the first 3 years, which can be contributed to by adequate stimulation from the baby's environment (92%). In contrast, opinion about the quality of breastmilk is divided. Half of mothers find that it may not be possible to meet all of a child's nutrient needs; 36% take the opposite view, and 12% remain undecided.

The data is in %



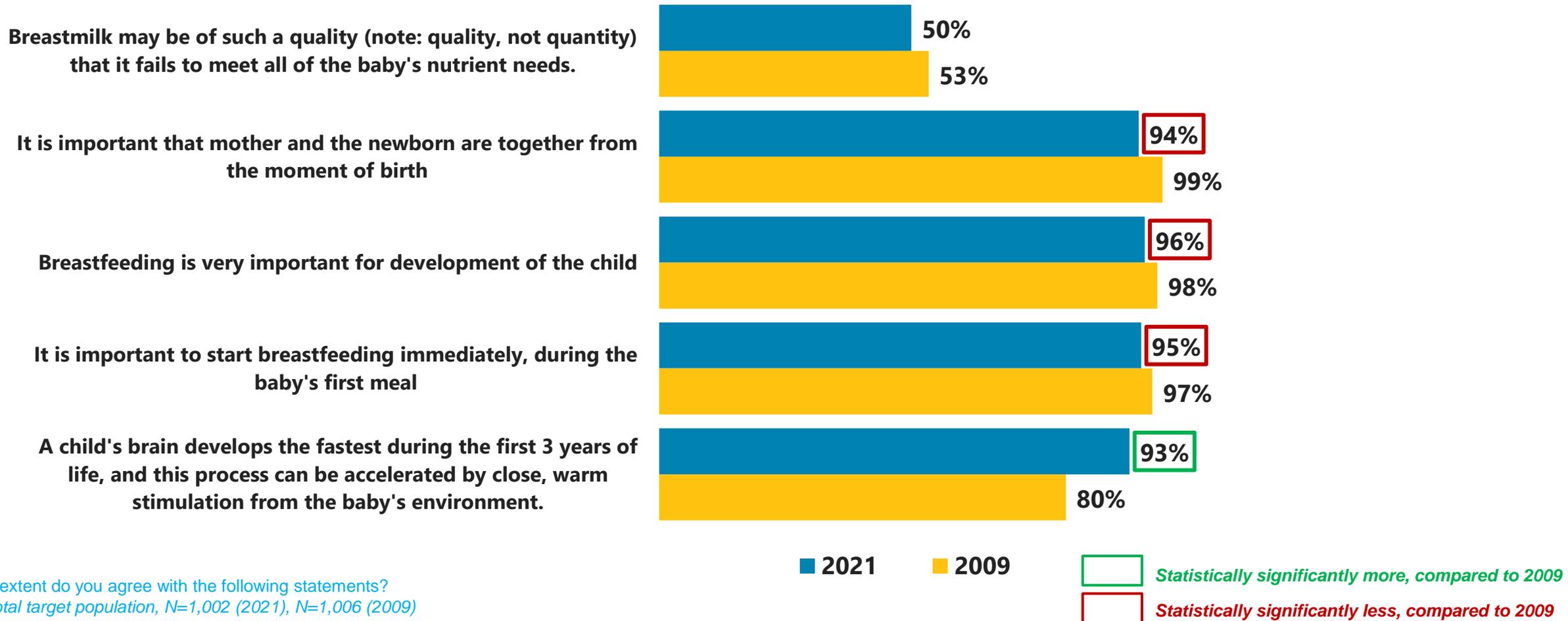
To what extent do you agree with the following statements?
 Base: Total target population, N=1,002

AGREEMENT WITH STATEMENTS ABOUT BREASTFEEDING AND CHILD DEVELOPMENT *(Comparison of waves)*

Although there is a decline in the number of parents / caregivers who agree that breastfeeding is important for the child's development, and that it should be started from the child's first meal, and that it is important for mother and baby to be together as soon as possible, given the high percentage of those who support these views in both waves, it should not be considered drastic. On the other hand, compared to 2009, there is a much higher percentage of those who believe that during the first three years, warm stimulation from the environment contributes to the development of the child's brain (93% in 2021 compared to 80% in 2009).

The data is in
%

I mainly agree + I completely agree



To what extent do you agree with the following statements?
Base: Total target population, N=1,002 (2021), N=1,006 (2009)

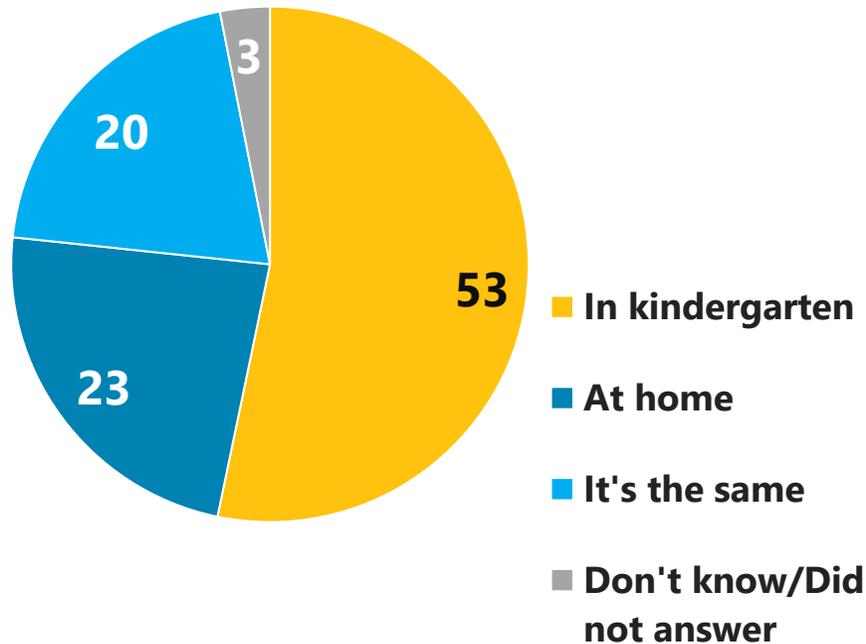
PRESCHOOL EDUCATION AND UPBRINGING



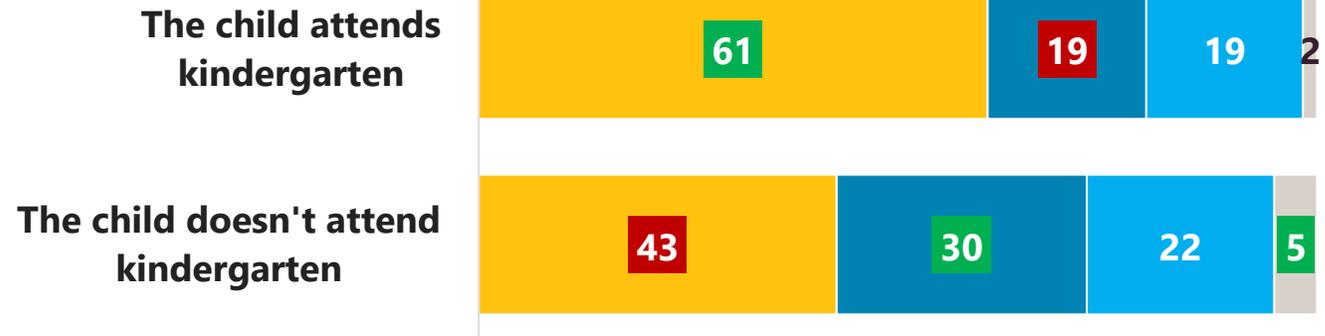
DEVELOPMENT OF SKILLS IN KINDERGARTEN AND AT HOME

More than half of the parents/caregivers believe that the child will better master the abilities and skills relevant to preschool age in kindergarten than at home (53%). Nearly one-quarter of them prefer the home environment, and one-fifth of parents think that it doesn't matter. As expected, parents/caregivers whose child is enrolled in kindergarten emphasize its importance to a much greater extent (61%). The opinion of parents whose child is not enrolled in preschool is divided, but even in this category, those parents who believe that kindergarten is a more adequate option for early education of the child are prevalent.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

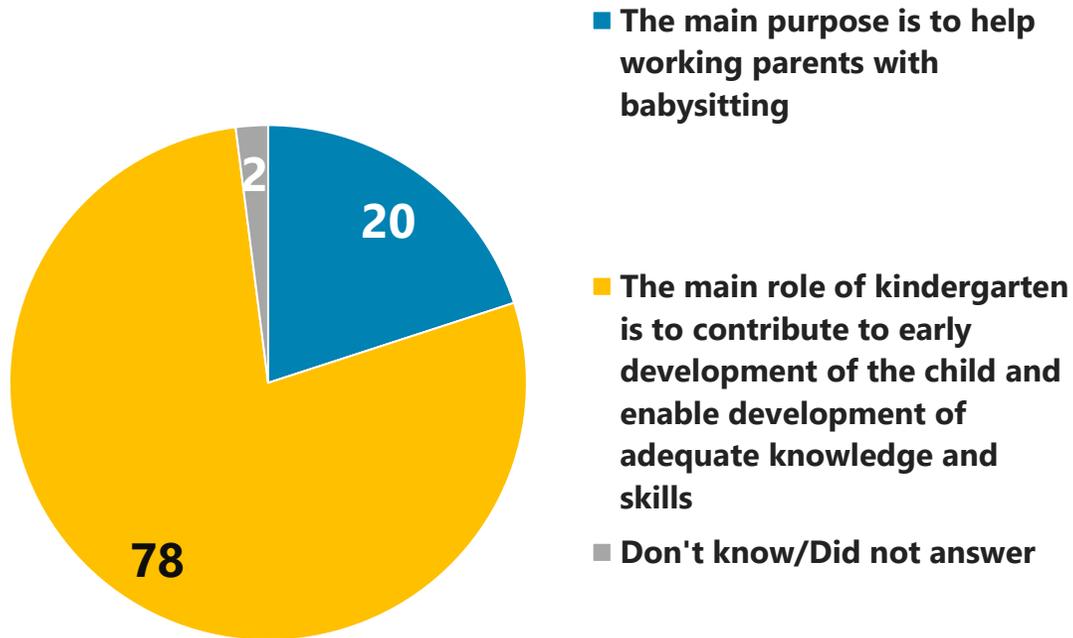
In your opinion, can the child learn better and master the most important abilities and skills he needs to master by the age of 6 in kindergarten or at home?

Base: Total target population, N=1,002

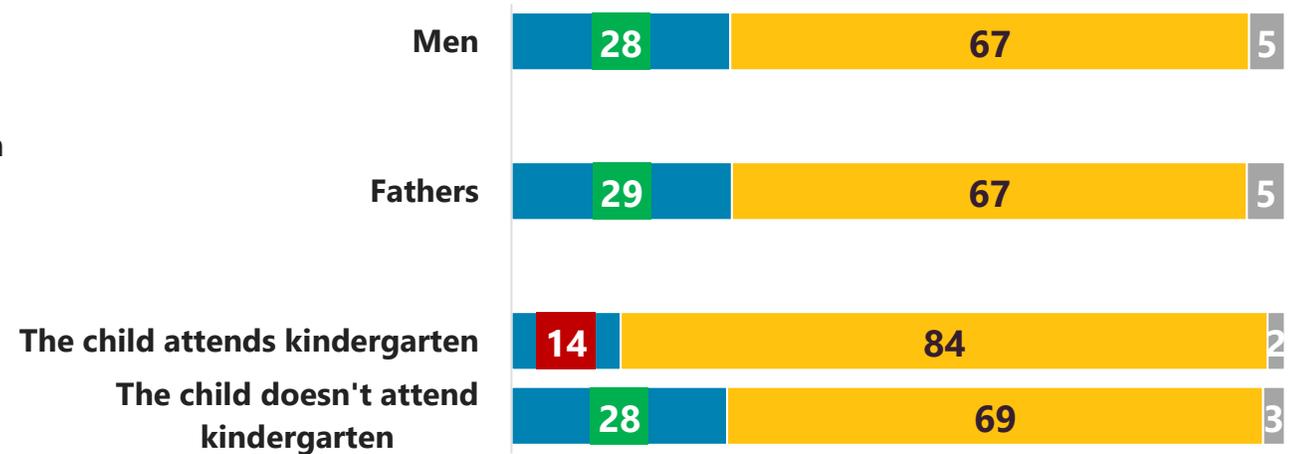
THE MAIN ROLE OF KINDERGARTEN

Over three-quarters of parents/caregivers agree that the role of kindergarten is primarily education and upbringing (78%), and only one-fifth think that its main purpose is to help working parents with babysitting (child care). The second position is advocated more often than average by men in general, fathers, and those whose child is not enrolled in kindergarten.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

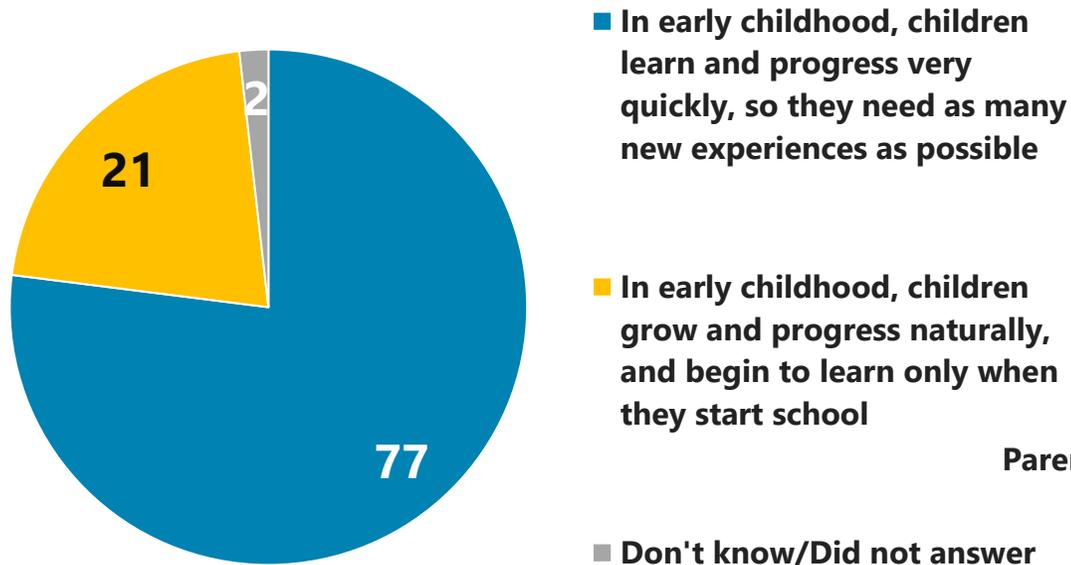
People have different opinions about the development of preschool children and the role of kindergarten. Please choose a statement that is closer to your opinion in each pair.

Base: Total target population, N=1,002

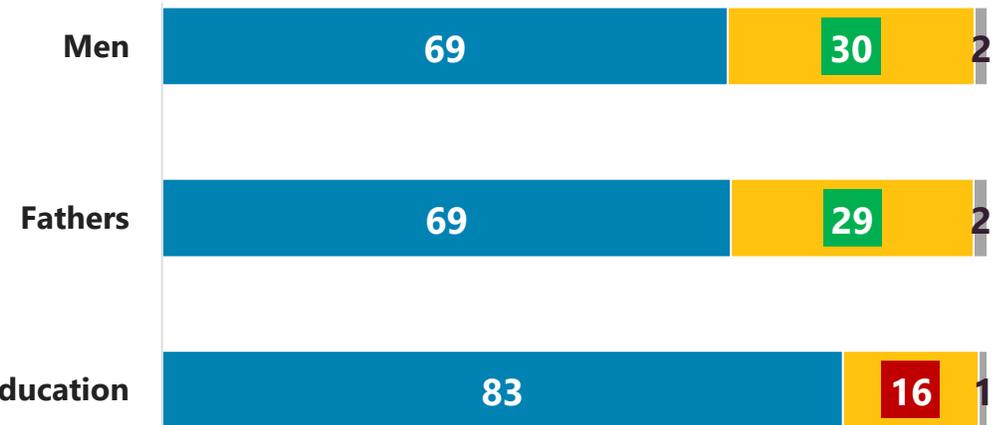
LEARNING AND PROGRESS IN EARLY CHILDHOOD

Again, more than three-quarters of parents/caregivers share the opinion that children in early childhood need as many new experiences as possible because they learn and progress quickly (77%). On the other hand, 21% believe that children at that age should not be forced because they start learning only when they start school. Men in general and fathers are more likely than others to agree with the second statement, while parents with higher education are less likely than average to take the view that children in early childhood grow and progress naturally.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

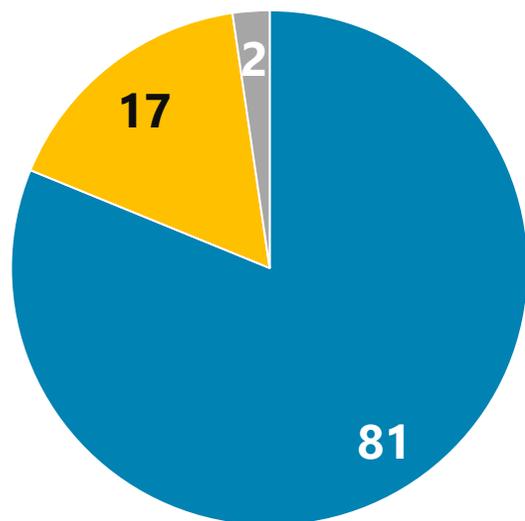
People have different opinions about the development of preschool children and the role of kindergarten. Please choose a statement that is closer to your opinion in each pair.

Base: Total target population, N=1,002

ATTENDING KINDERGARTEN ALTHOUGH THERE IS SOMEONE TO LOOK AFTER HIM/HER AT HOME

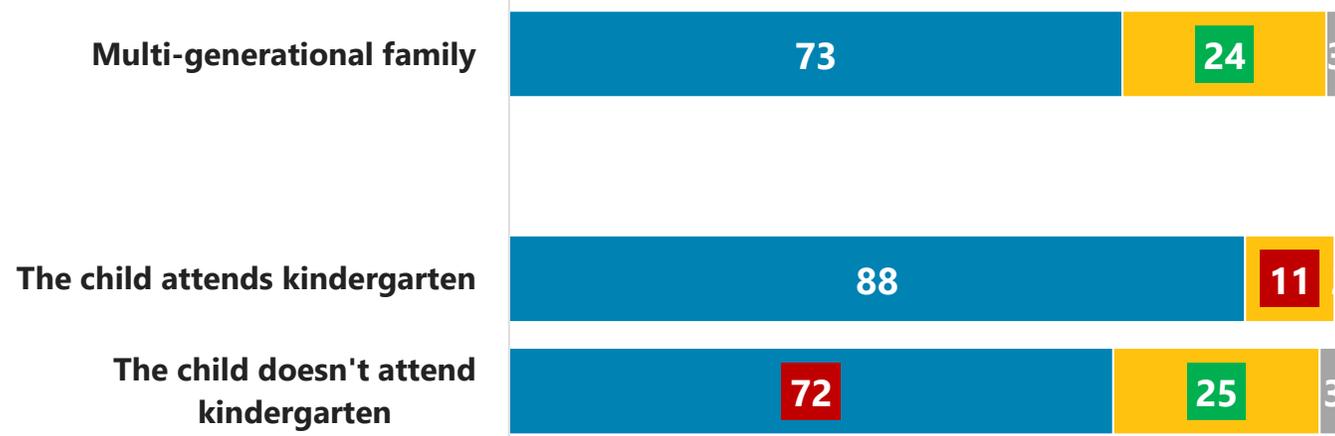
As many as eight out of 10 parents/caregivers believe that it is better for a child to go to kindergarten even if there is someone to look after him/her at home, while 17% have the opposite opinion. It is not surprising that members of multi-generational families and those whose child is not enrolled in kindergarten strongly support the child's stay at home in cases where there is someone to look after him.

The data is in %



- It is better for the child to attend kindergarten even though there is someone to look after him/her at home
- If there is someone at home to look after the child it is better for the child not to attend kindergarten

Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

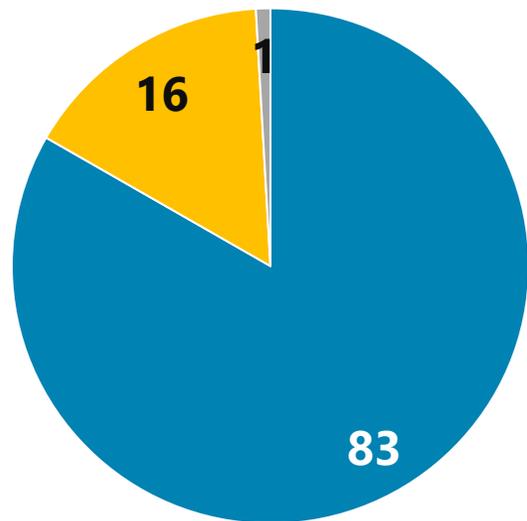
People have different opinions about the development of preschool children and the role of kindergarten. Please choose a statement that is closer to your opinion in each pair.

Base: Total target population, N=1,002

ROLE OF PROFESSIONALS IN CHILD DEVELOPMENT

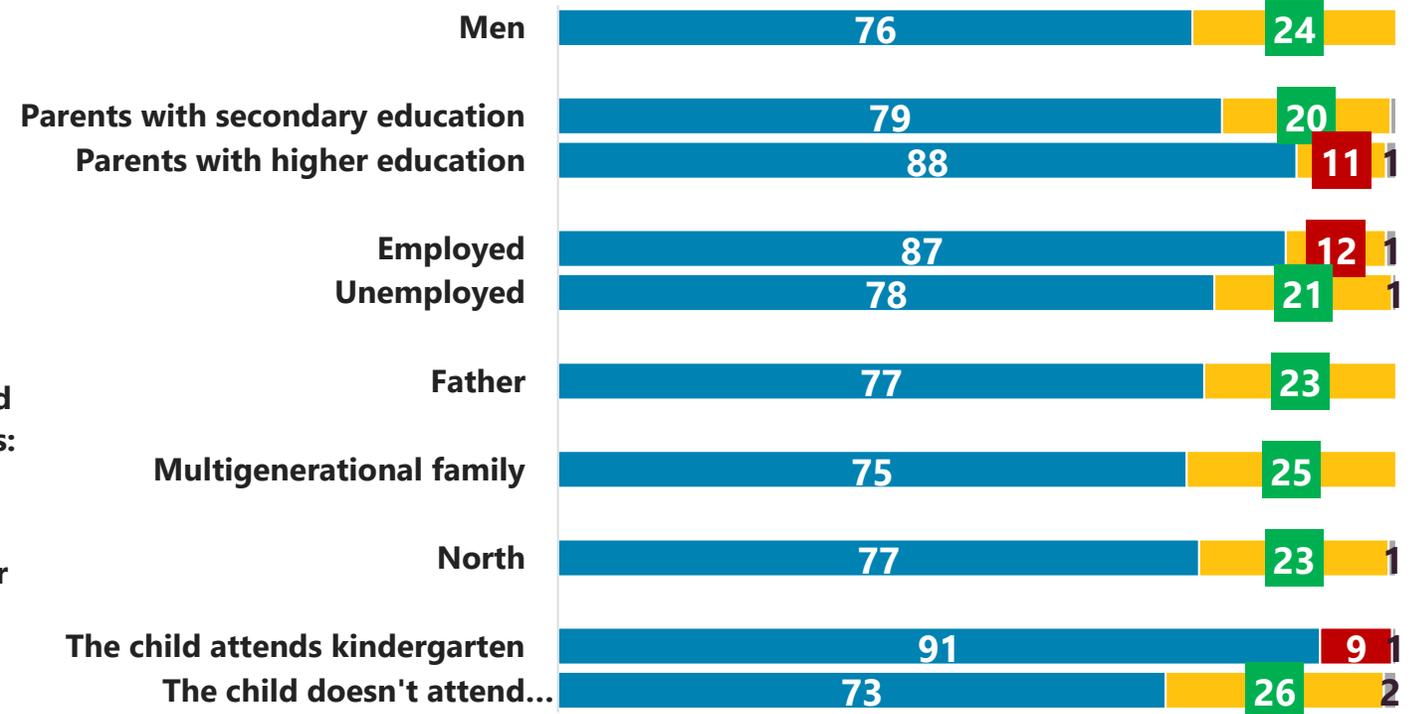
Over 80% of parents/caregivers believe that educators as professionals (83%) should be involved in the child's development, in addition to family members. The opposite view is shared by 16% of parents, and more often than others by men/fathers, unemployed and parents with high school, those living in the north of the country and in multigenerational families, as well as those whose child is not enrolled in kindergarten.

The data is in %



- It is good that, in addition to family members, educators as professionals are included in the child's development
- A child with typical development does not need professionals, i.e. educators: he/she can get everything within the family
- Don't know/Did not answer

Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

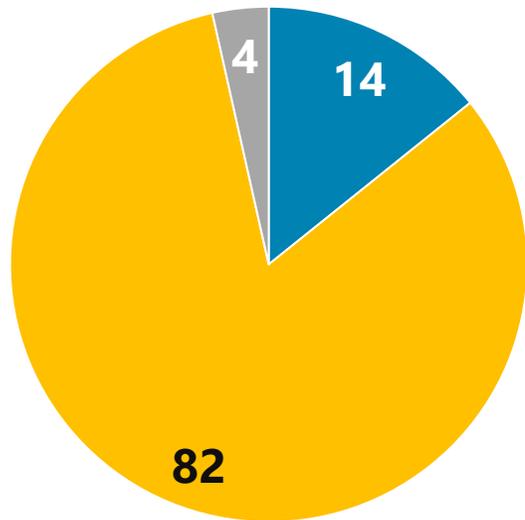
People have different opinions about the development of preschool children and the role of kindergarten. Please choose a statement that is closer to your opinion in each pair.

Base: Total target population, N=1,002

ATTITUDES ON THE IMPACT OF KINDERGARTEN ON CHILD IMMUNITY

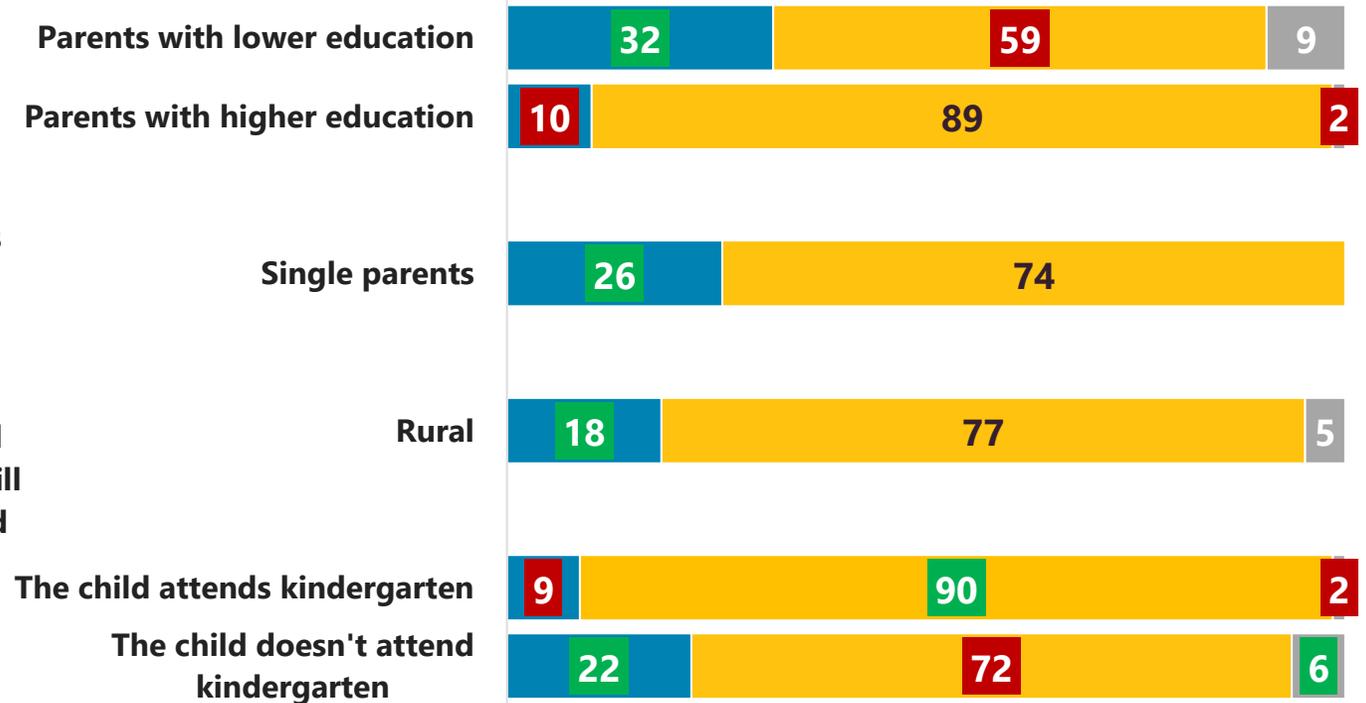
More than four-fifths of parents/caregivers do not fear that kindergarten could adversely affect their child's immunity; on the contrary, they believe that possible infections and diseases will make the child more immune (82%). Those whose child attends kindergarten are even more convinced of this. On the other hand, 14% express concern about the health of the child attending kindergarten, more often than others – single parents, parents with only primary school education, those from rural areas and, as expected, those whose child does not attend kindergarten.

The data is in %



- A child who attends kindergarten can get various infectious diseases that weaken his/her immunity
- It is true that a child in kindergarten can be infected by other children, but this will make him more resistant and strengthen his immunity.
- Don't know/Did not answer

Categories with statistically significant differences, relative to the overall population



People have different opinions about the development of preschool children and the role of kindergarten. Please choose a statement that is closer to your opinion in each pair.

Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

INTERVIEWS AND FOCUS GROUPS

Kidergartens are given priority regardless of whether children attend them or not.



- The general attitude towards kindergarten is positive, regardless of whether it is about parents whose children go to kindergarten or not. The key roles of kindergarten are: socialization and the acquisition of knowledge that will serve the child well before going to school. The third spontaneously mentioned benefit is related to the acquisition of habits, i.e. establishing a structure that will later serve as a basis for acquiring working and hygiene habits. Among other roles, factors of socializing with other children, separation from parents and discipline were also mentioned. There is a general consensus that each of these aspects can be developed in children at home, but that the process is much more difficult and demanding for parents, especially if both parents work and do not have as much time to devote to their children as they would like. In addition, it is necessary that the environment be such that children around them have enough peers to have adequate socializing and socialization.
- **The following potential problems were mentioned:** colds or illnesses (whether related to COVID-19 or not), trauma if the child does not get used to kindergarten, as well as **too long a period of sitting indoors** if the kindergarten does not have a yard or does not make use of it enough. Although these reasons will discourage a certain percentage of parents, the general assessment is that the advantages of kindergarten outweigh the disadvantages.
- It is worth mentioning that **almost all parents would send their children to kindergarten even if there is someone to look after them at home.**
- **Consulting professionals is seen as useful but not something that should be strictly adhered to**, but parents should apply what suits the characteristics and character of the child. Professional literature is consulted either in the form of books, or on internet forums and sites specializing in the early development of children, although with some reserve, since all information from the internet should be taken with a pinch of salt. When it comes to contact with and visits to specific experts, doctors (primarily paediatricians) come first, followed by psychologists, although more in the context of a specific problem than advice on children's development.

QUOTES

It is important for the child to meet new children, to be free, to have no problems tomorrow. I see my two older daughters, who have started school now, they have no problem meeting new friends right away. If you keep the child at home with its grandparents, it gets lost, it has problems, fears, and these children feel this. They learn a lot of things with the teacher – about traffic, planes, trucks; in fact, the child is ready for the first grade. It is useful for both the child and the parents. Kindergarten is very important. – *Parent of a child who attends kindergarten*

As for the experts themselves, I have read various opinion portals, I appreciate some things, I do some things differently. I read a lot, but I work mostly on my own, because every child is different, it doesn't have to mean that if my baby doesn't sleep at night, another child won't sleep and vice versa. Regarding eating, it's all somehow different, it all depends on the child and even on his or her age. – *Parent of a child who attends kindergarten*

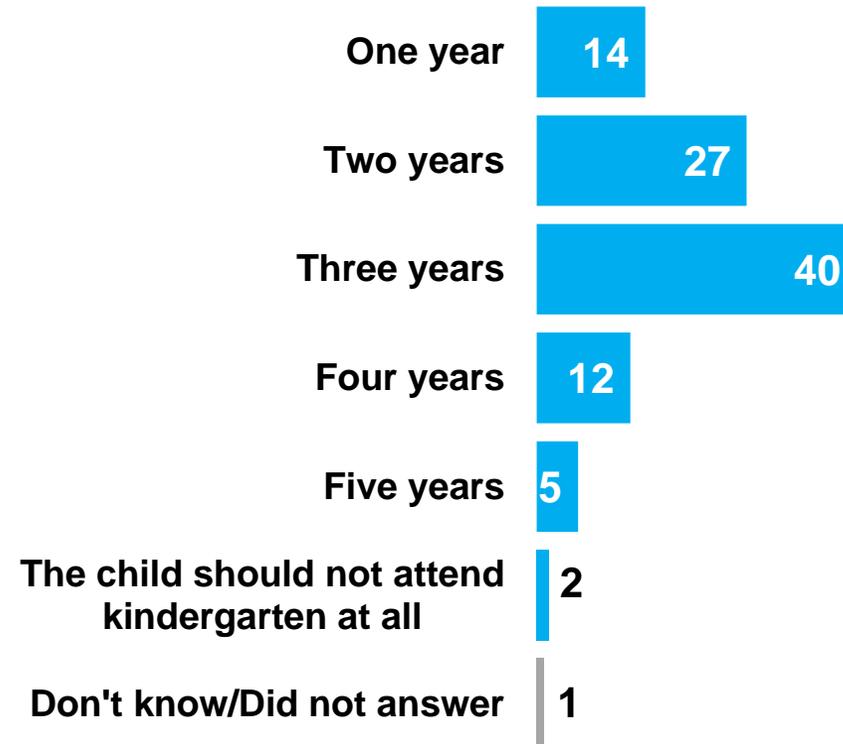
It is more important to me that they hang out and play, they will have time to learn later, I don't force them to learn a lot and to know how to write, read, and to know everything before going to school. It's not in my interest. It is in my interest to have him play, to hang out, to have his childhood, because later when obligations start and when school starts everything is different. – *Parent of a child who attends kindergarten*

Well, in addition to the socializing that they really like... they definitely get some basic rules of behaviour, they just have to get up to go to kindergarten, sleep there at the same time, that's something they learn there, that it's OK, that they have to work and so they get those first steps of what they need to do. – *Parent of a child who does not attend kindergarten*

OPTIMAL AGE FOR KINDERGARTEN

Two-fifths of parents/caregivers believe that the age of 3 is optimal for enrolling the child in kindergarten. However, almost the same percentage of parents believe that the child should start kindergarten earlier (14% at the age of 1, 27% at the age of 2). A significantly lower percentage of parents state that one should wait for a child to turn 4 (12%) or 5 years (5%).

The data is in
%



In your opinion, at what age should a child start going to kindergarten?

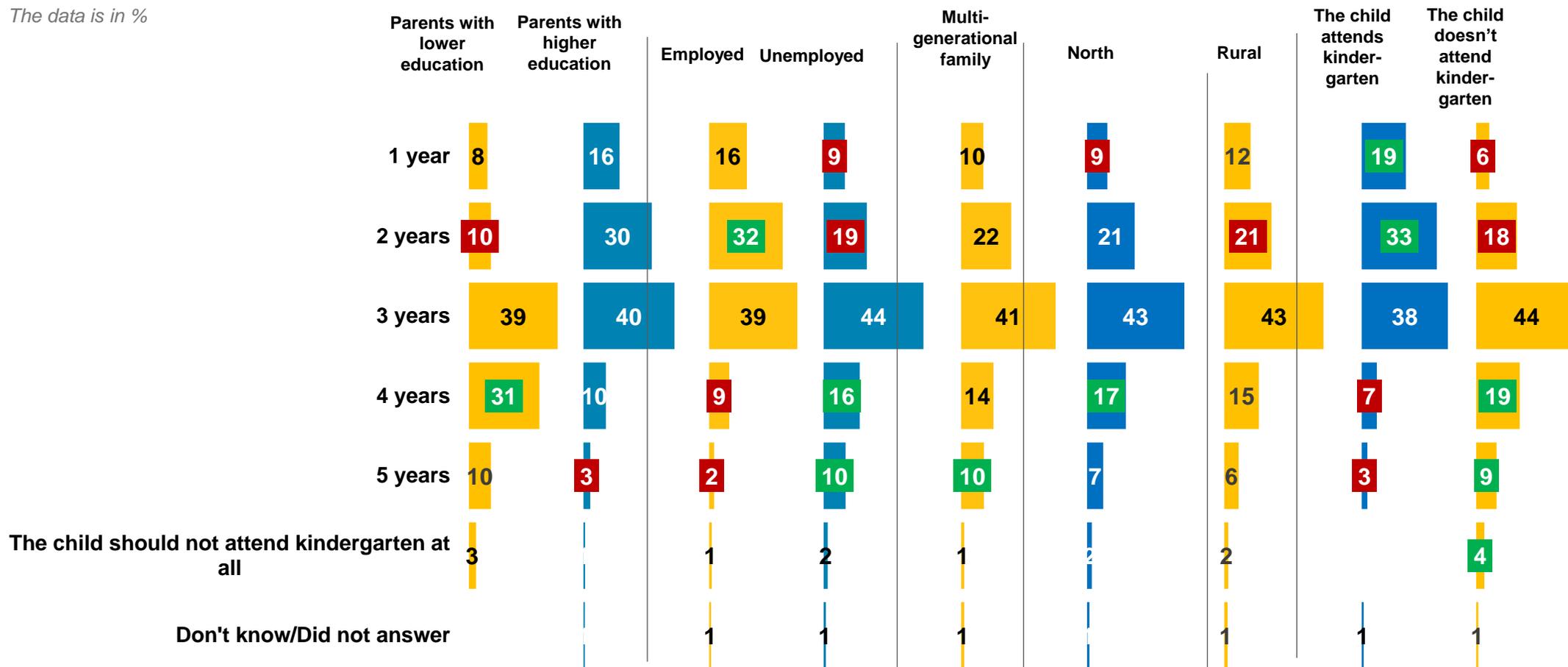
Base: Total target population, N=xxx

OPTIMAL AGE FOR KINDERGARTEN

(Categories with statistically significant differences, relative to the overall population)

Among most socio-demographic categories, the prevailing opinion is that a child should start kindergarten at the age of 3, but there are still differences. Thus, those whose child is already enrolled, far more often than others, state the age of 1 or 2, followed by employed parents. On the other hand, it seems that parents with lower education, from the north and from rural areas, the unemployed and members of multi-generational families prefer to wait for their child's fourth or even fifth birthday before enrolling it in kindergarten.

The data is in %



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

According to your opinion, at what age should a child start attending kindergarten?

Base: Total target population, N=1,002



The age of 3 is seen as the optimum age for starting kindergarten

- **When it comes to the ideal age at which to start kindergarten, both groups of parents (those whose children attend kindergarten and those whose children do not attend kindergarten) are unanimous in the assessment that it is best to start kindergarten after the age of 3.** In addition to the practical reasons for starting to attend kindergarten at that age (such as toilet training), **the general assessment is that a child after the age of 3 can better understand the concept of kindergarten and it is easier to separate a child from its parents at age 3 than at a younger age.** According to some parents, after the third year, **the needs of the children themselves change: they show a tendency to be more oriented towards peers and not exclusively towards family members,** as is the case at an earlier age. Only those parents who do not have anyone to look after the children decided to take their children to kindergarten when they were less than 3 years old.
- **According to NGO representatives who have experience with preschool education of children belonging to vulnerable groups, a similarity with parents from the general population who send children to preschool institutions is that the parents of Roma children do not consider sending their child to kindergarten before the age of 3,** i.e. this age increasingly stands out as the optimum age for easier separation from parents and getting used to spending time in kindergarten. This trend is especially noticeable among parents of Roma and Egyptian children who have more children and whose older children attended kindergarten, but mostly after the age of 4. **In other words, based on what they learned from their own experience with older children, they understand that younger children can start even earlier, but certainly not before their third year.**

QUOTES

I read somewhere that, only after the third year is it OK to send them to kindergarten. Until their third year children need most attention from parents, grandparents ... and only after the age of 3 comes socialization. Then they feel the need for friends, socializing. – *Parent of a child who attends kindergarten*

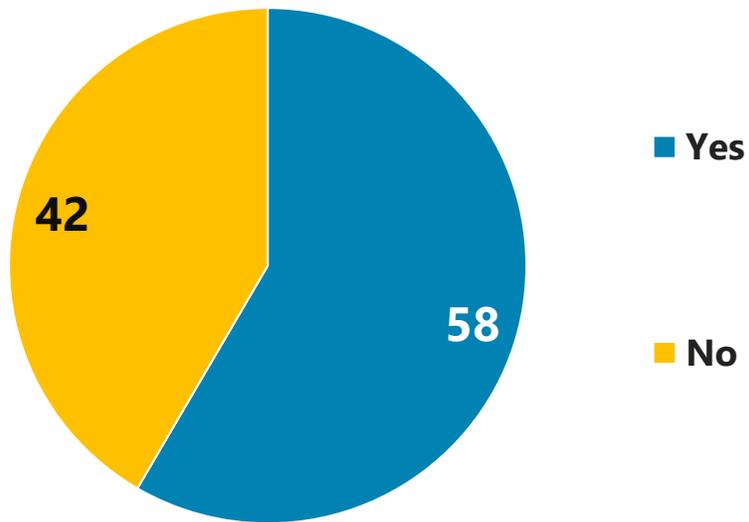
Well, because after the third year children understand everything differently, they understand what kindergarten means, and before that it is difficult for them to be separated from their parents, because we are always with them. My daughter, when she was younger, sat alone non-stop during the first month [at kindergarten], she had a hard time accepting it, but later we didn't have any problems. – *Parent of a child who attends kindergarten*

What I notice at a declarative level is that kindergarten is good because it makes it easier for children later in school. If someone has several children and experience with kindergarten, they will enrol their younger children too, because they have grasped the benefit. I didn't have this benefit, I didn't know how to write the letters of the alphabet, so I was very shy when I saw the teacher. My child was prepared, so I will enrol this younger one earlier. – *Representative of NGO who has experience with education of children from vulnerable groups*

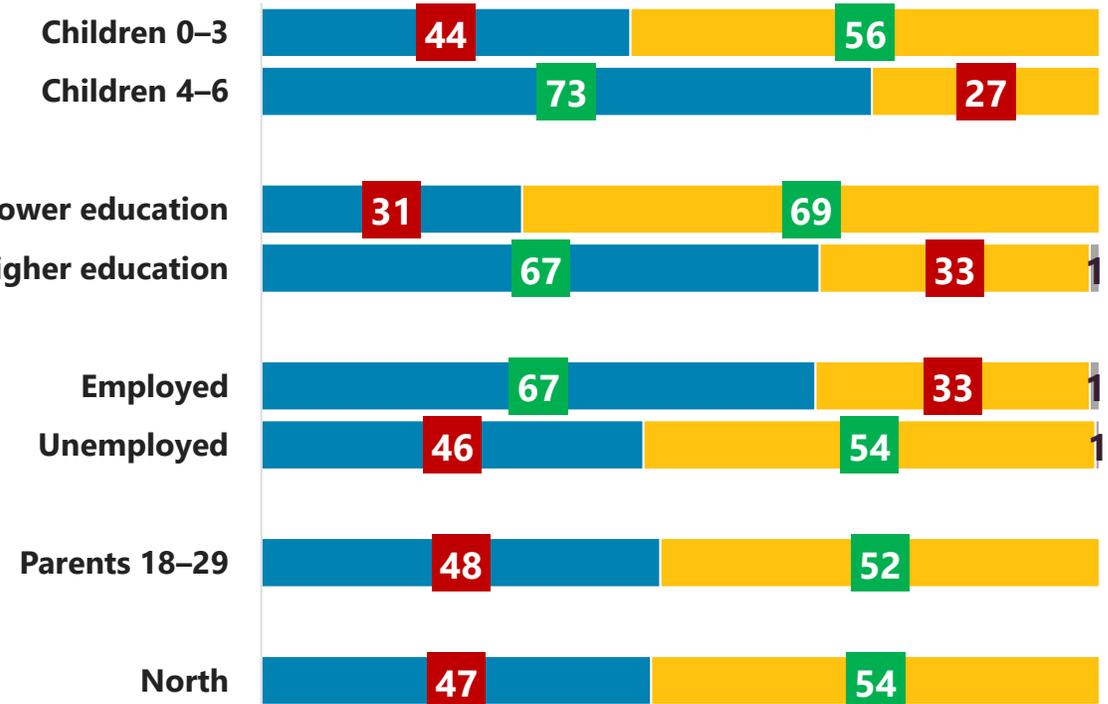
IS THE CHILD ENROLLED IN KINDERGARTEN?

Almost three-fifths of parents/caregivers confirm that their child is enrolled in kindergarten (58%). These are more often those who have children of older preschool age (4–6 years), who are employed and highly educated. On the other hand, in the group of parents whose child is not enrolled in kindergarten (42%), there is a significantly above-average presence of parents with only primary school education, those who are unemployed, those between 18 and 29 years, with younger children (0–3 years) and those from the north.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

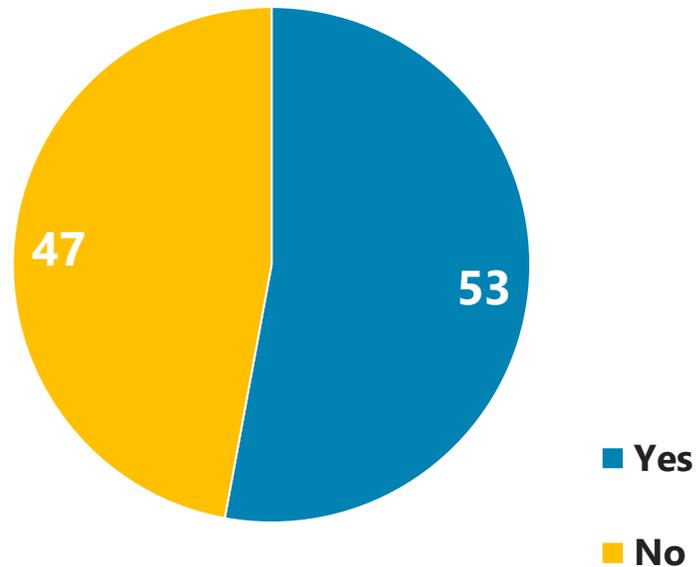
Is your child that we are talking about enrolled in a preschool institution (nursery, kindergarten)?

Base: Total target population, N=1,002

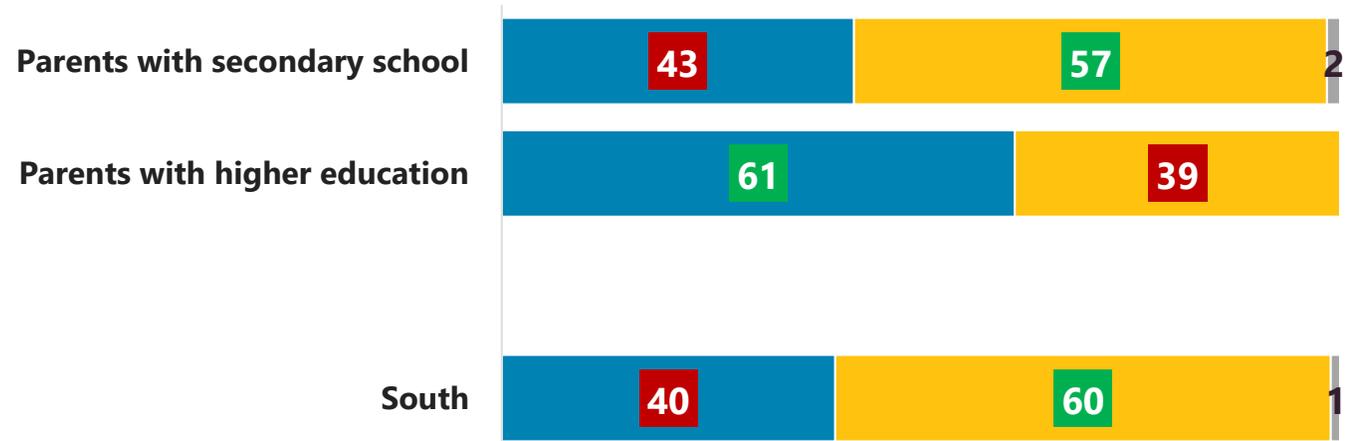
DOES THE CHILD CURRENTLY ATTEND KINDERGARTEN?

Over half of the parents/caregivers whose child is enrolled in kindergarten state that they currently attend it (53%). Among the highly educated, this number is significantly higher. Unlike them, parents with only secondary school and those from the south state far more often that their child is not going to kindergarten at the moment

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

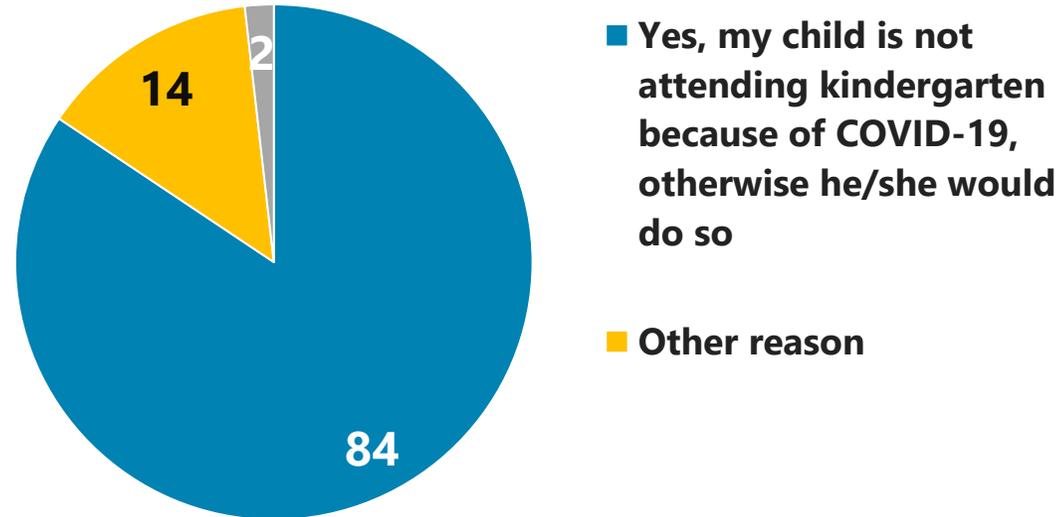
Is your child that we are talking about CURRENTLY going to a preschool institution (nursery, kindergarten)?

Base: Parents/caregivers whose child is enrolled in kindergarten, N=581

IMPACT OF THE PANDEMIC ON KINDERGARTEN ATTENDANCE

The vast majority of parents/caregivers whose child is enrolled in kindergarten but does not currently attend it confirm that this is due to the COVID-19 pandemic (84%).

The data is in %



- Yes, my child is not attending kindergarten because of COVID-19, otherwise he/she would do so
- Other reason

Statistically significantly more, relative to the overall population

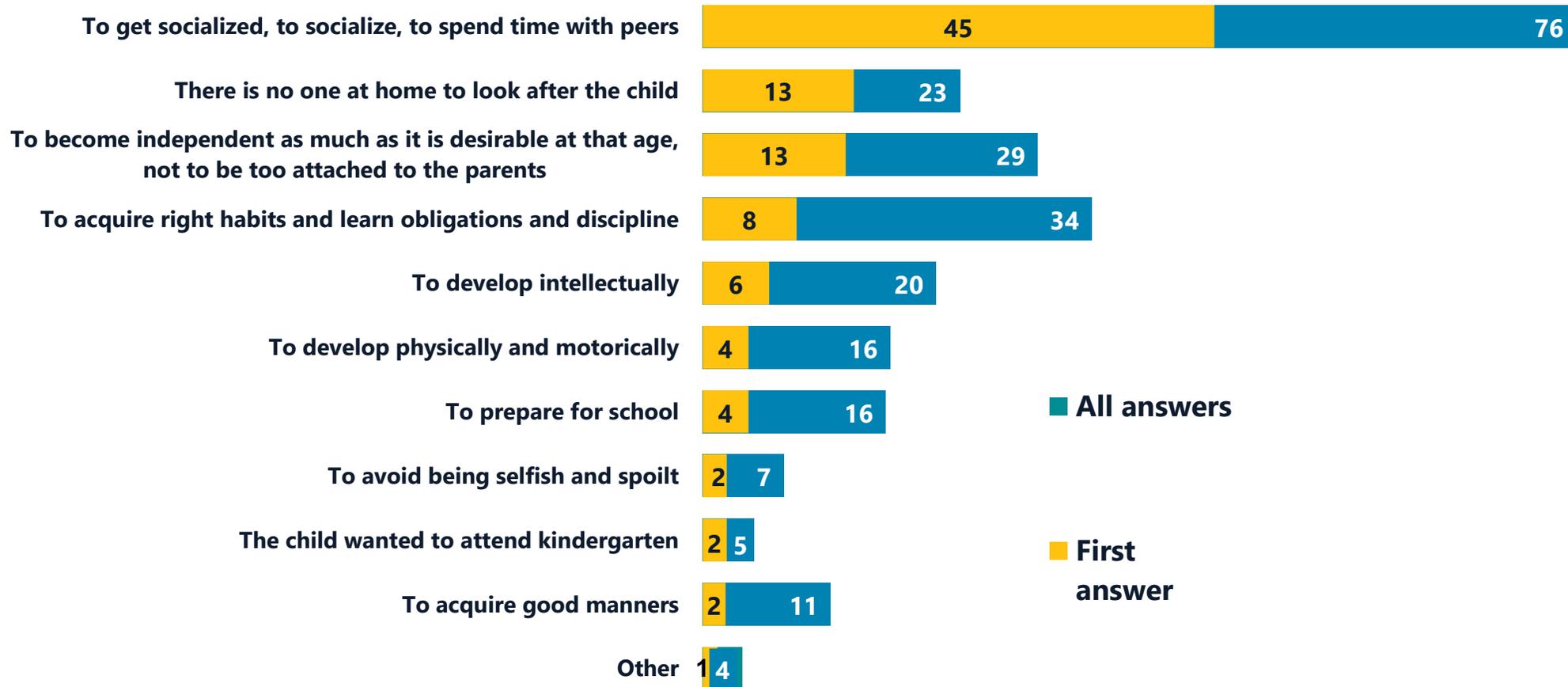
Statistically significantly less, relative to the overall population

Is your child currently not attending kindergarten due to the COVID-19 epidemic, or are there other reasons for that?
Base: Parents/caregivers whose child is enrolled but currently doesn't attend kindergarten, N=274

REASONS FOR ENROLLING THE CHILD IN KINDERGARTEN

Socialization and spending time with peers is by far the most important reason why parents/caregivers enrol their child in kindergarten. For almost half of the parents/caregivers, this is the main motive (45%), and for as many as 76% it is one of the three main reasons. Among other reasons which are mentioned much less frequently are the desire for the child to acquire good habits and learn obligations (34%), to become independent at a desired level (29%) and the objective situation that there is no one to look after them at home (23%).

The data is in %



Why did you enrol your child in kindergarten/nursery? Please select the three main reasons, starting with the most important one.
 Base: Parents/caregivers whose child is enrolled in kindergarten, N=581

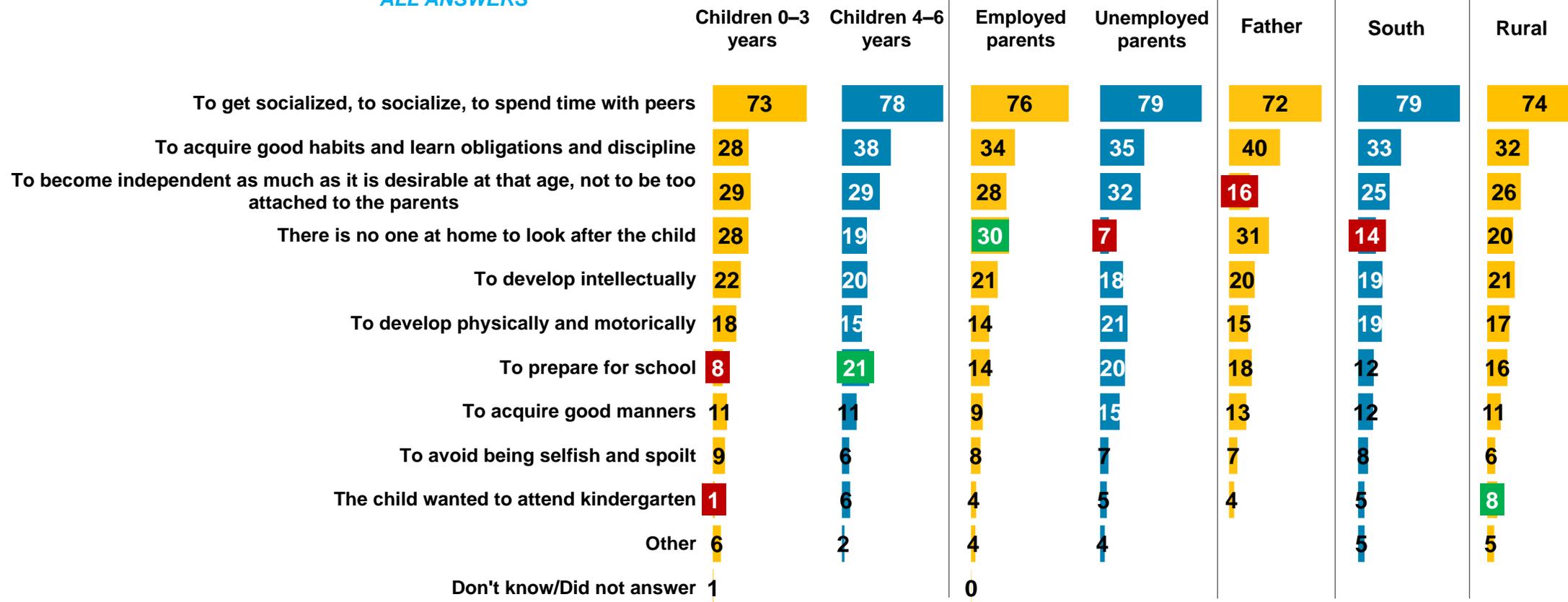
REASONS FOR ENROLLING THE CHILD IN KINDERGARTEN

(Categories with statistically significant differences, relative to the overall population)

Without exception, all socio-demographic categories of parents/caregivers agree that socialization is the key reason why their child started kindergarten. As expected, employed parents, more often than others, state that there is simply no one to look after the child at home. In relation to the parents of younger children, those whose child is between 4 and 6 years of age, most mention preparation for school as a motive for enrolling in a preschool institution. Interestingly, parents from rural areas state to an above-average extent that the child wanted to go to kindergarten.

The data is in %

ALL ANSWERS



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

Why did you enrol your child in kindergarten/nursery? Please select the three main reasons starting with the most important one.

Base: Parents/caregivers whose child is enrolled in kindergarten, N=581

INTERVIEWS AND FOCUS GROUPS

Benefits of kindergartens are recognized, but enrolment depends on other prerequisites, especially in rural parts of northern Montenegro



- In the case of parents whose children attend kindergarten, the decision to enrol them was made quite naturally – **from a practical point of view, it reduces the logistics of child care, but the already mentioned practical reasons were also crucial, such as: the possibility for the child to learn new things, acquire their first routines and spend time with their peers in a safe environment, as well as to get used to the fact that they do not have to be constantly with their parents, but can also develop their own independence.** Considering that these are parents who live in rural parts of northern Montenegro, **the key preconditions are finances and transportation, so if one of these is not met, then the chances of them going to kindergarten decrease. The third prerequisite is working hours,** because parents have to find a way to fit taking their child to kindergarten and bringing them back from kindergarten in with their working hours.
- In addition to the already mentioned prerequisites, depending on which the child will either go to kindergarten or not (finances, transportation, parents' working hours), at this point **the calculation also includes the conditions in the kindergarten, primarily: equipment, the kindergarten hours, group size, cost of stay in kindergarten and the character of the educators.** In this regard, coming to kindergarten in person and direct assurance regarding the conditions of the kindergarten are perceived as superior to internet and telephone inquiries. If all the conditions that are important to the parents are met (and in this group they certainly are because the children have been enrolled at kindergarten), we move on to the final agreement with the child and coming to kindergarten. **According to some parents, the fulfilment of preconditions (finances, transportation, compatible working hours of parents) is more important and has more weight than the conditions in the kindergarten when it comes to making a decision, so children are enrolled even if it seems that some of the conditions in kindergarten are not met (special equipment). Problems that can arise in kindergarten are solved “on the go”.**
- **When it comes to parents with several children, the rule is that the whole procedure is facilitated with each new child,** not only because of the greater experience that the parents gain over time, but also because of the older children who can pass their experiences on to the younger children, resulting in the younger children wanting to go to kindergarten so that they can also experience what the older siblings are talking about. **A similar trend is present in the Roma and Egyptian populations.**

INTERVIEWS AND FOCUS GROUPS



Parents' awareness of the possibility of kindergarten, their distance from kindergarten and personal documents are highlighted as key factors for the enrolment of Roma and Egyptian children in kindergarten

- From the viewpoint of NGO representatives who have experience with educating children from vulnerable groups, in the case of Roma and Egyptian children, **the following factors stand out as the most important ones when they consider enrolling their children in kindergarten** (not counting the obvious reason of coronavirus):
 1. **Parents' awareness of the possibility of kindergarten attendance** – parents are singled out as the key factor, that is, their awareness of the advantages of kindergarten attendance and the importance of preparation for school. A lot has been done in the previous period to increase parents' awareness in this regard. Among other things, there was an active campaign within which parents were brought to a kindergarten to see what kindergarten offers, such as: health care, various meals, preparation for school, a safe environment, etc. Besides that, kindergartens are free-of-charge for the Roma and Egyptian populations, a provision which is aimed at facilitating their decision to enrol.
 2. **Distance from the kindergarten** – considering that Roma and Egyptian families rarely have the opportunity to transport their children to kindergarten, **the further away the kindergarten is from where they live, the less likely it is that the children will go to kindergarten.** The existence of organized transportation for children exists in some municipalities, but this generally depends on the budget. Where there is organized transport for children to school, children are also often transported to kindergarten by the same means of transport.
 3. **Personal documents** – the third important factor when considering whether to enrol children in kindergarten is related to whether the family is registered and whether it exists in the system of the municipality where the children would attend kindergarten. Namely, **due to relatively frequent relocations, it can happen that personal documents are not available, so enrolment in kindergarten cannot be adequately processed, that is, legally registered.**

QUOTES

What can I say, on the day we start kindergarten we get to know its advantages. We didn't expect much beforehand, but later on, we see by the child's behaviour how successful this whole thing is. There can be some little problems at the beginning, but it is all solved on the go. There haven't been any problems so far, everything is super. – *Parent of a child who attends kindergarten*

I have four daughters. The oldest one didn't want to go, but when we enrolled the younger daughter, she couldn't wait to go there and play. So, they pulled each other. – *Parent of a child who attends kindergarten*

First of all, because of our jobs, to avoid taking them every day to the grandparents. Some grandparents live in distant locations. Kindergarten is the best solution, we don't have to be grateful to anyone. – *Parent of a child who attends kindergarten*

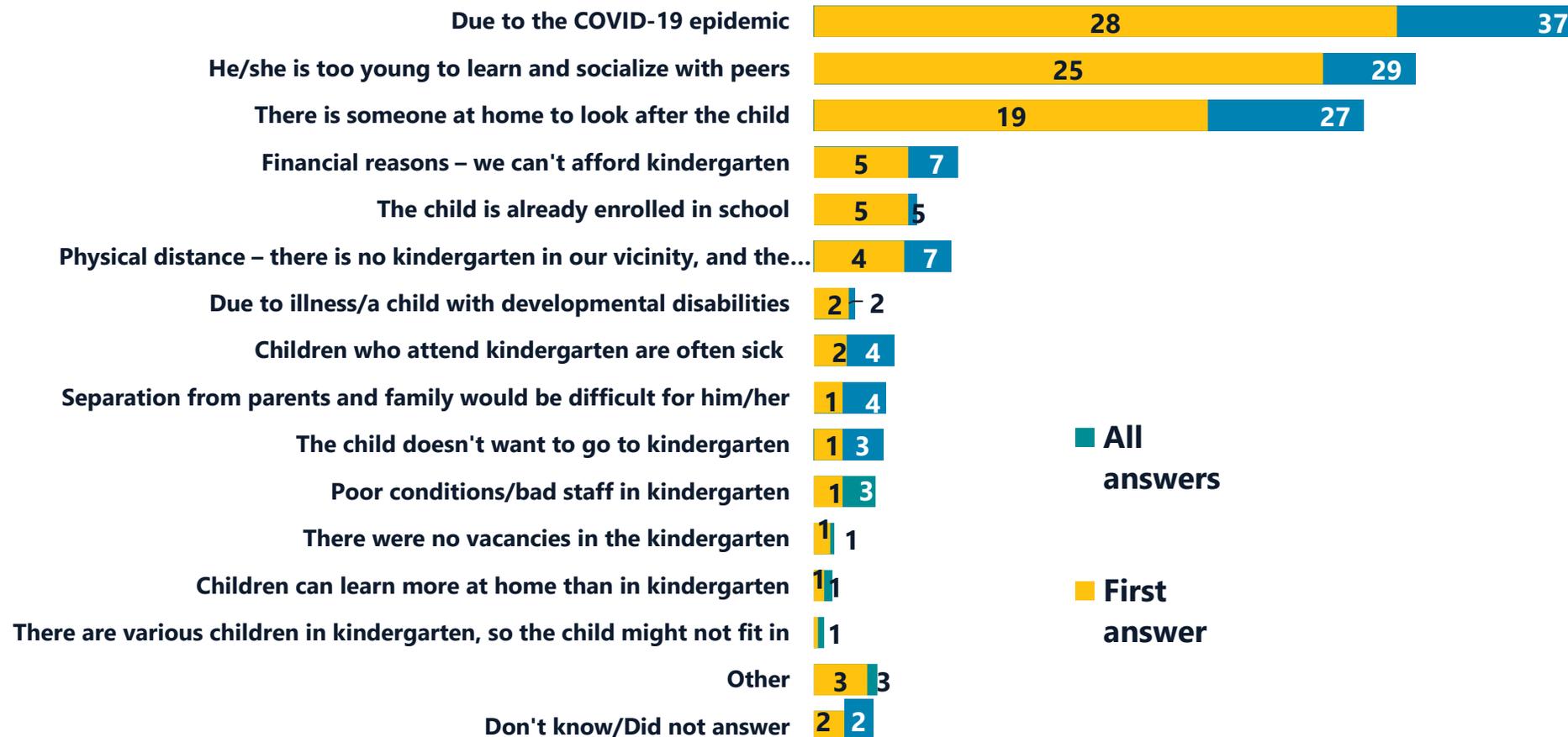
You know, they set the prices to suit themselves. However, the working class have very small salaries. They exploit us for €200 to €300 a month. A price needs to be set, so that everyone can have equal conditions for equal children. Those children who do not go to kindergarten mostly have a problem with finances. – *Parent of a child who attends kindergarten*

It is a matter of socialization. Where I live there are no small children, so my child has no one to socialize with. Children must have socialization. Our kindergarten is 10 km away, but I drive both children there, they stay half the day, and when they come back we see that they have learned a lot of things there. It is very important if one can afford it. – *Parent of a child who attends kindergarten*

REASONS WHY CHILDREN ARE NOT ENROLLED IN KINDERGARTEN

The number-one reason for parents not enrolling their child in kindergarten is the current epidemic (for 28% this is the main reason; for 37% this is one of the three main reasons). The next is the view that the child is too young to learn and socialize with peers (25% cite this as the main reason; 29% as one of the three main reasons). And the third most important reason is that there is someone at home to look after the child (19% cite this as the main reason; 27% as one of the three main reasons).

The data is in %



Why didn't you enrol your child in kindergarten/nursery? Please select the three main reasons, starting with the most important one.

Base: Parents/caregivers whose child is not enrolled in kindergarten, N=421

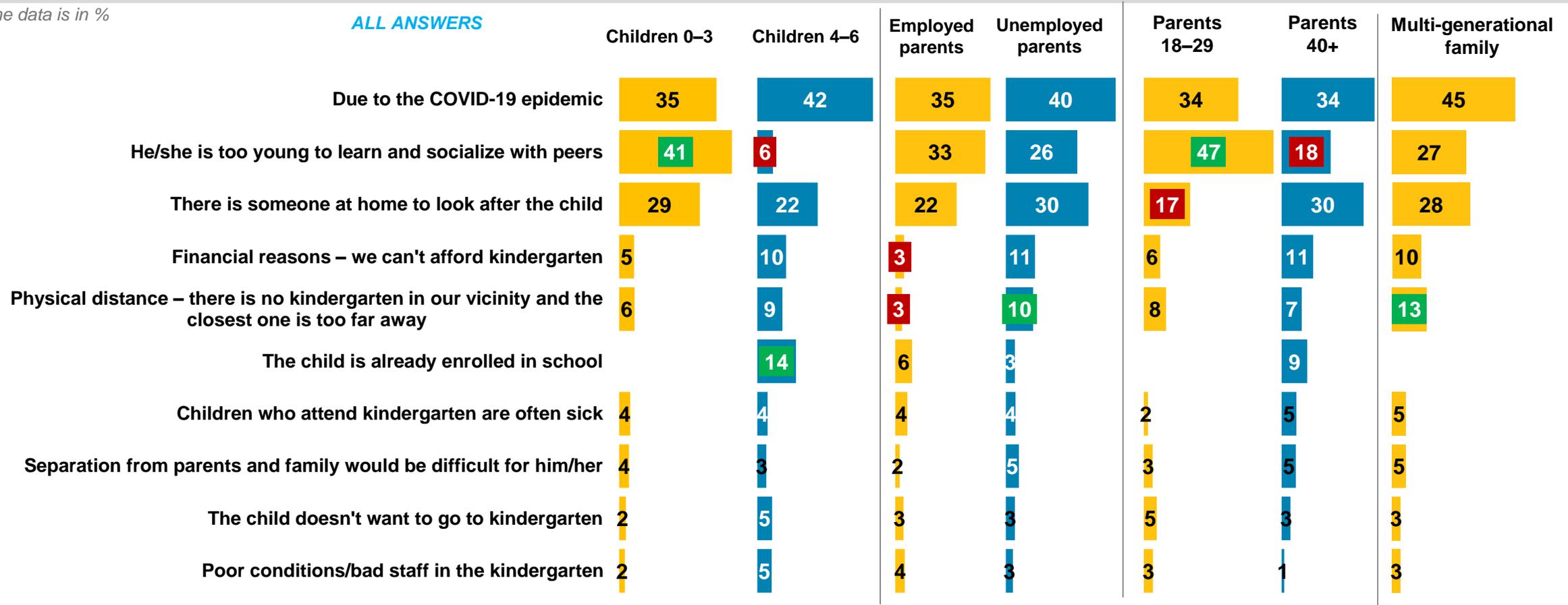
REASONS WHY CHILDREN ARE NOT ENROLLED IN KINDERGARTEN

(Categories with statistically significant differences, relative to the overall population)

The youngest group of parents/caregivers (18–29 years old) and those with children of lower preschool age (0–3 years) more often than average state that the child is too young to attend kindergarten. A higher percentage of unemployed parents and members of multigenerational families, on the other hand, point out that physical distance prevented them from enrolling their children in kindergarten. As expected, a higher percentage of parents of older preschoolers (4–6 years) note that the child is already enrolled in school

The data is in %

ALL ANSWERS



Why didn't you enrol your child in kindergarten/nursery? Please select the three main reasons starting with the most important one.
Base: Parents/caregivers whose child is not enrolled in kindergarten, N=421

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

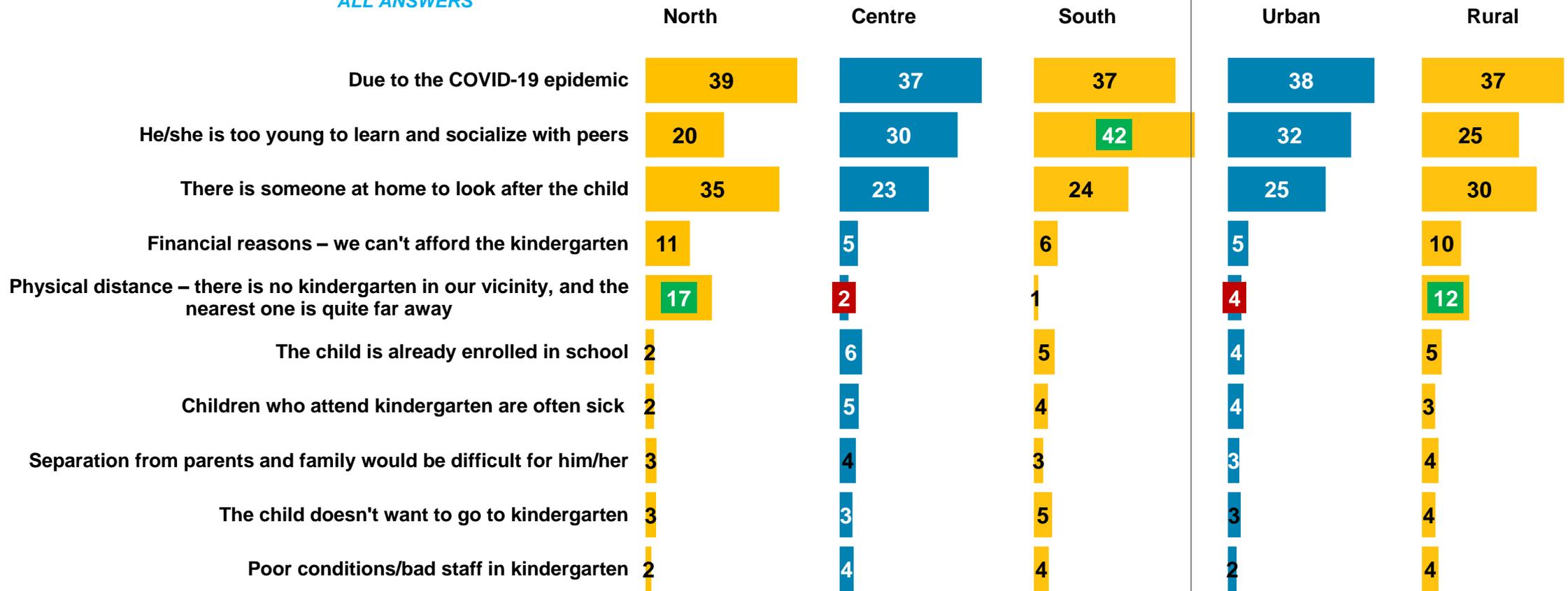
REASONS WHY CHILDREN ARE NOT ENROLLED IN KINDERGARTEN

(Categories with statistically significant differences, relative to the overall population)

An above-average percentage of parents from the south state that the main reason for not enrolling the child in kindergarten is the fact that the child is too young to learn and socialize with peers, while those from the north and from rural areas cite the distance from the kindergarten as the main reason particularly more frequently.

The data is in %

ALL ANSWERS



Why didn't you enroll your child in kindergarten/nursery? Please select the three main reasons starting with the most important one.
Base: Parents/caregivers whose child is not enrolled in kindergarten, N=421

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population



INTERVIEWS AND FOCUS GROUPS

Besides COVID-19, finances and transportation are also problems, while the biggest barrier for parents of children with disabilities is the lack of assistants

- **Concerning children who do not go to kindergarten, the unanimous declarative reason is coronavirus** – their decision is not to expose their children to the virus until the pandemic stops. Chosen doctors who monitor the physical development of these children have also played an important role here, as they have further advised these parents to reduce the risk of exposure to the virus to a minimum, in order to protect both the children and themselves. The general assessment is that other potential problems could be overcome in some one way or another if it were not for the pandemic.
- **The second reason is financial in nature** – since some of these parents do not have a secure income, coronavirus has caused their financial situation to worsen further, so their lack of finances is compensated by being able to spend more time at home, so the children are, in any case, under adult supervision.
- **The third reason is transportation** – since taking children to kindergarten every day is another cost (especially if there are no other reasons for using the car every day or if the location of the kindergarten is not a good fit with the location of the workplace), it is more profitable for these parents to keep the child at home, both financially and timewise. At the same time, not all parents own a car and therefore cannot even count on that type of transport.
- **From the perspective of a parent who has a child with developmental disabilities (cerebral palsy), kindergarten was simply not an option both because of the poorer conditions and because of the very nature of the needs that the child has.** This does not mean that it has not been taken into consideration. Theoretically, the kindergarten was perceived positively from the point of view of the programme, but the applicability of what is written in it is far from realization, both from the aspect of the conditions it currently offers and from the aspect of the qualifications of the regular kindergarten staff for adequate work with children with development issues. **In particular, the biggest problem from the kindergarten aspect is the lack of assistants who could be exclusively with the child during their stay in the kindergarten.** The current situation is such that the current ratio of assistants to children with developmental disabilities of this type is 1:3, which is not good enough because the level of disability is such that constant attention is needed.

QUOTES

Not all of us are able to have all our children attend. It would be best if all our children could attend kindergarten – but it is difficult, some parents work, some don't. These financial conditions are most often the reason why children do not attend. – *Parent of a child who does not attend kindergarten*

My chosen doctor, who is also my friend, advised me to wait until this whole pandemic ends, to avoid putting him at risk, because they [children] are the biggest carriers [of the virus], and we have older family members, so that is the only reason he did not go. – *Parent of a child who attends kindergarten*

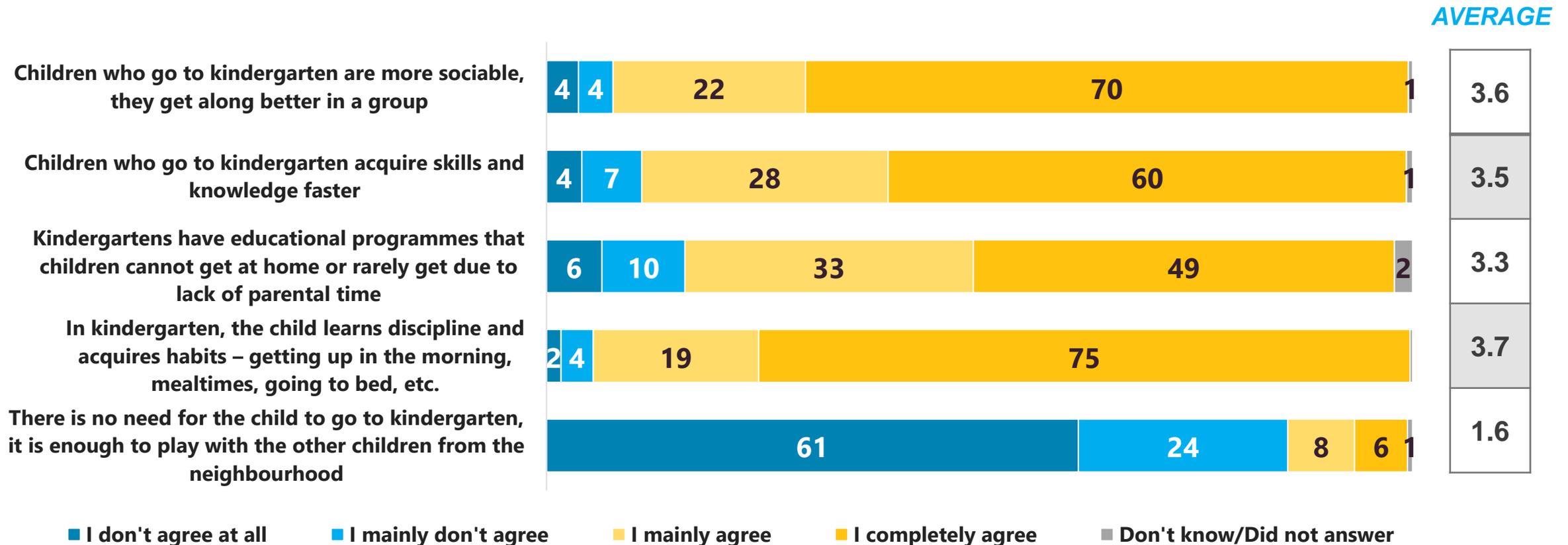
They have a great strategy. They have a perfect programme, but the programme is not being implemented... These children get an assistant, but not every child can get their own assistant, but one assistant per three children. And do you know what three children are to one assistant? I don't blame the assistant, that assistant needs to be omnipotent to be in three places at the same time, you can't keep three children healthy. – *Parent of a child with disabilities*

We obtained that rulebook from somewhere, when I got it from the municipal commission. [My daughter] was supposed to get an assistant and to adjust to her... I don't know what it's called exactly, but she was supposed to be given devices for play, for example silk scarves, to develop fine motor skills. It was all fine on paper – if 50% of that had been applied in practice it would have been ideal and she would have gone to kindergarten, but it was not. Teachers do not try too hard to adjust what is taught and done with these children, it is easier for them to caress and fondle and kiss them, than to teach them all day: this is blue, the sky is blue. – *Parent of a child with disabilities*

For that reason alone [COVID-19], everything else would be overcome. Transportation and everything else... kindergarten brings so much value, it is worth it. Everything else could be organized if it were not for this corona. – *Parent of a child who attends kindergarten*

IMPORTANCE AND ADVANTAGES OF KINDERGARTEN

The results of the research suggest that, regardless of whether their child is enrolled in kindergarten or not, parents/caregivers in Montenegro recognize the importance and advantages of preschool institutions. Thus, 94% agree that a child in kindergarten acquires good habits and learns discipline, 92% believe that children who go to kindergarten are more sociable and resourceful in a group, and 88% believe that kindergarten contributes to both intellectual and motor development and children who attend it acquire knowledge and skills faster. Also, the vast majority of parents do not dispute the fact that kindergartens have programmes that children can rarely get at home (82%). As many as 85% of parents/caregivers find it useful for a child to attend kindergarten regardless of the fact that at home he/she has the opportunity to play and spend time with children from the surrounding area/neighbourhood.



To what extent do you agree with the following statements about preschool education?

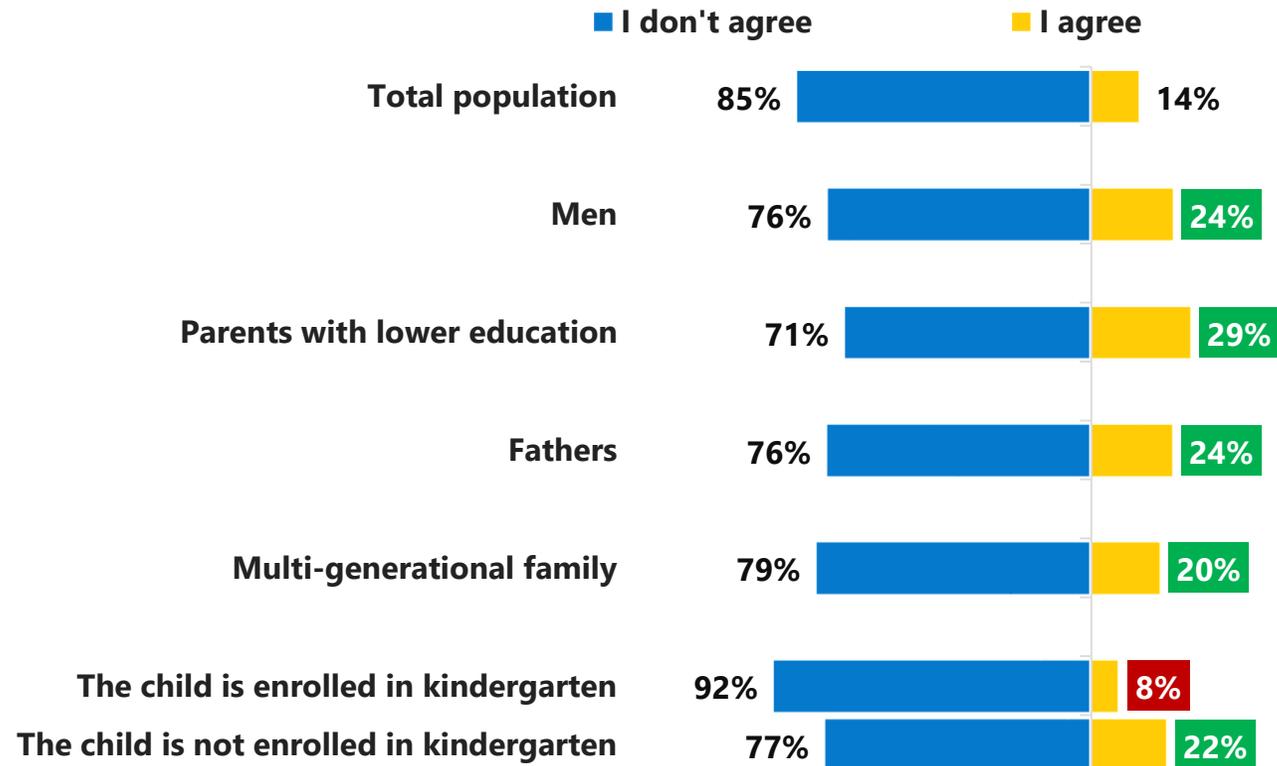
Base: Total target population, N=1,002

IMPORTANCE AND ADVANTAGES OF KINDERGARTENS

(Categories with statistically significant differences, relative to the overall population)

Statistically significant differences were recorded only on the question of whether there is a need for a child to go to kindergarten or whether it is enough to socialize with other children from the neighbourhood. Thus, compared to the general population, men in general, fathers, parents with lower education, those who live in multi-generational families and whose child is not enrolled in kindergarten are far more likely to express the view that kindergarten is not necessary.

There is no need for the child to attend kindergarten, it's enough to play with other children from the neighbourhood



To what extent do you agree with the following statements about preschool education?
Base: Total target population, N=1,002

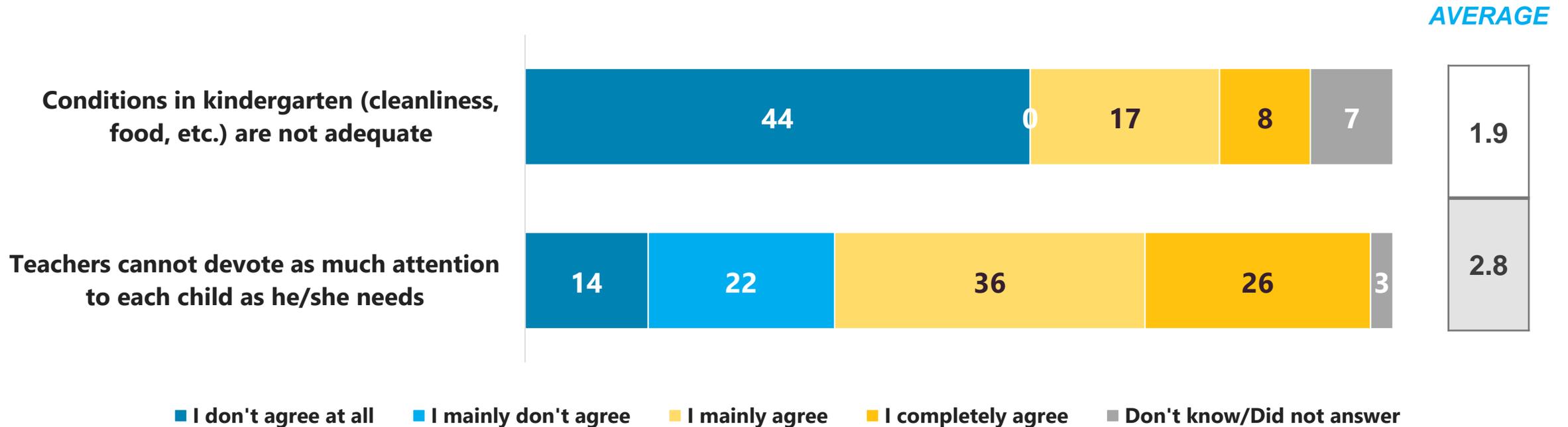
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

CONDITIONS IN KINDERGARTEN

Seven out of 10 parents/caregivers find that the conditions, for example cleanliness and food, are adequate in nearby kindergartens. On the other hand, six out of 10 believe that educators still cannot give every child as much attention as they need.

The data is in %



Thinking about the kindergarten in your vicinity, to what extent do you agree with the following statements?

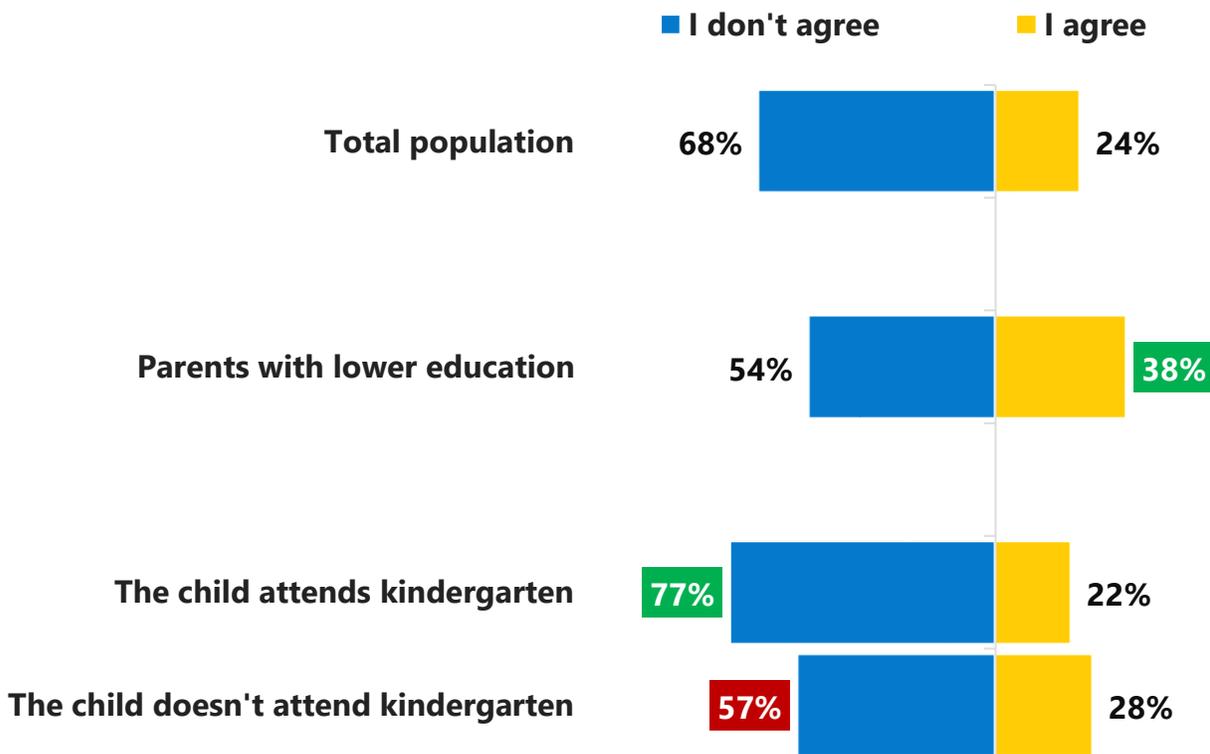
Base: Total target population, N=1,002

CONDITIONS IN KINDERGARTEN

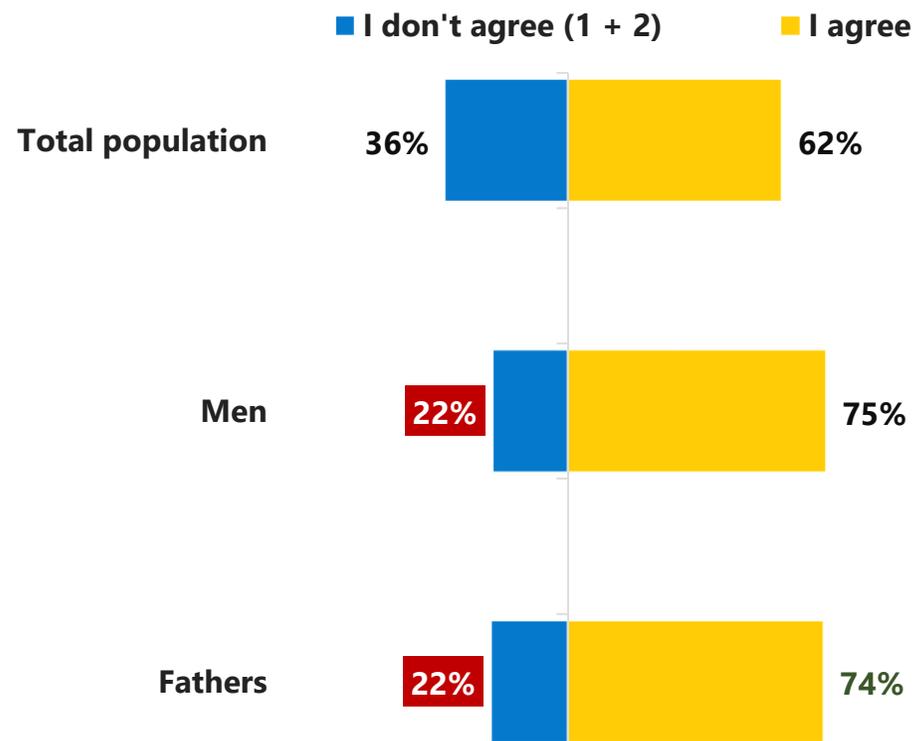
(Categories with statistically significant differences, relative to the overall population)

Parents with lower levels of education and those whose children are not enrolled in kindergarten, more often than others, express doubts about the adequacy of the conditions in the kindergarten, while men in general and fathers are more skeptical about whether educators can devote as much time to each child as he/she needs.

Conditions in kindergarten (cleanliness, food etc..) are not adequate



Teachers cannot devote as much attention to each child as he/she needs



Thinking about the kindergarten in your vicinity, to what extent do you agree with the following statements?
Base: Total target population, N=1,002 (2021)

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population



High level of satisfaction with conditions; the equipment could be improved

- **Satisfaction with kindergartens is very high among parents whose children attend kindergarten** – it is spontaneously expressed in percentages as high as 90%. The general consensus is that in order to reach 100% kindergartens need to be better equipped, primarily in terms of toys and general hygiene, which are believed to have room for improvement, although they are not at a low level.
- **It is a great pleasure to see the kindergarten staff and their engagement, especially kindergarten teachers** – that their approach is dedicated and professional, they insist on open communication with parents, are active in Viber groups, and have a clear schedule of activities with children, which is very diverse. **Examples include: drawing about various topics, learning about traffic, animals and nature**, although according to the parents themselves, their interest in specific children's activities is not overly pronounced, especially when they see that the children are satisfied and having fun. Since these are mostly newer or renovated kindergartens, the teachers who work with the children also mostly belong to the younger generation, which has met with positive reactions because it is estimated that they are showing a lot of interest in the children and are investing a lot of energy in animating them – **the approach to learning is modern**.
- Another particular benefit is the **diversity of the diet** – not only are children generally satisfied with the quality of food, but there is evidence that they are also eating what they would not otherwise eat at home. In general, there is a clearly predetermined diet plan on a two-week basis, which is welcomed because it gives parents the opportunity to adjust and plan their diet at home. **Socialization in this case also stands out as a positive part of the experience in kindergarten, precisely because of the “liberation” and developing the habit of coexisting with other children, especially when the time comes to start school**. Simply, there is a noticeable shift and difference in the behaviour of children compared to the period before kindergarten – they are much calmer, more satisfied due to the variety of activities and show a higher level of structure in behaviour.

QUOTES

This is now mainly the younger population of kindergarten teachers, 100% reliable and correct and they take really good care of the children, so they have 100% support from me. I said before that our teachers are great, they work with the children, they act, they animate them in all possible ways. – *Parent of a child who attends kindergarten*

In our country, children eat breakfast, lunch and snacks in kindergarten. Every time when I pick them up and ask [the teachers] what they were like, they say that they slept, ate and asked for more. It's like I know they're fine. I know that they have fine food, cooked food, there is a list [menu] for two weeks, and I read it and I am satisfied, some people may not even have such food at home, it is very diverse. – *Parent of a child who attends kindergarten*

As far as I'm concerned, it's hanging out with other kids, getting to know each other. It is the best thing for all children to get relaxed. Imagine a child who does not go to kindergarten, when he/she comes to a class where there are 30 pupils with unfamiliar faces, and the teacher, imagine what a stress it is for that child. This is how he/she moves into society, he/she plays, it is much easier to accept school and everything through life, he/she is not withdrawn. – *Parent of a child who attends kindergarten*

There are no carpets, the teachers themselves brought toys, we, as parents, bought curtains because it was all looking bare. These are basic things. How can the state ask all parents to send children to kindergarten if they don't provide even the basic things? – *Parent of a child who attends kindergarten*

We have groups on Viber with teachers and then they send us topics, assignments and send us pictures on a weekly basis. Since we can't now enter the kindergarten... When we could enter the kindergarten, there was a board and the children's works were hung there, and now because of COVID in those groups they send us videos, it's really nice. – *Parent of a child who attends kindergarten*

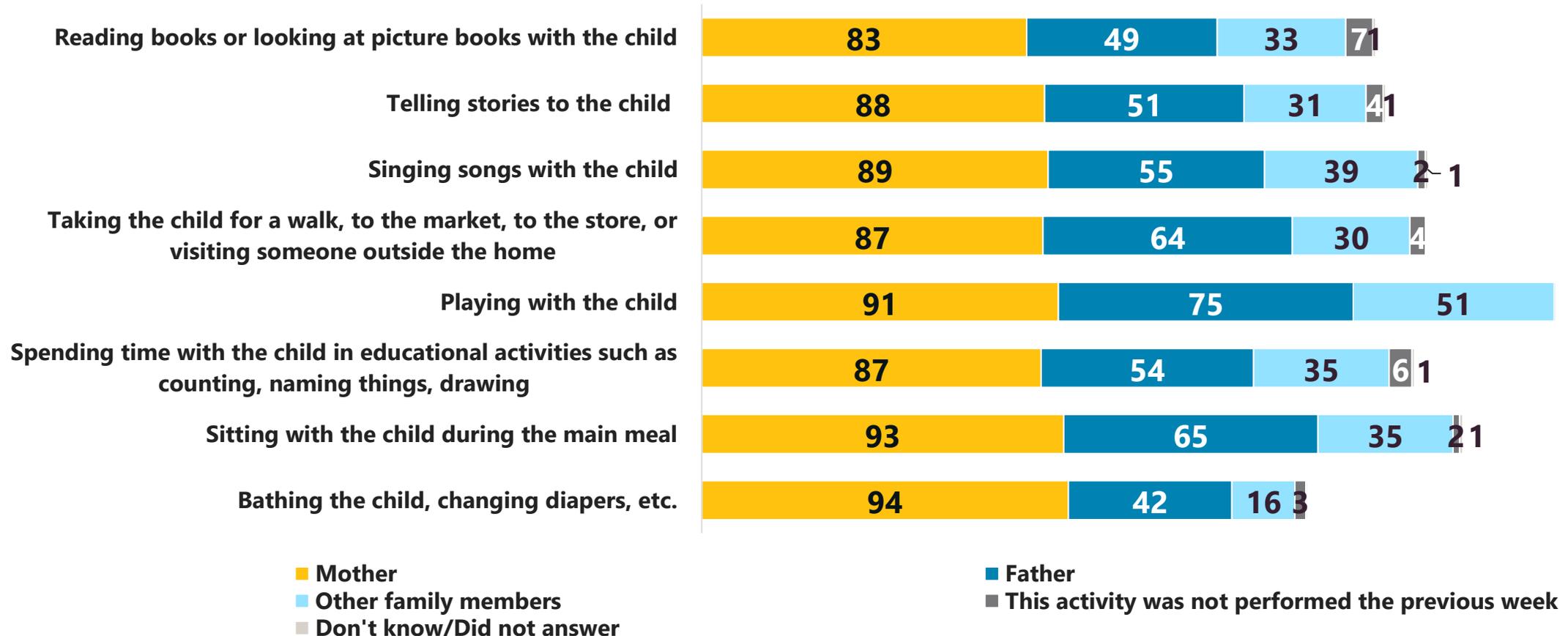
CHILDCARE WITHIN THE FAMILY



ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

It is obvious at first glance that mothers have a major role in all activities concerning the child. It seems that fathers and other family members are primarily in charge of playing with the child. Also, fathers have the main meal with the child and take him/her out a bit more often than participating in other activities

The data is in %



Which family members participated in the following activities during the previous week?
 Base: Total target population, N=1,002

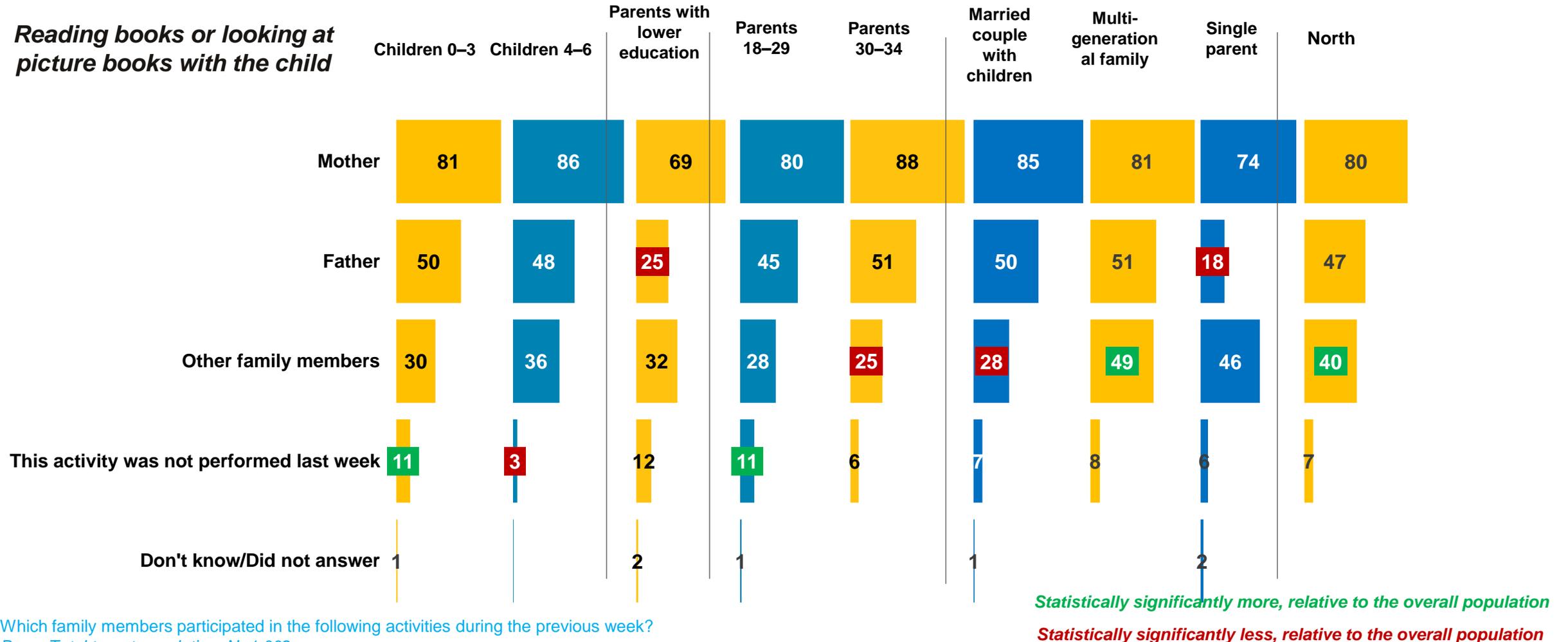
ACIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

Single parents and parents with lower education are significantly less likely than average to state that the father read books or looked at picture books with the child. Compared to the total population, other family members are more involved in this activity in multi-generational families and families in the north.

The data is in %

Reading books or looking at picture books with the child



Which family members participated in the following activities during the previous week?

Base: Total target population, N=1,002

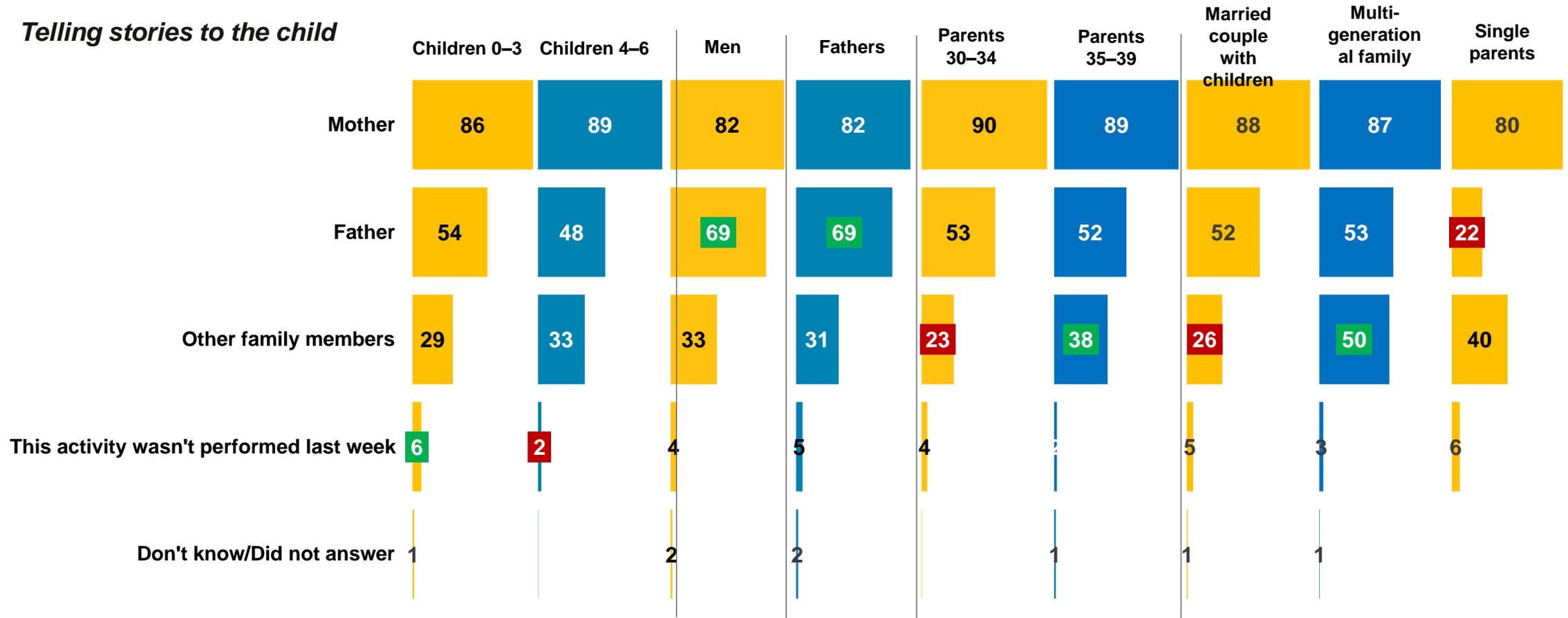
ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

Men in general and fathers point out far more often than others that it was the father who told the child stories. Parents/caregivers between the ages of 35 and 39 and members of multi-generational families in this context cite other family members above average.

The data is in %

Telling stories to the child



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

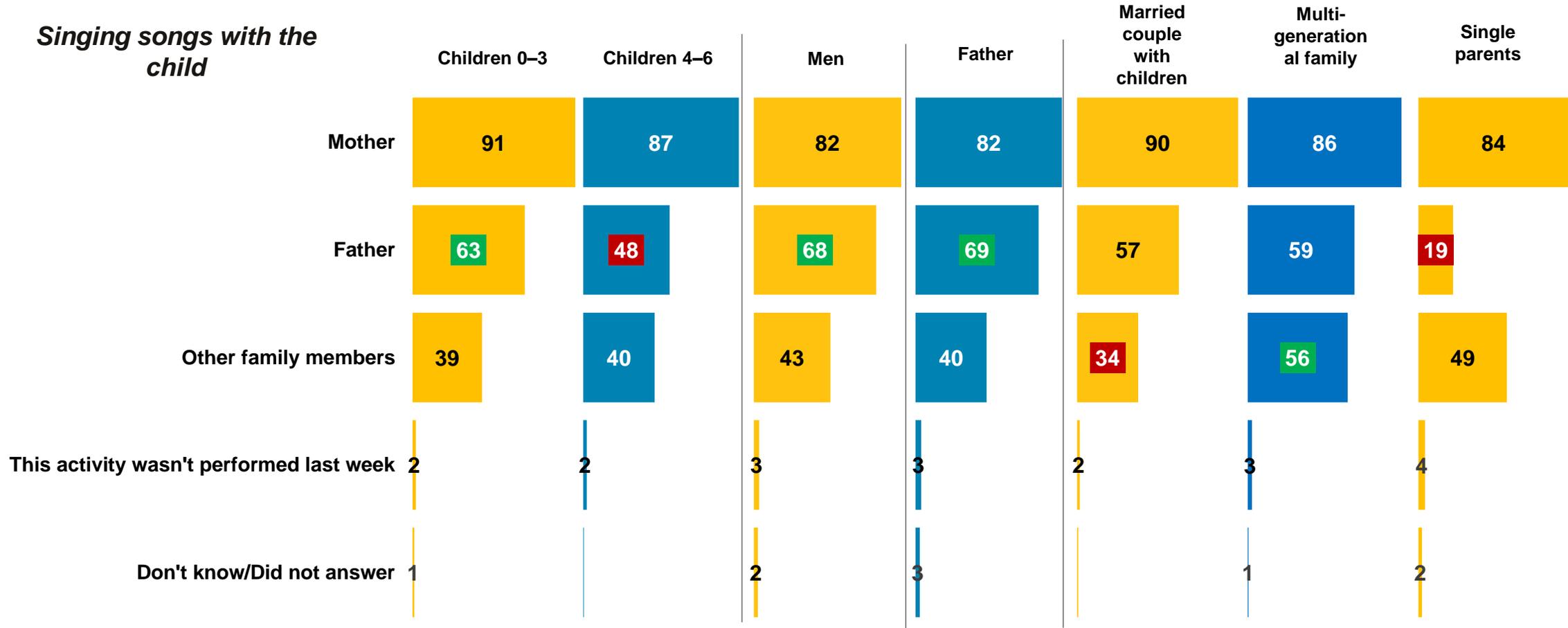
ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

In addition to parents/caregivers of younger children (0–3 years), again men in general and fathers more often state that the father sang songs with the child. Similar to the previous finding, in multi-generational families, other family members participate to a greater extent in this activity.

The data is in %

Singing songs with the child



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

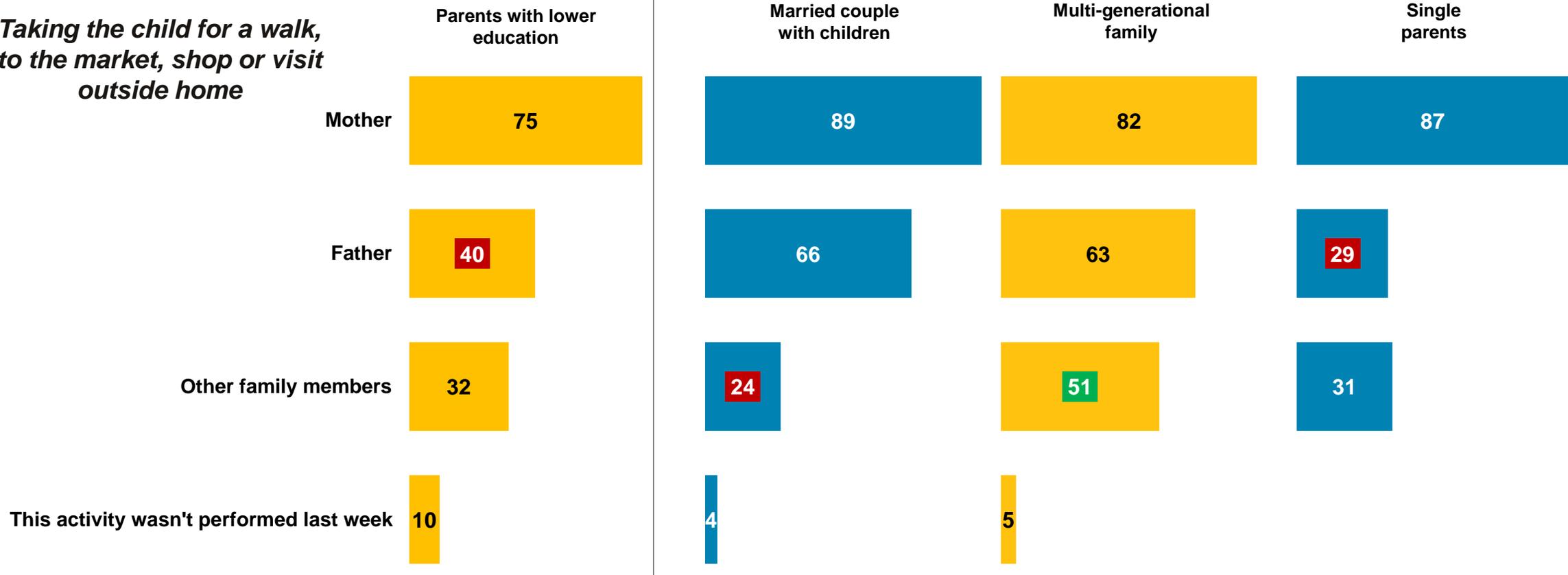
ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

A smaller percentage of single parents and parents with primary school state that father took the child for a walk or anywhere outside of the home. Once again, other family members are mentioned more often in this context than the average among parents living in multi-generational families.

The data is in %

Taking the child for a walk, to the market, shop or visit outside home



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

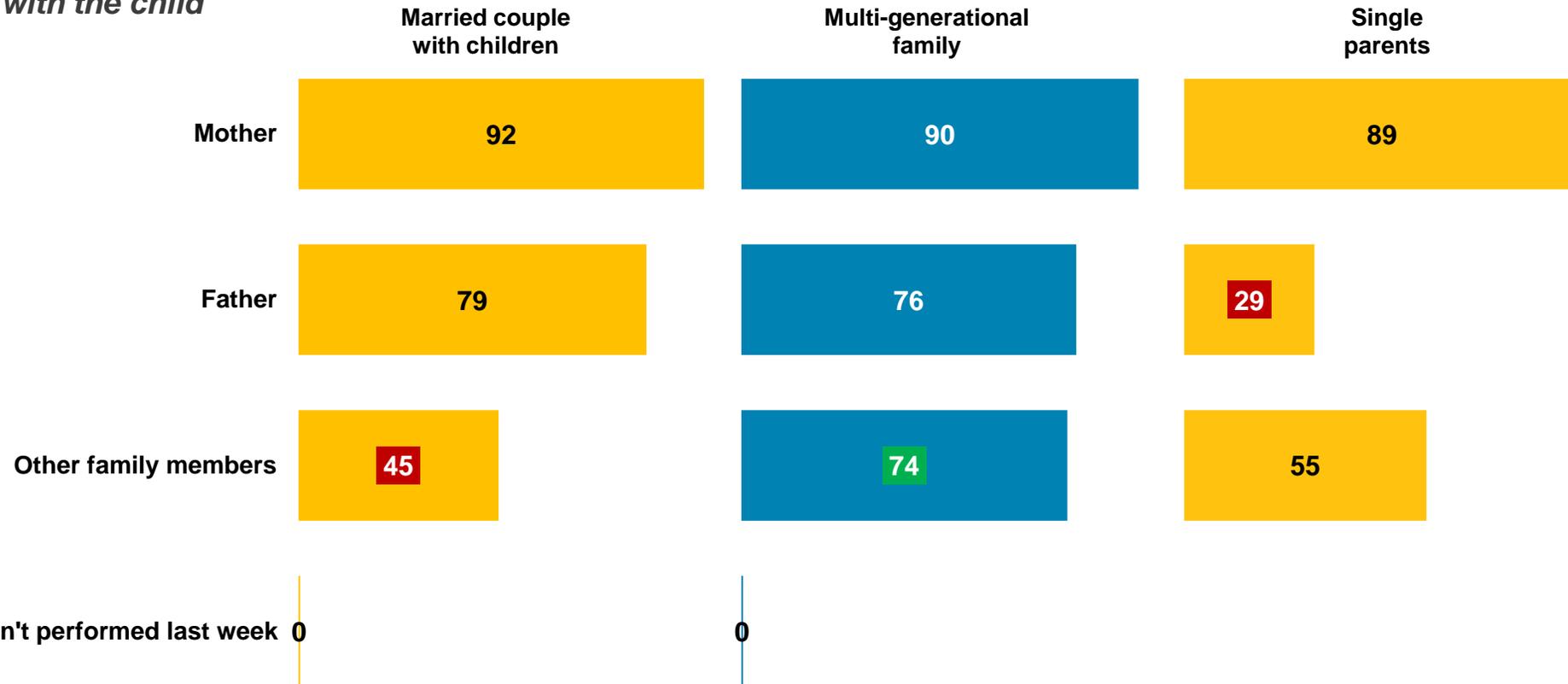
ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

Not surprisingly, the structure of the household makes a significant difference in the case of playing with children. Thus, in multi-generational families, this is significantly more often done by other family members. The situation is reversed among married couples with children.

The data is in
%

Playing with the child



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

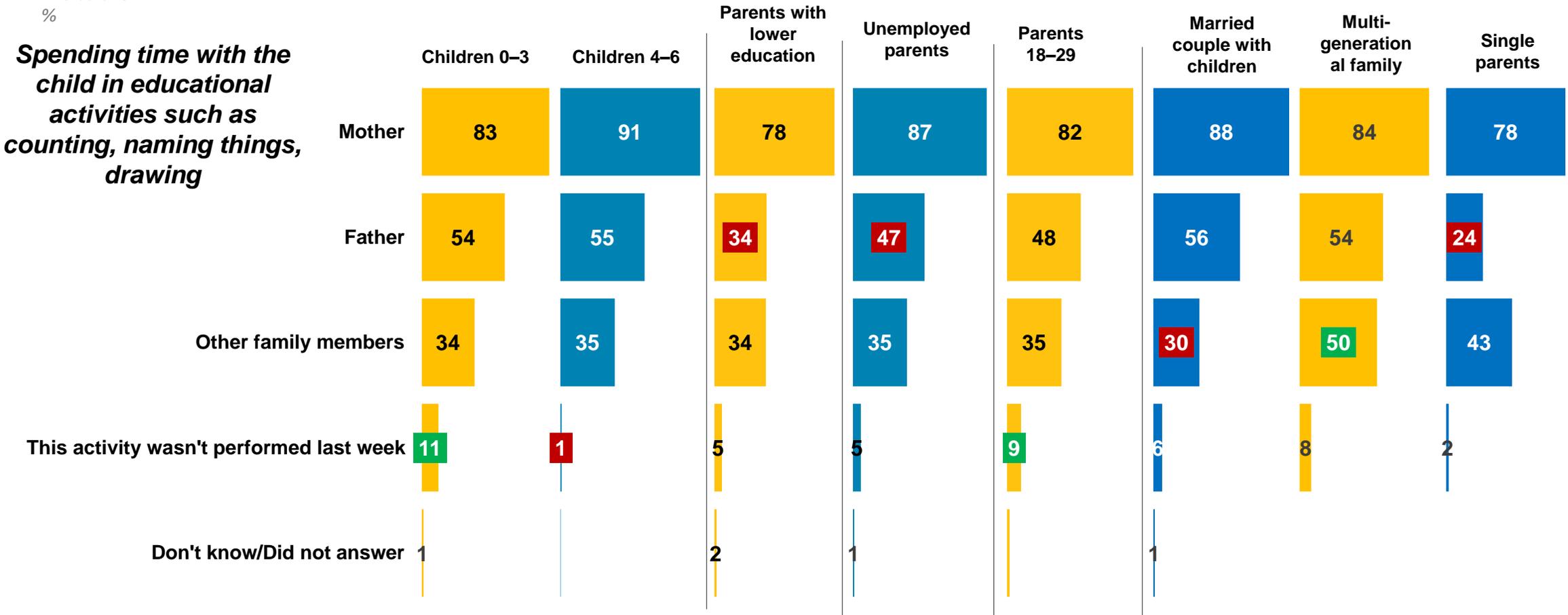
Statistically significantly less, relative to the overall population

ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

A smaller percentage of unemployed parents, single parents and parents with lower education, compared to others, state that the father spent time with the child in various educational activities. In multi-generational families this activity is done more with other family members than in other types of families.

The data is in %



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

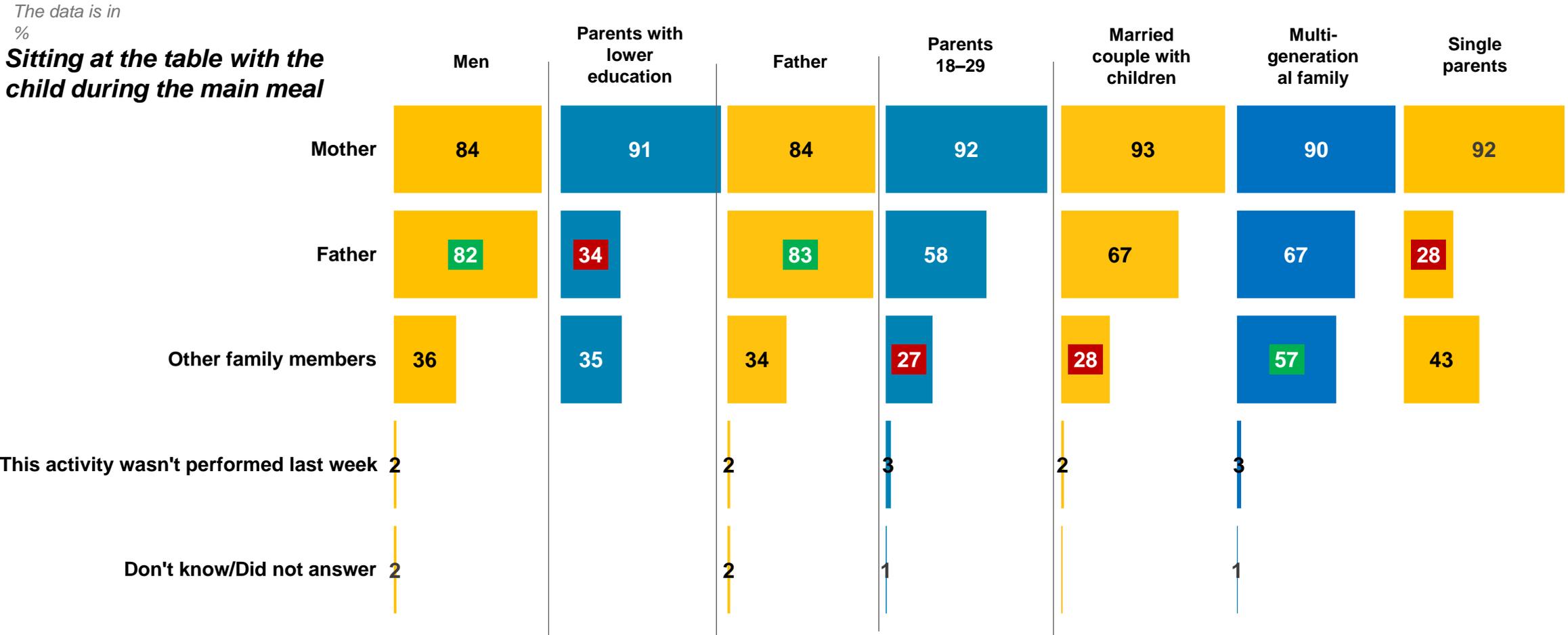
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

Men in general and fathers point out more often, compared to the average, that the father was present at the table together with the child during the main meal. At the same time, single parents and parents with only primary school education claim the opposite.



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

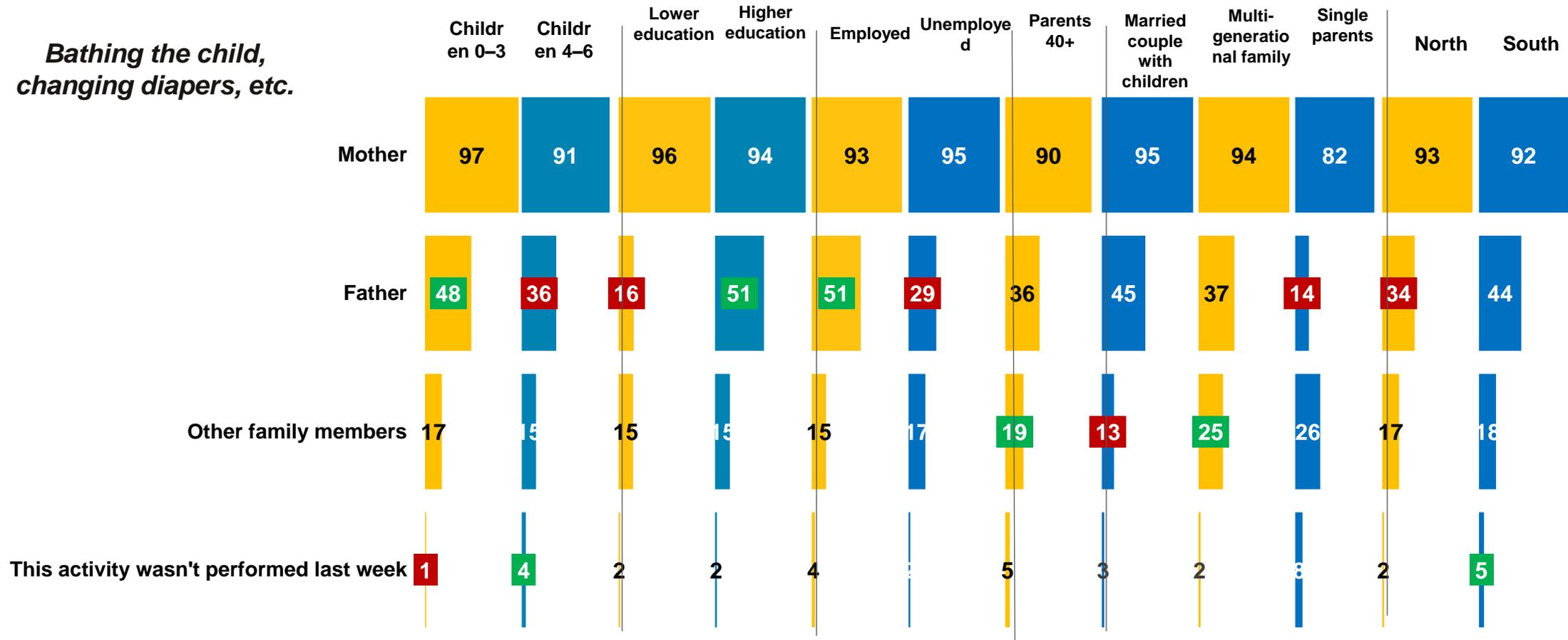
ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Categories with statistically significant differences, relative to the overall population)

Employed parents, highly educated parents and parents/caregivers of children aged 0–3 years state more often than average that the father bathed the child or changed his diapers. Unemployed parents, lower educated parents, parents of older preschoolers and those from the north have the opposite opinion.

The data is in %

Bathing the child, changing diapers, etc.



Which family members participated in the following activities during the previous week?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

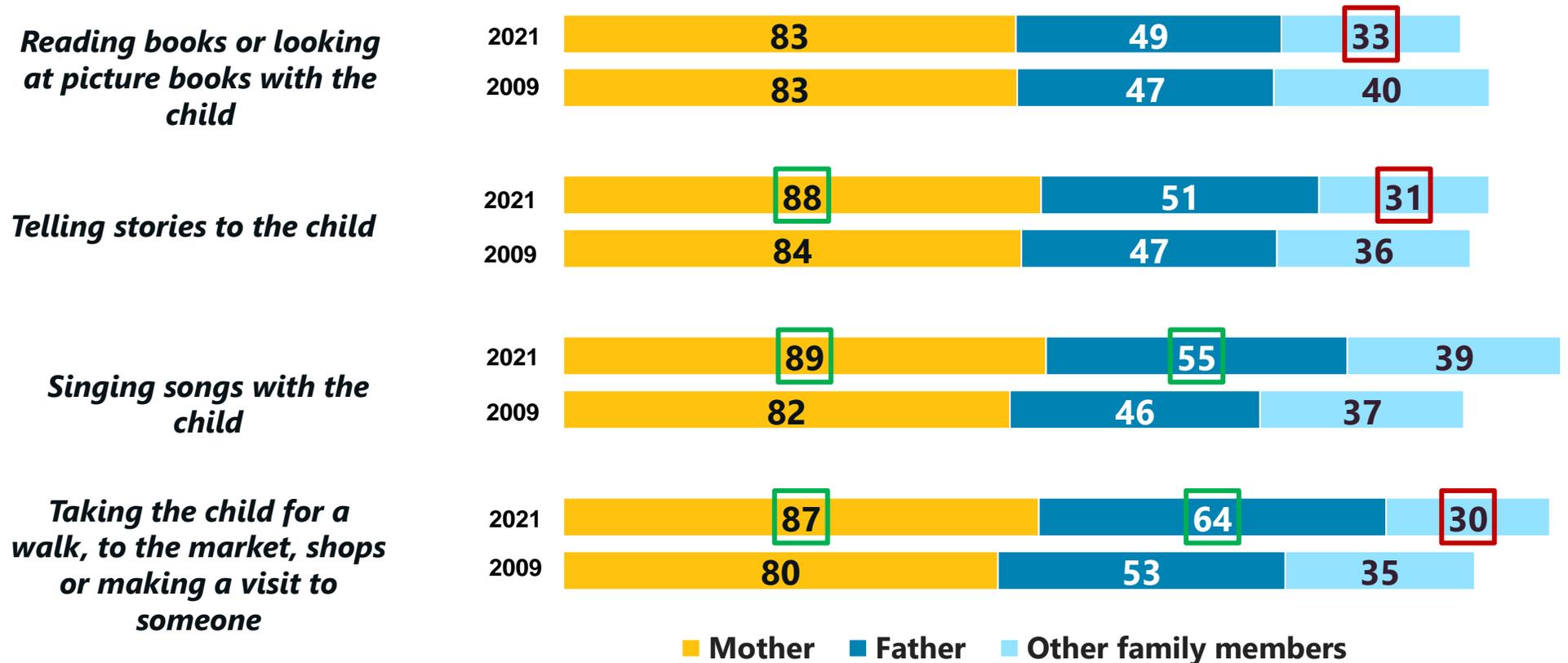
Statistically significantly less, relative to the overall population

ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Comparison of waves)

Compared to 2009, parents seem to spend more time in various activities with their child. It is especially gratifying that fathers are more involved in interacting with the child. More precisely, they take the child out for a walk significantly more often and sing songs with him/her. A slight increase is also observed in the activity of reading books and telling stories to the child. Perhaps greater involvement by the father is the reason why, compared to the previous wave, other family members generally spend less time with the child.

The data is in %



Which family members participated in the following activities during the previous week?
 Base: Total target population, N=1,002 (2021), N=1,006 (2009)

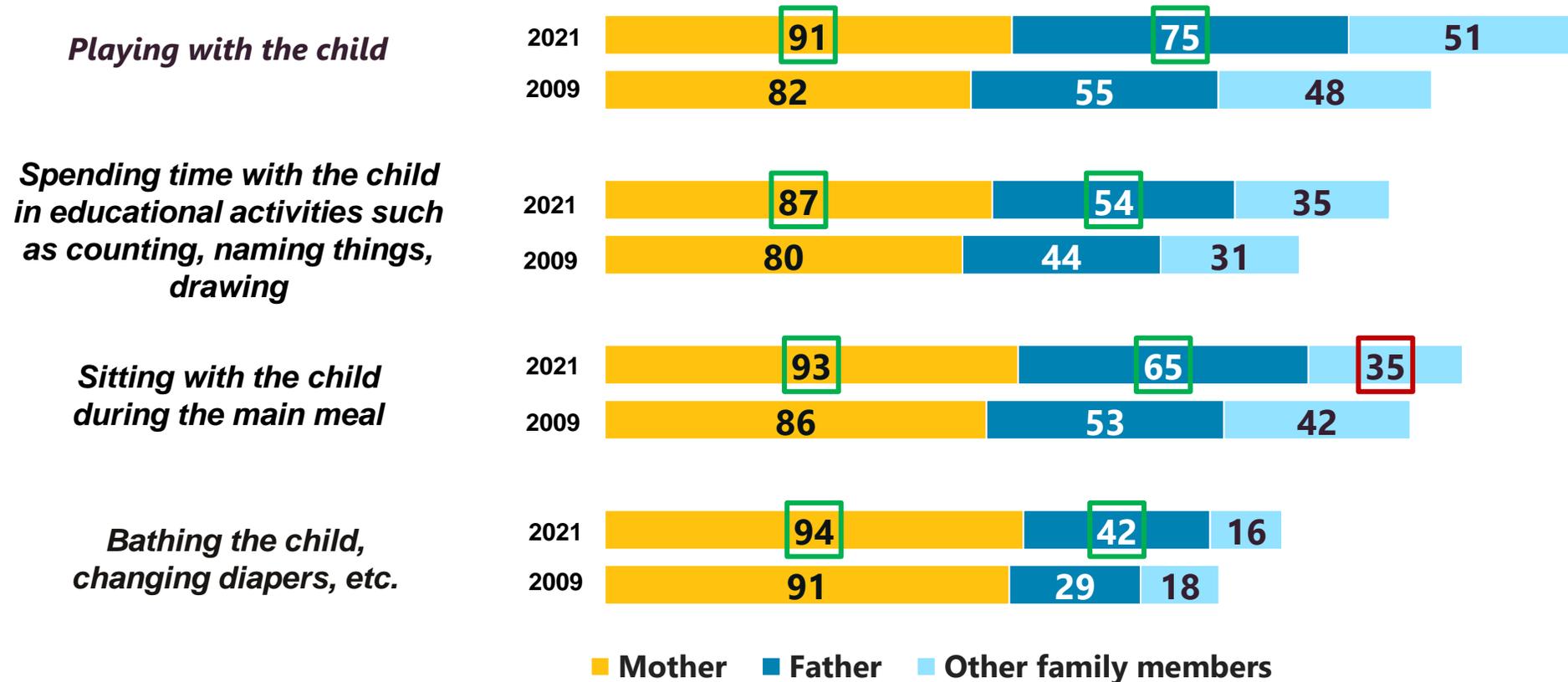
 Statistically significantly more compared to 2009
 Statistically significantly less compared to 2009

ACTIVITIES WITH CHILDREN – FAMILY MEMBERS

(Comparison of waves)

Compared with the period 10 or so years ago, today mothers, and also particularly fathers, spend significantly more time playing with their children and teaching them different skills, such as drawing, counting and naming things. Also, parents often eat together with the child, and it is probably a particularly interesting finding that fathers are far more often involved in daily responsibilities around the child, such as bathing, changing diapers and the like.

The data is in %



Which family members participated in the following activities during the previous week?
 Base: Total target population, N=1,002 (2021), N=1,006 (2009)

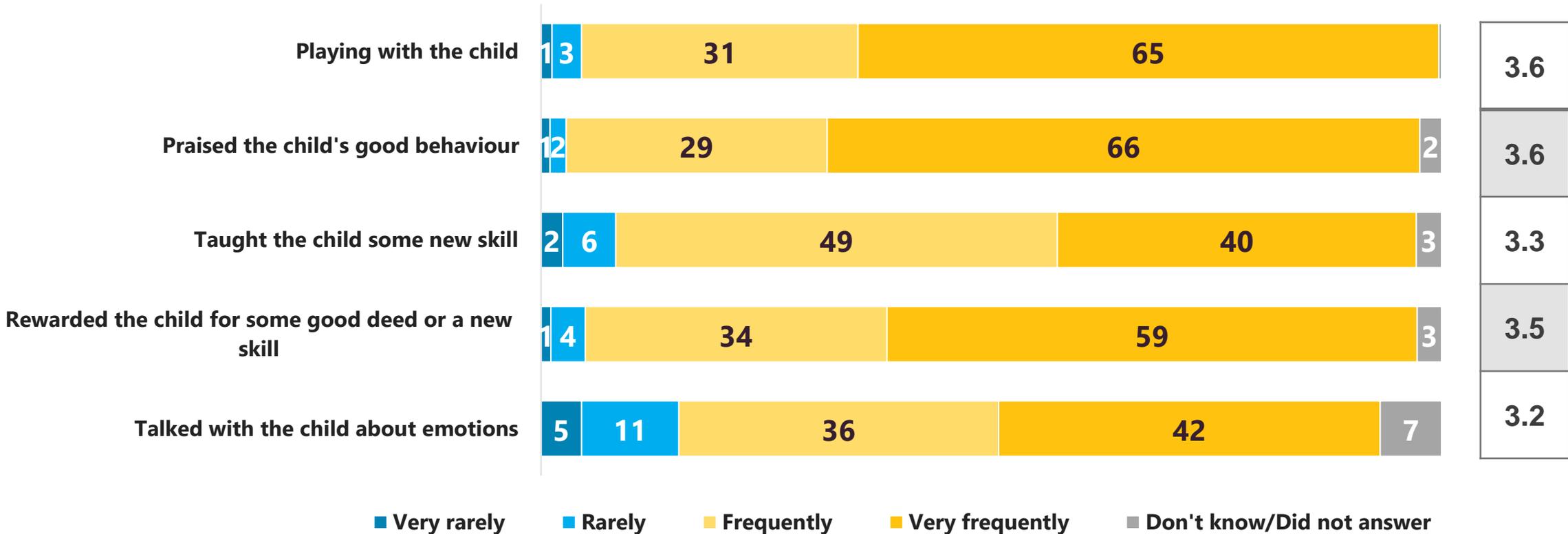
 Statistically significantly more compared to 2009
 Statistically significantly less compared to 2009

INTERACTION WITH CHILDREN

Based on the results of the research, it can be concluded that parents/caregivers are committed to the upbringing and development of their children. Almost all parents state that, during the last month, they played with the child often (96%) and praised his good behaviour (95%). The vast majority of parents also rewarded the child for some good deed or a new skill (93%) and devoted time to teaching the child something new (89%). On the other hand, talking with the child about emotions is less represented than the other mentioned activities, whereby 78% of parents claim they were involved in such activities during the past period, 16% were not, while 7% did not answer this question.

The data is in %

AVERAGE



You just told me which family members participated in certain activities with the child in the past week, and now please tell me how often YOU PERSONALLY have done the following in the past month:
 Base: Total target population, N=1,002

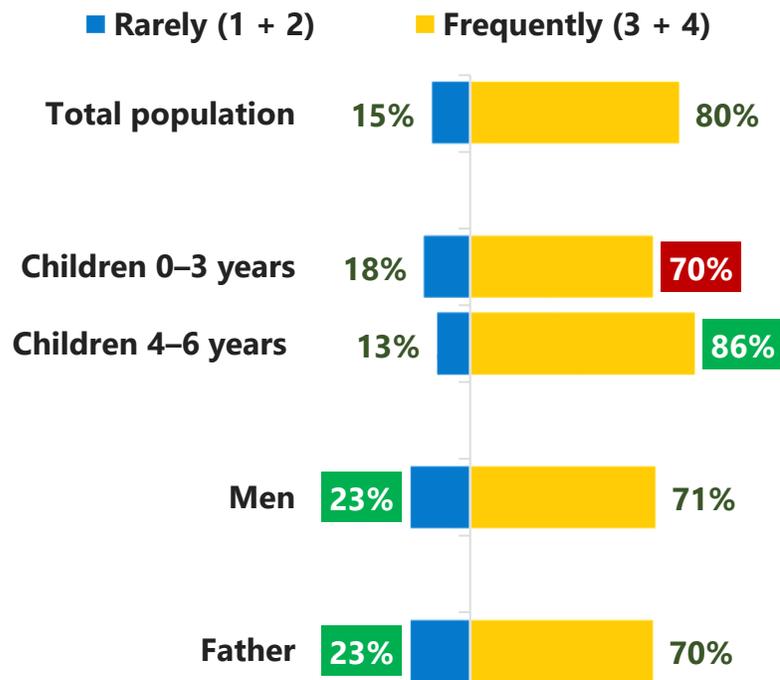
INTERACTION WITH CHILDREN

(Categories with statistically significant differences, relative to the overall population)

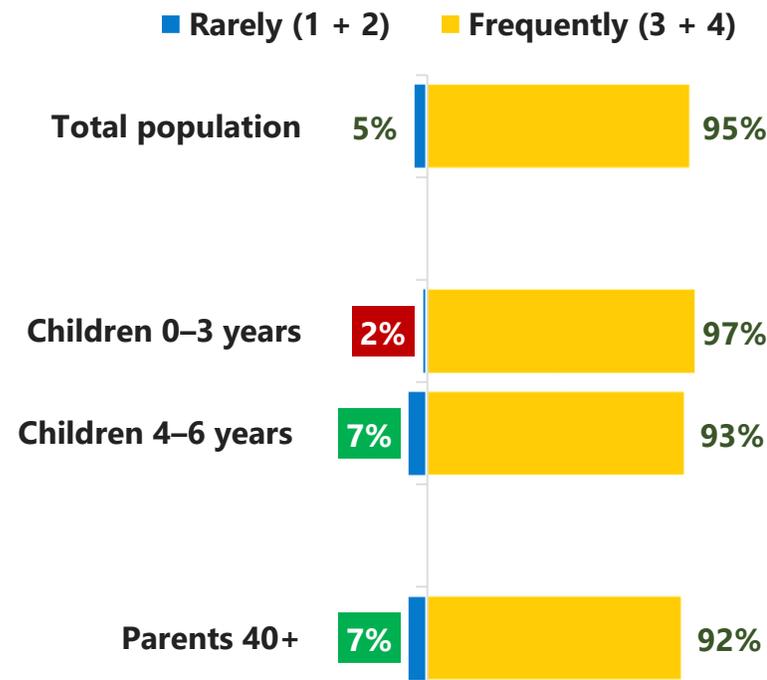
Parents/caregivers of older preschoolers (4–6 years) state more often that they have talked to their child about emotions. It is probably not surprising that men/fathers state to a greater extent that they have done that rarely. Playing with children is less common for parents of older children and those over 40 years of age. The latter also more rarely helped the child to master a new skill.

The data is in %

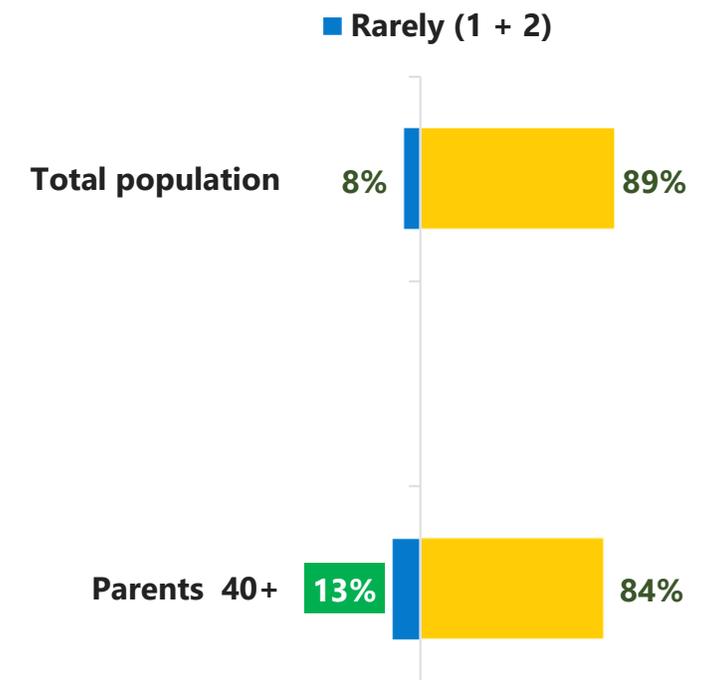
Talked with the child about emotions



Played with the child



Taught the child some new skill



You just told me which family members participated in certain activities with the child in the past week, and now please tell me how often YOU PERSONALLY have done the following in the past month?

Base: Total target population, N=1,002

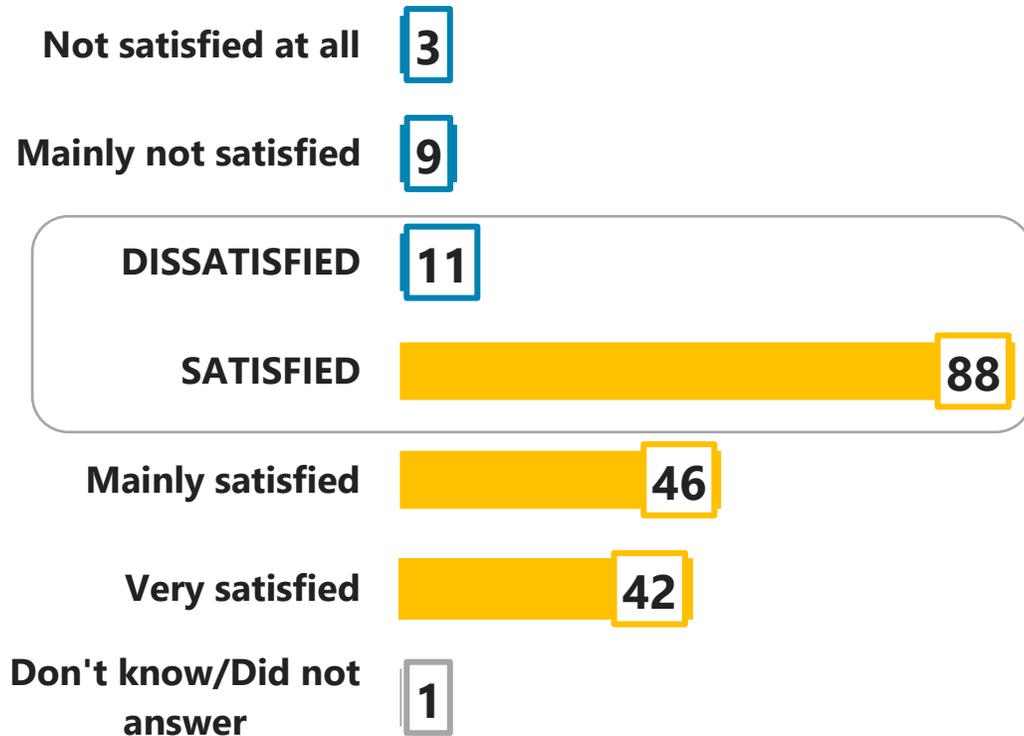
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

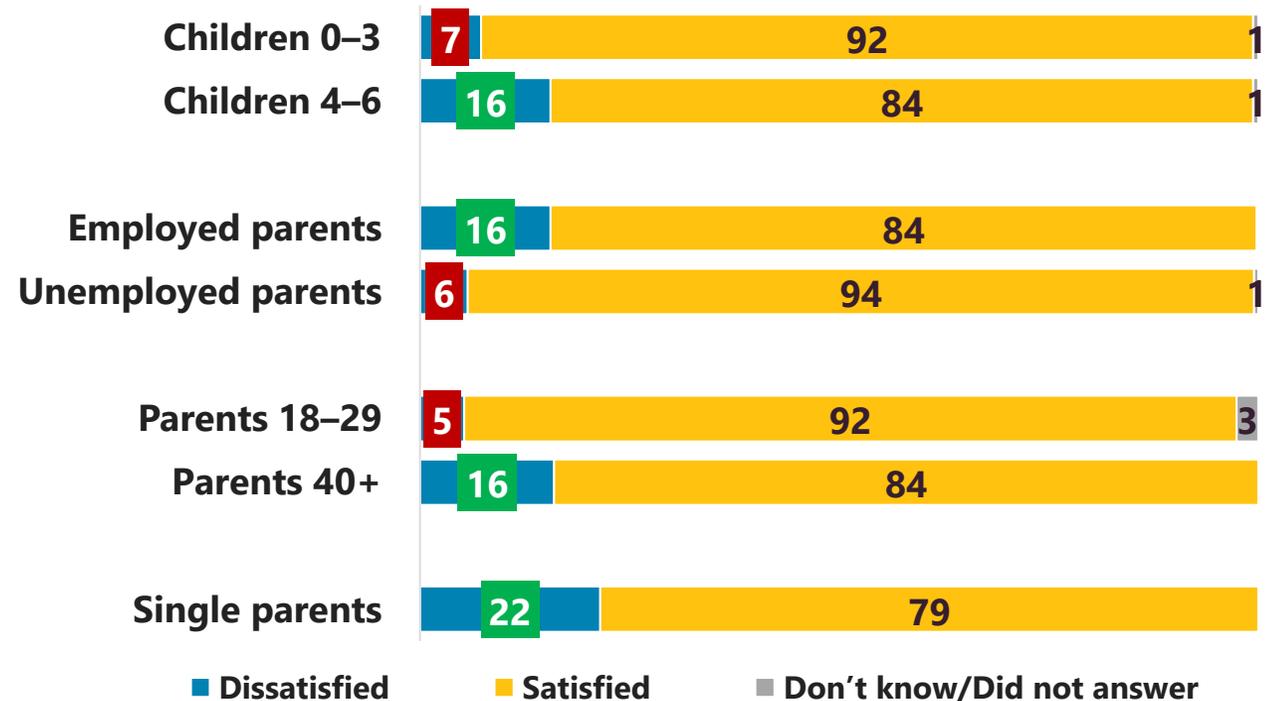
TIME SPENT WITH THE CHILD

Almost 90% of parents/caregivers are satisfied with the amount of time they are spending with their child and the way they are doing it. A negative answer to this question was given by a significantly higher percentage of single parents and employed parents, those whose children are aged between 4 and 6 years and parents aged 40+.

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

INTERVIEWS AND FOCUS GROUPS



In both groups of parents (those whose child attends kindergarten and those whose child does not attend kindergarten) mothers participate more than fathers in activities related to the development and education of children

- **The pandemic has greatly reduced kindergarten-related activities. Kindergarten staff, especially teachers, played a very prominent role in this process, because they sent a plan of activities and tasks to the parents so that the children could continue the learning process as originally intended.** Parents were encouraged to send back pictures and recordings as proof that they were participating in the activities and devoting time to their children. The goal was to transfer as many activities that are normally carried out in kindergarten (drawing, writing, making collages) to the home environment. **A minimum of three hours a day were spent on activities of this type, and mothers were more involved than fathers,** who could not devote themselves to the same extent, mostly due to work and other obligations. A positive aspect during the period without kindergarten is seen in the greater opportunity for the children to play outside.
- **In the case of parents whose children do not go to kindergarten, most children are predominantly cared for by their mothers, because their fathers work outside home to a greater extent, so they are included in activities with the child in the afternoon hours. Child time rarely goes below 3 hours a day when it comes to activities that are analogous to those in kindergarten, such as drawing, making collages, colouring and writing, while the rest of the time is mostly spent playing or activities outside of the home.** The socializing with other children that the child would otherwise have in kindergarten is compensated for by the fact that the neighbourhood is full of children and therefore the parents don't notice that children have lost too much in this regard by not going to kindergarten. The pandemic resulted in the temporary withdrawal of a significant number of children enrolled in kindergarten, so they have also been present when it is time to play. **According to parents, the worst side of the practice of raising children without sending them to kindergarten is the difficulty in establishing clear routines when it comes to going to bed and getting up. Children are active from the moment they get up and require attention from the first to the last minute of each day. Such a regime produces the problem of parental fatigue and dramatically reduces the time they would devote to themselves if the children were in kindergarten and gained a higher level of discipline there.**

QUOTES

There were messages, a Viber group, [kindergarten teachers] always sent us instructions on what to do and how to go through their schedule, which the ministry had prepared, so that they would pass it on to the parents, who would continue to work with the children. It's usually the mom, she would pay attention to the children for two or three hours to do it [the activities suggested in Viber groups], as much as it was necessary, sometimes more, sometimes less, it all depends on the mood of the child. – *Parent of a child who attends kindergarten*

Well, mostly I didn't work until a month ago, I'm always at home, the older children go to school, my husband works, I'm constantly with [my son]. It is a pleasure for me, somehow my house is happier when he is there, ... somehow all my children have grown up, he is now my youngest child, my poppet. – *Parent of a child who does not attend kindergarten*

As for the number of children, it is bad, there are children at the kindergarten, but not as many as in normal conditions. Much fewer than normal. For example, a few days ago in Berane it was very hot, there were more parents and children in the parks than in the kindergartens. One parent is free, one parent is working, so there is someone to deal with the children. – *Parent of a child who attends kindergarten*

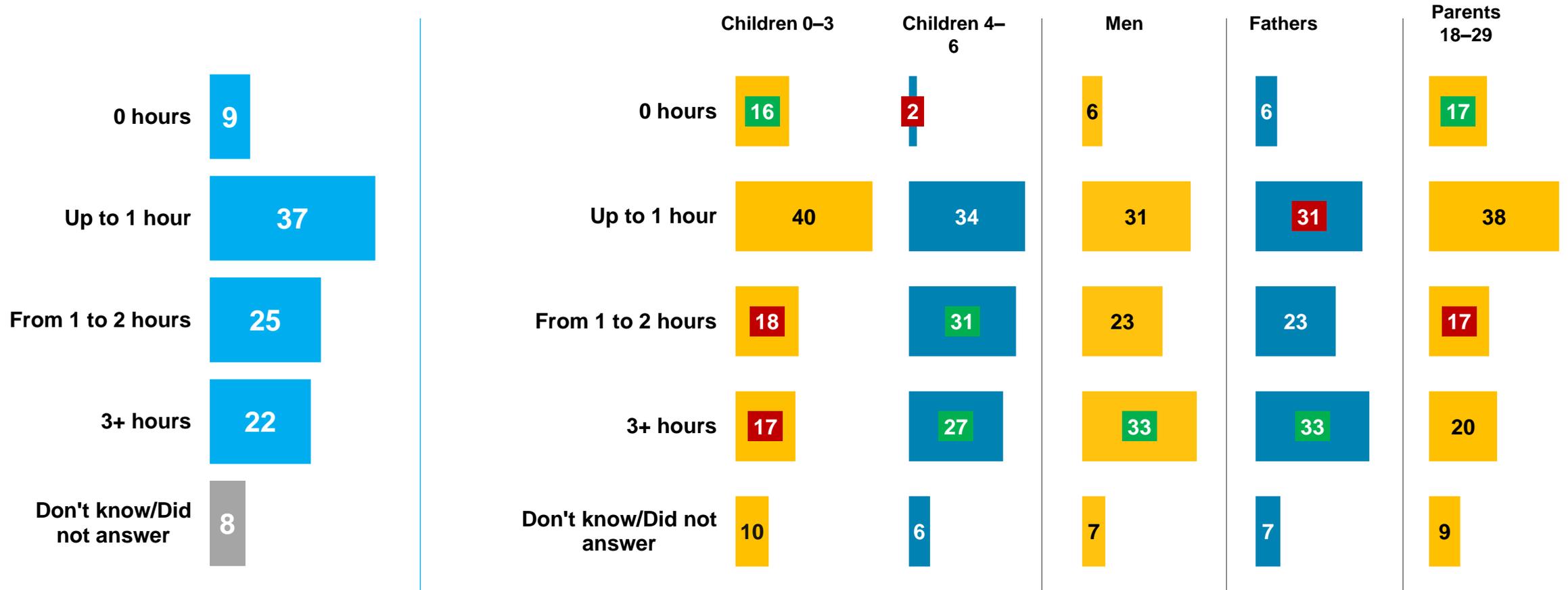
The whole day, from early morning until they fall asleep, we have to be active. Sometimes one would rather rest but they don't allow it, we have to design some games. If they were in kindergarten I wouldn't lose my temper, I would rest my brain. – *Parent of a child who does not attend kindergarten*

Music, play... Sometimes she thinks of a game herself, I encourage her to think of one, to include her younger sister, sometimes on her own. When I don't have time and she thinks of something herself, she invents a game. In addition to drawing, writing, scribbling... playing with the rabbits the most. – *Parent of a child who does not attend kindergarten*

TIME THE CHILD SPENDS IN FRONT OF A SCREEN

Almost half of the parents/caregivers state that their child spends more than an hour a day on average in front of a screen (47%), of whom 22% state that this is even more than 3 hours. This interval is significantly higher than the average stated by fathers and parents of older preschoolers (4–6 years).

The data is in %



Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

How many hours a day on average did your child spend in front of a screen last week – TV, tablet, laptop, mobile phone, and the like?
 Base: Total target populationn, N=1,002

INTERVIEWS AND FOCUS GROUPS



Mobile phones are perceived as a big challenge by all parents who are looking for the best models of limiting their use

- **All respondents (those whose child attends kindergarten and those whose child does not attend kindergarten) spontaneously point out the problem of smartphones, for which there has been pressure from the earliest days – children are most attached to them and finding the best model to limit the time they use on phones is seen as a challenge that frustrates almost all the surveyed parents.** In this regard, attitudes towards telephones and new technologies could be classified as another factor, which must be brought under control from the earliest age. **There is also polarization in terms of the degree of restrictions**, that is, there are parents who are in favour of more radical restrictions, but also those who are more lenient, fearing that their children will lag behind their peers.
- **In the case of parents whose children go to kindergarten, the fact that there are no phones allowed in kindergarten is an extremely practical aspect that brings relief, but also illustrates the frustration** that parents feel when it comes to children's obsession with mobile phones. Staying in the kindergarten ensures that the child will not use a phone there.
- **A special problem of parents whose children do not go to kindergarten is the daily use of mobile phones and their incorporation into the daily routine.** Mobile phones are seen in this regard as a great danger because of the obsession that children show towards these devices. **Parents are therefore forced to use different tactics to limit their use and ensure that children spend most of the day other activities: shutting down internet access, frequent password changes, installing applications that limit the content which children can connect to or synchronize what is displayed depending on the child's age. The length of use also varies, depending on the day, so it ranges from half an hour to a couple of hours a day.** There is also a tendency for children to be exposed to more creative and educational content on their phones, such as games that encourage learning or applications for learning foreign languages.

QUOTES

I am also a younger parent; as far as I know, children should not be forbidden everything now. They should use phones, because other children will avoid them in some way and our children will be seen as stupid by their peers, and everything, if they don't know how to use the phone, the computer, so then they should be allowed [to use devices] a little, but within limits. – *Parent of a child who attends kindergarten*

I hate it when I hear “I can't help it”. Particularly when parents say that. They can't help it, so they spoil the child. My son says that all his friends have Facebook and yet he doesn't have it. Or people say that it is embarrassing when child doesn't have TikTok and yet my son doesn't have it. Why can't the parent say directly – No, you can't have this or that, you can be different, it is better to be different than the same as everyone else. – *Parent of a child who attends kindergarten*

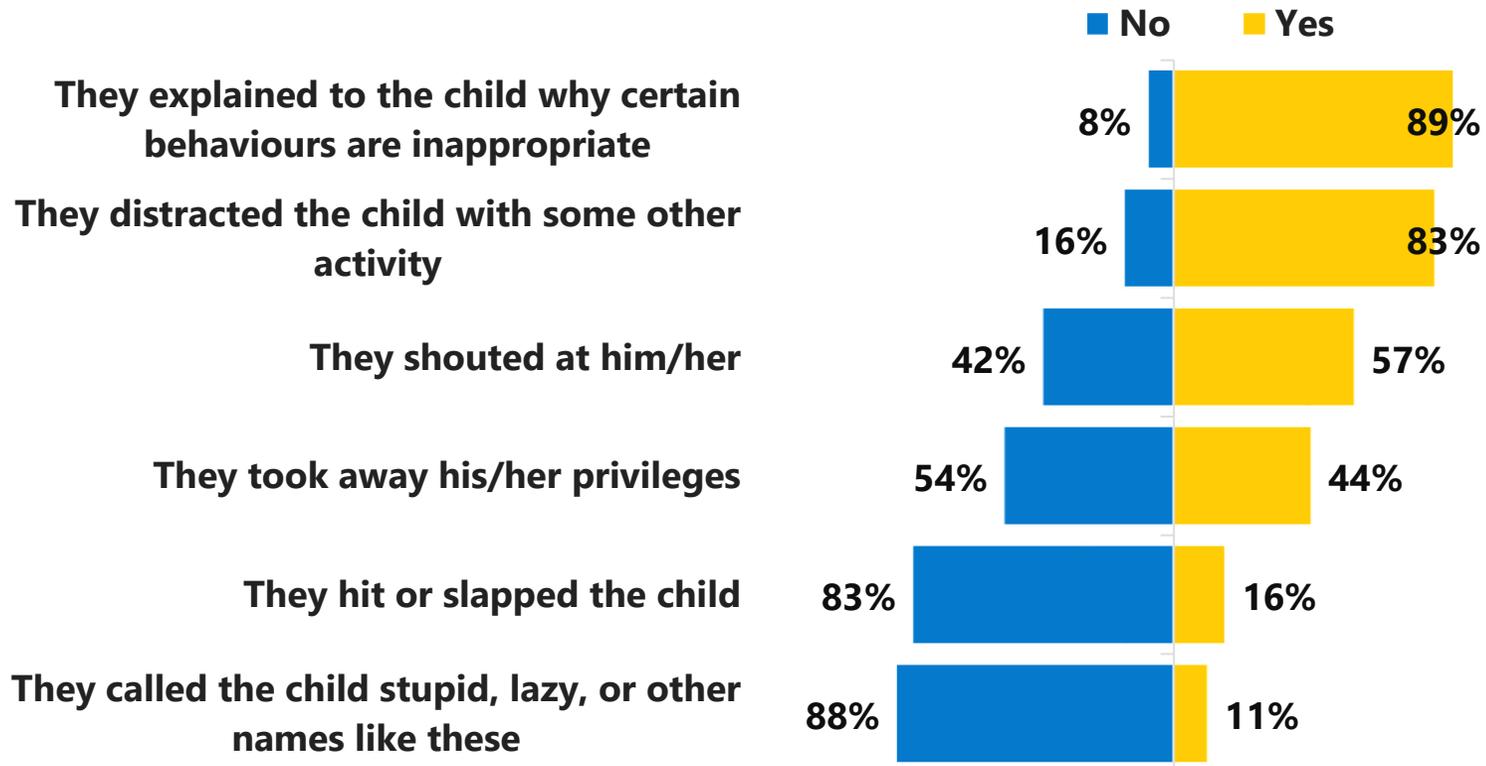
There are applications now, that's good... they set the age of the child, that's up to 5, 6 years, there is no content that is not appropriate for them. I mostly use that app and use games that are for their age. And as for YouTube, there are even ads that are the biggest problem, but once you remove an ad then it never shows up again, so that's good. – *Parent of a child who does not attend kindergarten*

I change the password every 10–15 days... because [the children] always crack it. When I change the code I'm sure they are not using the internet. – *Parent of a child who does not attend kindergarten*

If they get a phone, [the time children can spend on the phone] is limited. The time varies, an hour, two, half an hour, but they are not allowed to be on the phone non-stop. They do something, they study... they find something to do, they learn some languages and so on. Their mother is an English teacher and then she finds applications [for them] to learn. – *Parent of a child who does not attend kindergarten*

WAYS OF TEACHING CHILDREN ABOUT PROPER BEHAVIOUR

According to the research findings, adults are significantly more likely to resort to constructive, but more drastic measures in raising children. Namely, the vast majority of them claim that recently, in situations when the child did not behave properly, they tried to explain to him why his behaviour was not appropriate (89%) or tried to distract him with some other activity (83%). At the same time, almost 60% admit that the child was exposed to shouting by one of the adults from the household, and 44% confirm that the child was deprived of certain privileges in order to sanction bad behaviour. Only 16% report that the child was physically punished, and 11% that the child has been verbally abused.



- **95% of parents/caregivers applied at least one of adequate methods (verbal explanation, distraction, deprivation of privileges)**
- **60% of parents/caregivers used at least one of inadequate methods (shouting at the child, corporal punishment, verbal insults)**

Adults use a variety of methods to teach children proper behaviour. I will read you some of the methods that are used and, for each of these methods, please say whether you or any other adult in your household has applied it to the child that we are talking about in the previous month.

Base: Total target population, N=1,002

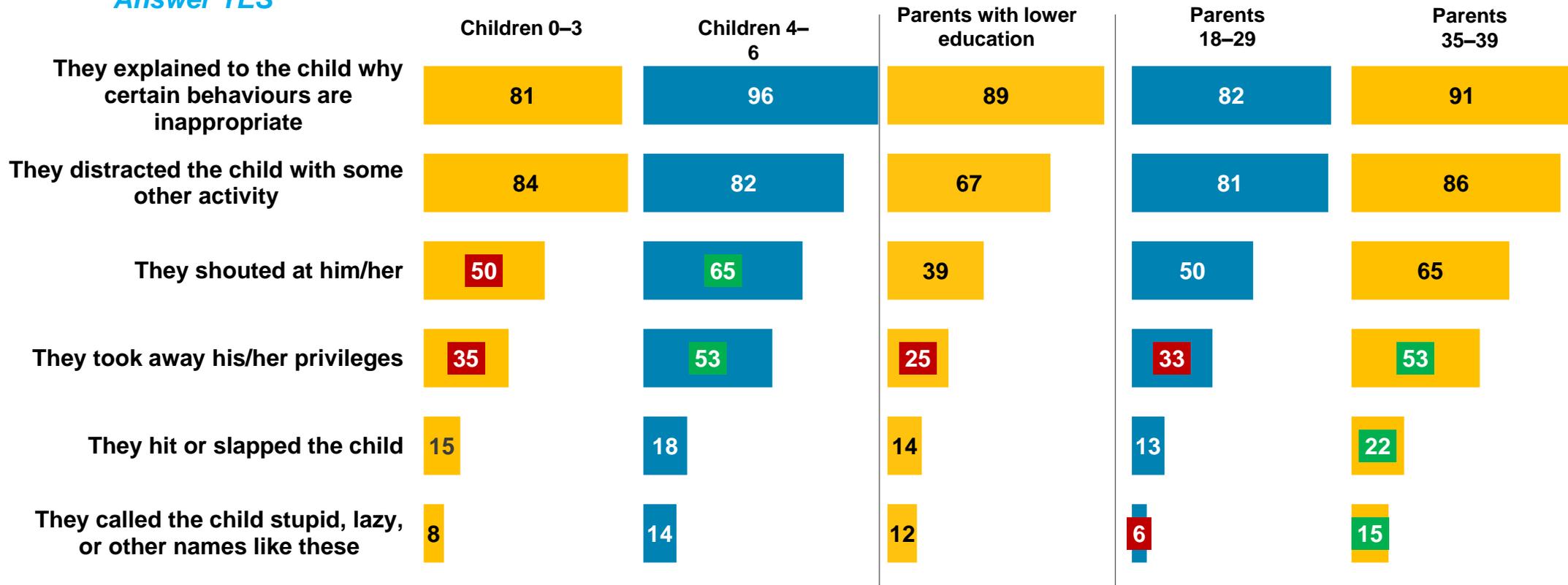
WAYS OF TEACHING CHILDREN ABOUT PROPER BEHAVIOUR

(Categories with statistically significant differences, relative to the overall population)

The parents of older preschoolers (4–6 years old) and those in their late thirties (35–39 years old) more often resort to deprivation of privileges as a punishment for inappropriate behaviour. A higher percentage of the parents in their late thirties (35–39 years old) admit that they occasionally hit the child or call him/her a derogatory name, and an above-average percentage of parents of older preschoolers (4–6 years old) admit that adults in their family yelled at the child to point out his/her misbehaviour.

The data is in %

Answer YES



Adults use a variety of methods to teach children proper behaviour. I will read you some of the methods that are used and, for each of these methods, please say whether you or any other adult in your household has applied it to the child that we are talking about in the previous month.
Base: Total target population, N=1,002

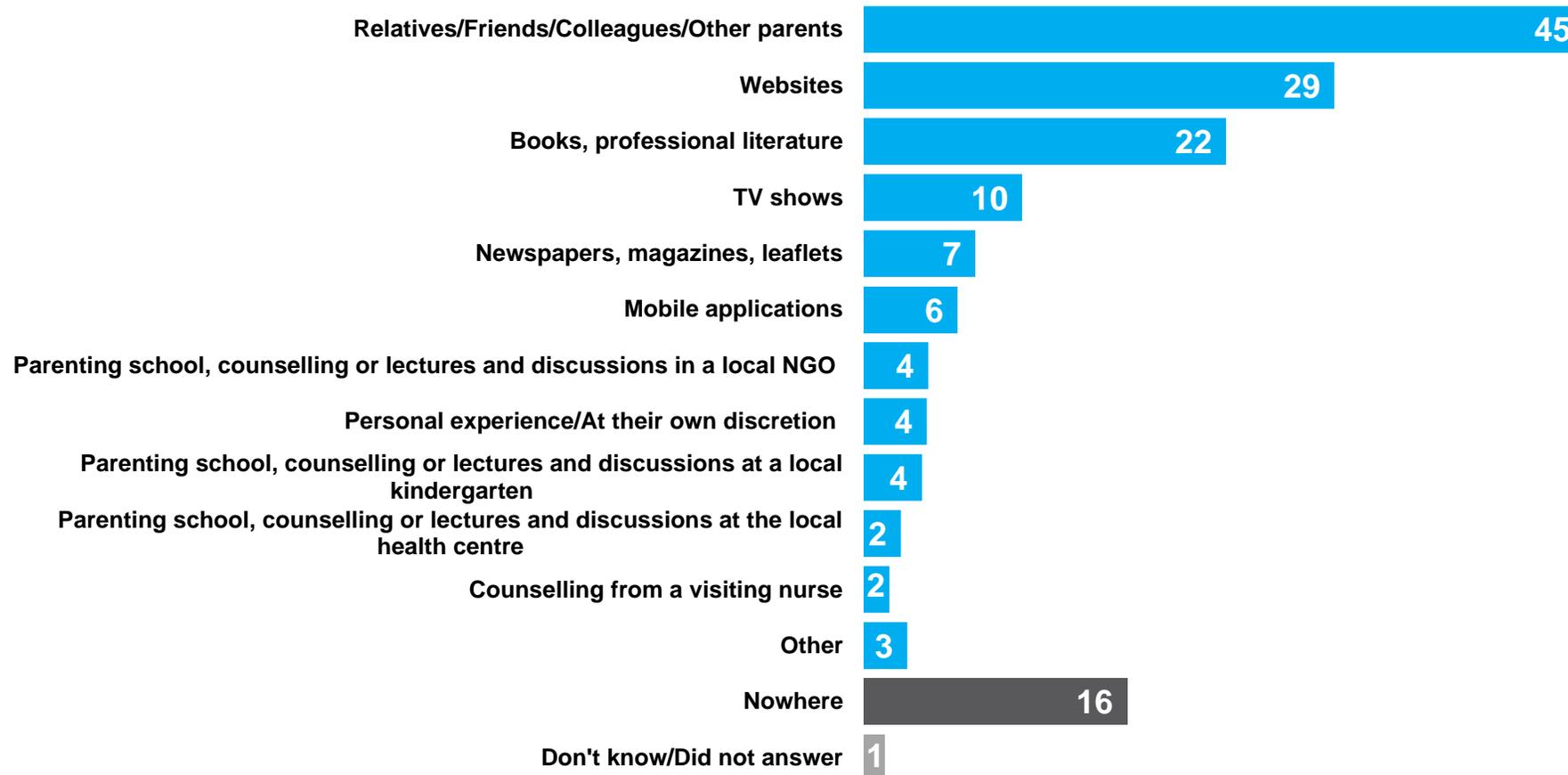
Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

SOURCES OF INFORMATION ON GOOD PARENTING PRACTICES

Parents/caregivers seem to prefer to consult with close people (45%) on parenting issues, followed by websites (29%) and professional literature (22%), while all other sources of information are mentioned to a much lesser extent. Approximately one in six parents claim that they do not seek information about good parenting practices at all.

The data is in %

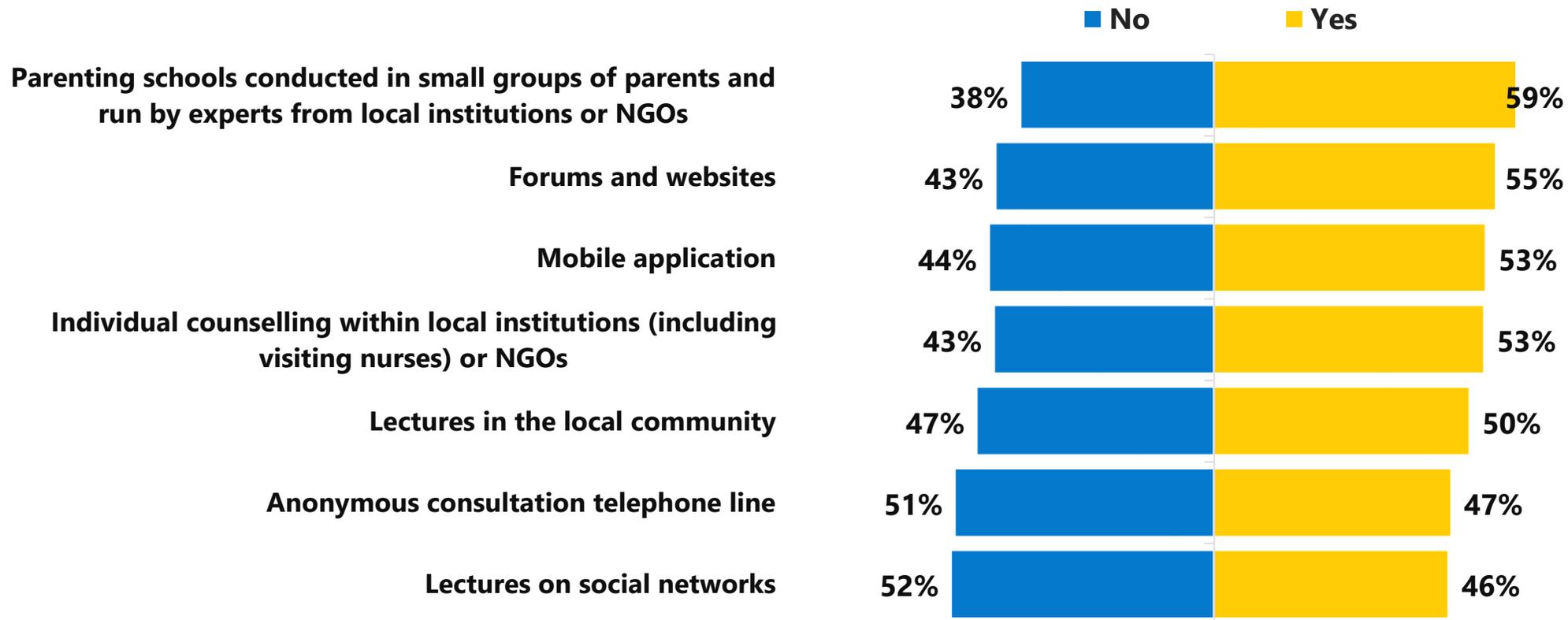


Where do you usually seek information about good parenting practices?

Base: Total target population, N=1,002

INTEREST IN PARENTAL SUPPORT

Parents/caregivers are quite interested in all the ways of providing support in parenting and raising children. Most of them agree that they would like to attend a parenting school run by professionals (59%). Over half of them declare themselves as positive towards forums and websites (55%), mobile applications (53%) and individual counselling (53%). Only slightly fewer expressed interest in lectures in the local community (50%), an anonymous telephone line for consultations (47%) and lectures on social networks (46%).



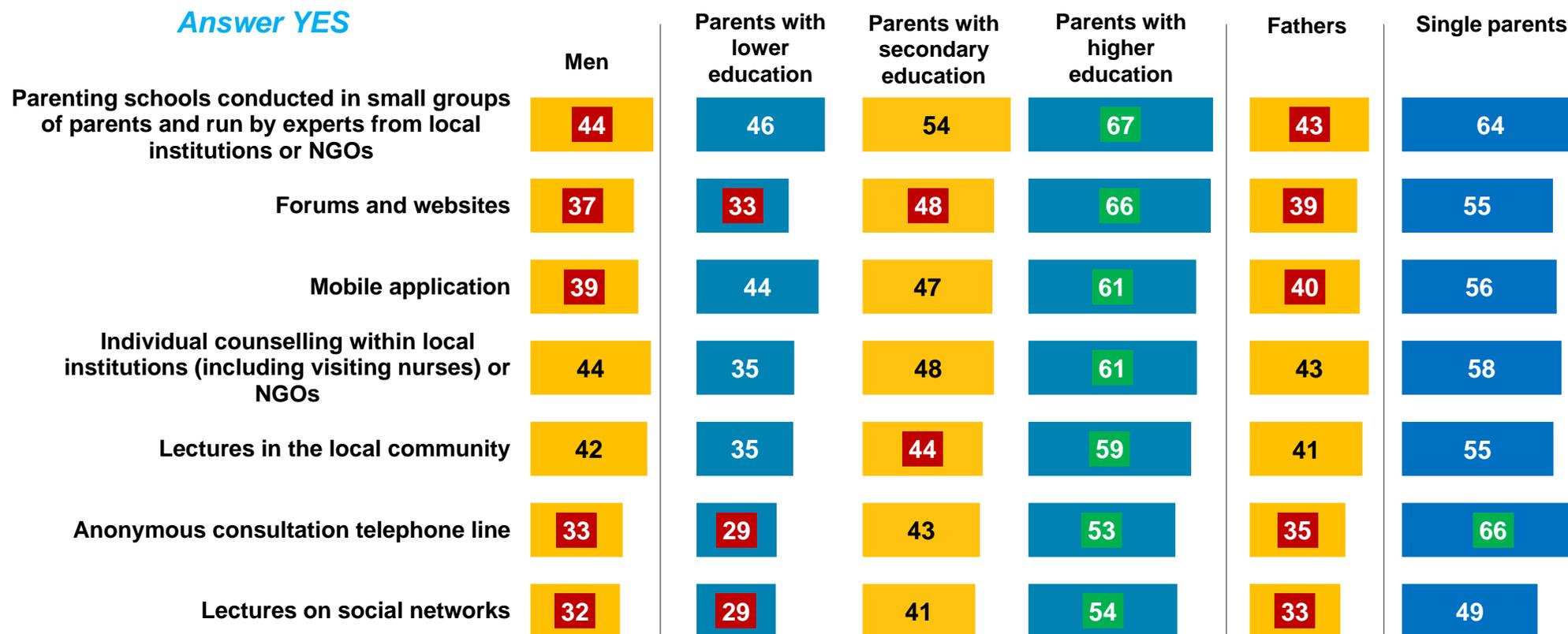
- *79% of parents/caregivers are interested in receiving support in at least one of the mentioned ways.*

INTEREST IN PARENTAL SUPPORT

(Categories with statistically significant differences, relative to the overall population)

Compared to the total population, highly educated parents/caregivers express significantly greater interest in all proposed forms of support. On the other hand, men in general and fathers seem less open to most of them. An anonymous telephone line for consultations and advice would be appreciated far more by single parents than by others.

The data is in %



Would you be interested in getting support in parenting and raising children in any of the following ways?

Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population

Statistically significantly less, relative to the overall population

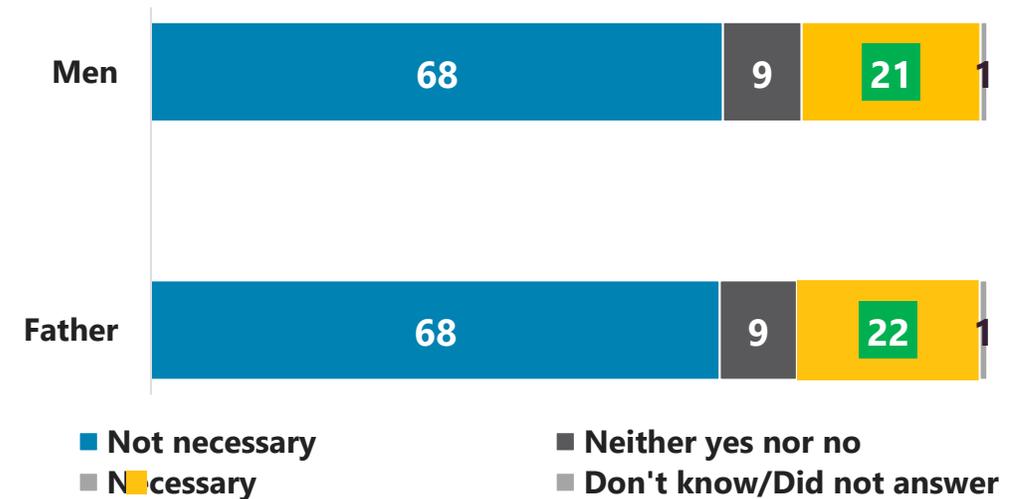
ATTITUDE TOWARDS CORPORAL PUNISHMENT OF CHILDREN

Three-quarters of parents/caregivers believe that corporal punishment has no place in raising children; 13% share the opposite opinion, and the same percentage remain undecided. The need for corporal punishment is more often emphasized by men and fathers in general

The data is in %



Categories with statistically significant differences, relative to the overall population



Statistically significantly more, relative to the overall population

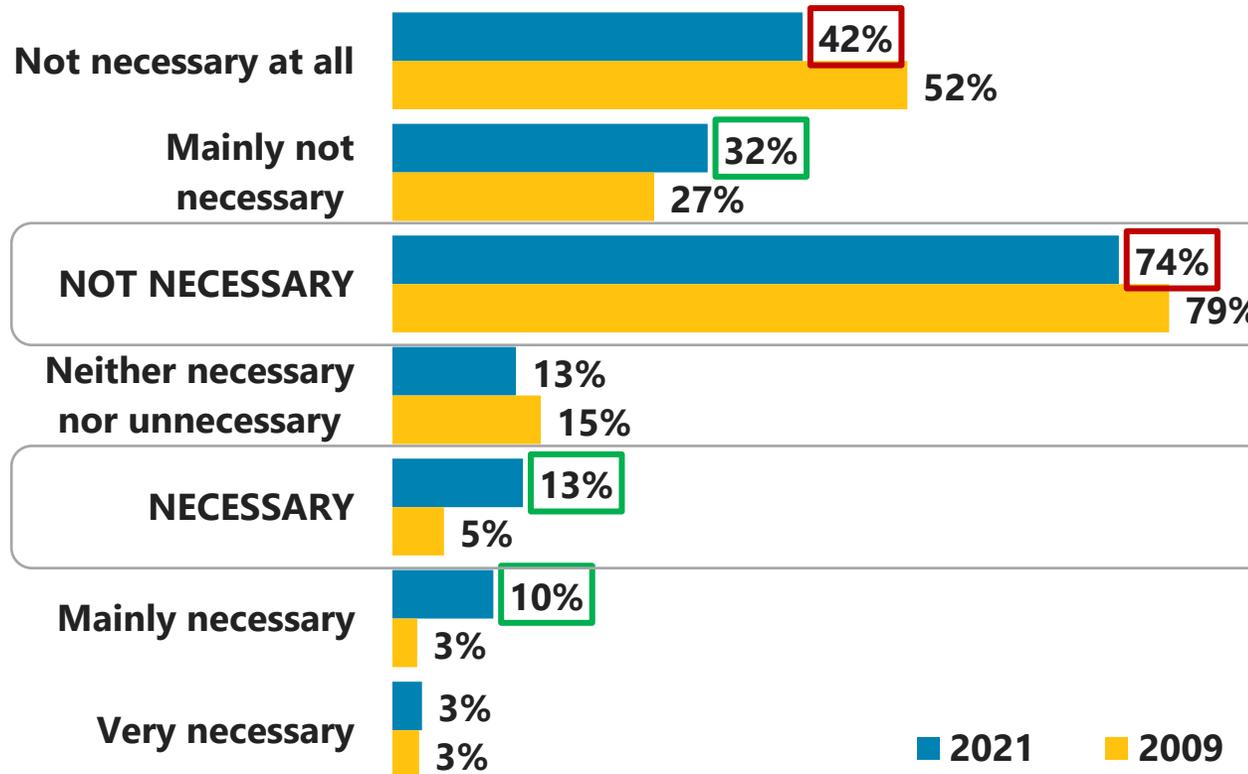
Statistically significantly less, relative to the overall population

ATTITUDE TOWARDS CORPORAL PUNISHMENT OF CHILDREN

(Comparison of waves)

Perhaps an unexpected finding, but today parents/caregivers point out in significantly higher percentage than in 2009 that corporal punishment of a child is necessary. Although the percentage of parents who advocate this attitude is not high (13%), a change in attitudes is evident (5% in 2009).

The data is in %



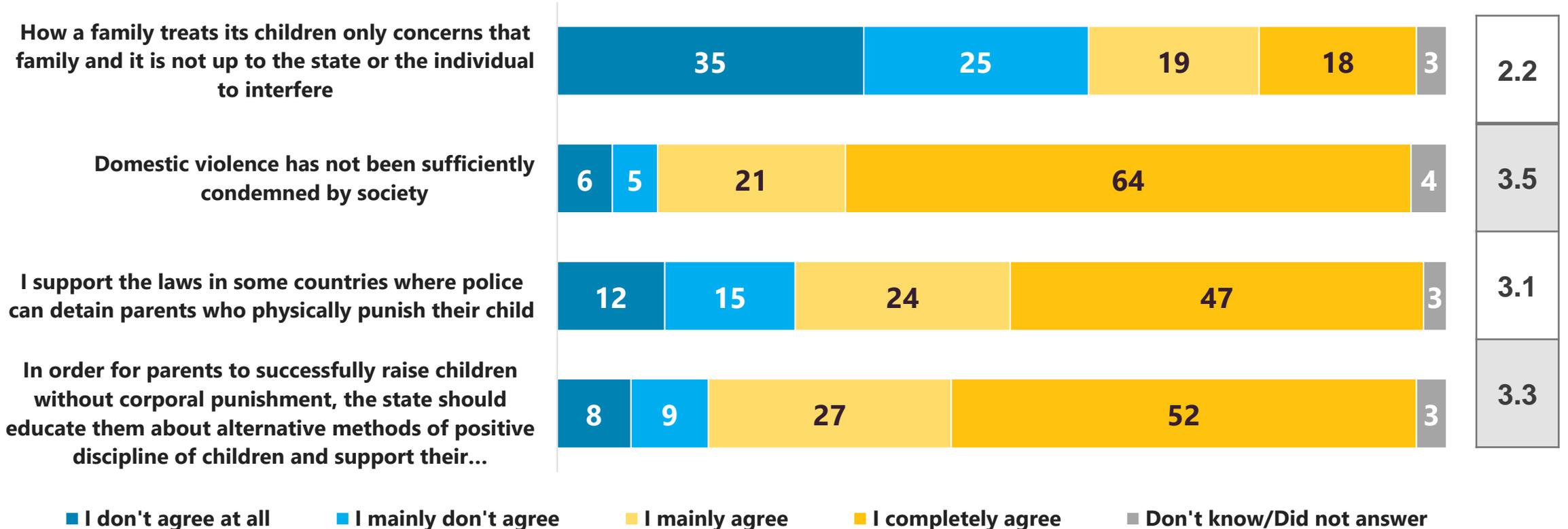
 Statistically significantly more compared to 2009
 Statistically significantly less compared to 2009

AGREEMENT WITH STATEMENTS

The vast majority of parents/caregivers agree that society should react more severely to domestic violence (85%), and that the state should educate parents about alternative methods of positive discipline in order to successfully raise children without corporal punishment (79%). Seven out of 10 of the respondents would support a law under which parents could be arrested if they physically punish their child. Opinions on whether the treatment of a child within the family is a private matter or not are somewhat divided, but still 60% of parents believe that it should concern both the state and individuals.

The data is in %

AVERAGE



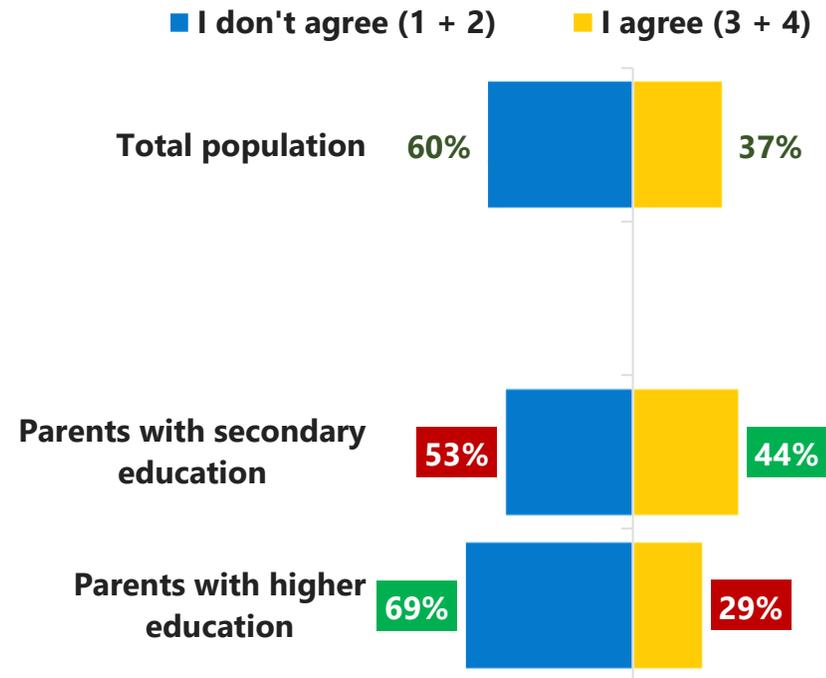
AGREEMENT WITH STATEMENTS

(Categories with statistically significant differences, relative to the overall population)

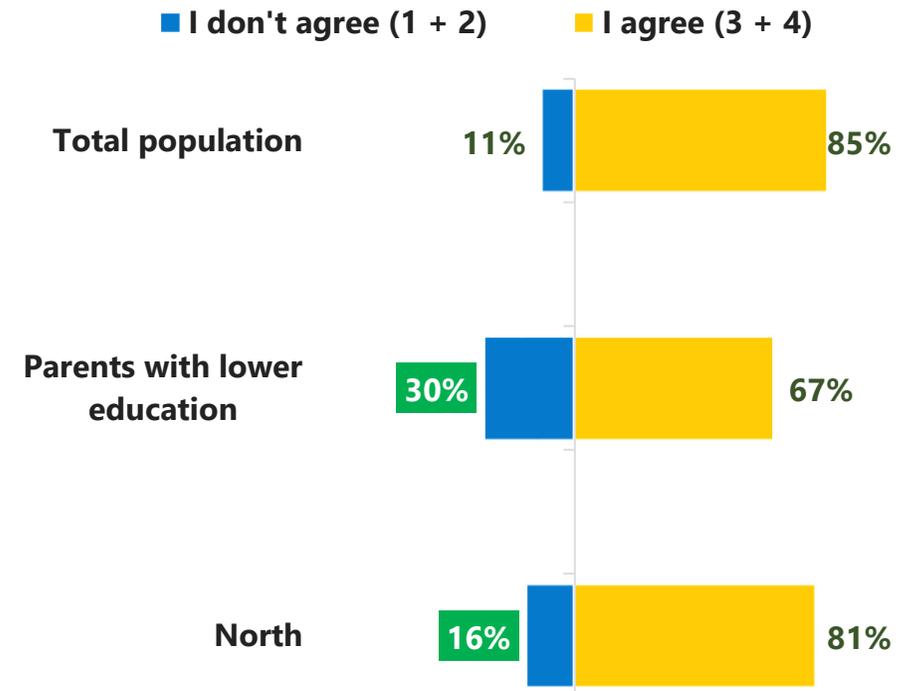
Highly educated parents/caregivers strongly support the view that the way a family treats the child must concern both the state and society. Parents with secondary school education are more likely to have the opposite view. Besides that, an above-average percentage of parents with lower education and those from the north of the country state that society's condemnations of domestic violence are already adequate.

The data is in %

How a family treats its children only concerns that family and it is not up to the state or the individual to interfere



Domestic violence has not been sufficiently condemned by society



To what extent do you agree with the following statements?
Base: Total target population, N=1,002

Statistically significantly more, relative to the overall population
Statistically significantly less, relative to the overall population

This survey in Montenegro was conducted by IPSOS within the initiative “EU and UNICEF for Early Childhood Development in Montenegro” 2020–2023 implemented by UNICEF Montenegro with the support of the European Union

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